

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 1.5em;">7</span>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="font-size: 1.2em;">Mr.</span> FIRST <span style="font-size: 1.2em;">Justin</span> MI <span style="font-size: 1.2em;">R</span> NICKNAME LAST SUFFIX <span style="font-size: 1.2em;">Chapa</span>		<b>OFFICE USE ONLY</b>  Date Received <div style="border: 2px solid blue; padding: 5px; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <span style="color: red; font-size: 1.2em;">JUL 15 2019</span> By _____  <div style="border: 1px solid blue; border-radius: 50%; width: 100px; height: 40px; margin: 10px auto;"></div> Date Hand-delivered or Date Postmarked  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">2012 Racquet Club Ct.</span> <span style="font-size: 1.2em;">Arlington, Tx 76017</span>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(817) 919-2611</span>										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="font-size: 1.2em;">Mrs.</span> FIRST <span style="font-size: 1.2em;">Gara</span> MI NICKNAME LAST SUFFIX <span style="font-size: 1.2em;">Hill</span>										
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">4111 Vista Creek Ct</span> <span style="font-size: 1.2em;">Arlington, Tx 76016</span>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(817) 681-6114</span>										
<b>9</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
<b>10</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">01 / 01 / 2019</td> <td></td> <td style="text-align: center; font-size: 1.2em;">06 / 30 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 01 / 2019		06 / 30 / 2019		
Month Day Year	THROUGH	Month Day Year									
01 / 01 / 2019		06 / 30 / 2019									
<b>11</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;">           ELECTION DATE            Month Day Year            — / — / —         </td> <td style="width: 70%;">           ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special         </td> </tr> </table>			ELECTION DATE Month Day Year — / — / —	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year — / — / —	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
<b>12</b> OFFICE	<table style="width: 100%;"> <tr> <td style="width: 50%;">           OFFICE HELD (if any)  <span style="font-size: 1.2em;">Trustee, Place 5</span>  <span style="font-size: 1.2em;">Arlington ISD</span> </td> <td style="width: 50%;"> <b>13</b> OFFICE SOUGHT (if known)           </td> </tr> </table>			OFFICE HELD (if any) <span style="font-size: 1.2em;">Trustee, Place 5</span> <span style="font-size: 1.2em;">Arlington ISD</span>	<b>13</b> OFFICE SOUGHT (if known)						
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GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Justin Chapa*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *Itemized*

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1,075 -*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ *Itemized*

4. TOTAL POLITICAL EXPENDITURES

\$ *533.40*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

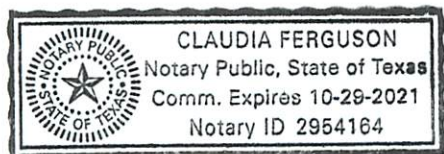
\$ *22,288.67*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*J. Chapa*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Justin Chapa*, this the *12th* day of *July*, 20 *19*, to certify which, witness my hand and seal of office.

*Claudia Ferguson*  
Signature of officer administering oath

*CLAUDIA Ferguson*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Justin Chapa</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,075-</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>533.40</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1/2</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/9/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Ku</b>	7 Amount of contribution (\$) <b>\$250 -</b>
6 Contributor address; City; State; Zip Code [REDACTED], <b>Dallas, TX 75231</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/11/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Megan Whisler</b>	Amount of contribution (\$) <b>\$100 -</b>
Contributor address; City; State; Zip Code [REDACTED], <b>Dallas, TX 75223</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/12/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roger DeFrang</b>	Amount of contribution (\$) <b>\$25 -</b>
Contributor address; City; State; Zip Code [REDACTED], <b>Arlington, TX 76013</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/5/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kurt Knapp</b>	Amount of contribution (\$) <b>\$500 -</b>
Contributor address; City; State; Zip Code [REDACTED], <b>Arlington, TX 76017</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2/2</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/29/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Natalie Cooley</b>	7 Amount of contribution (\$) <b>\$200 -</b>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Dallas, Tx 75243</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1 1/2</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/14/19</b>	5 Payee name <b>Anedot</b>	
6 Amount (\$) <b>\$14.60</b>	7 Payee address; City; State; Zip Code <b>1920 McKinney Ave., 7th Floor, Dallas, TX 75201</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>3/1/19</b>	Payee name <b>Green Apple Lane</b>	
Amount (\$) <b>\$284-</b>	Payee address; City; State; Zip Code <b>5001 Ivycrest Trl., Arlington, TX 76017</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising / Consulting Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Website Design and Hosting Servs.</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>3/12/19</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$20.30</b>	Payee address; City; State; Zip Code <b>1920 McKinney Ave., 7th Floor, Dallas, TX 75201</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2/2</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/1/19</b>	5 Payee name <b>Anecht</b>	
6 Amount (\$) <b>\$8.30</b>	7 Payee address; City; State; Zip Code <b>1920 McKinney Ave., 7th Floor, Dallas, TX 75201</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation / Fundraising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Fees to online fundraising vendor</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>4/4/19</b>	Payee name <b>Edited Press</b>	
Amount (\$) <b>\$151.20</b>	Payee address; City; State; Zip Code <b>1212 Southwood Blvd., Arlington, TX 76013</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Stationery</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>5/5/19</b>	Payee name <b>Arlington Retired School Employees Ass'n</b>	
Amount (\$) <b>\$55-</b>	Payee address; City; State; Zip Code <b>3204 Spring Dale Pl., Arlington, TX 76017</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees / Donation</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Membership Dues and Scholarship Donation</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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