CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

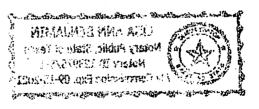
FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Wr. Justin	K.	OFFICE USE ONLY	
IVAIVIE	NICKNAME Chapa	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE	JUL 1 4 2020 By Lagranian	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 919 -2611	EXTENSION	Date Hand-delivered o Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST GARA	ML	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	HIL	301117	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SL 4111 Vista Creek Ct. Arbington, TX 7601		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 681 - 6114	EXTENSION		
9 REPORT TYPE	January 15 30th day before electrical 30th day before 20th day before 30th day before 20th day before 30th day before 30th day before 30th day before 30th d		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 20	THROUGH 06	Day Year	
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	Trustee, Place 5			
	Arlangton ISD			
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		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		-		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		e		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 284—			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 284— 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 20,142,87			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
LISA ANN BENJAMIN Notary Public, State of Texas Notary ID 12397575-1 My Commission Exp. 09-15-2021 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. Signature of Cabdidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Justin Chapa, this the				
day of July , 20,20 , to certify which, witness my hand and seal of office.				
Lie aan Beijamen Lisa Ann Benjamin Adm. Asst to Supt.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				



comment with the second

West hour to have

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Justin Chapa 20 Filer ID (Ethics C		ommission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS	SCHEDULE E: LOANS		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	s 284-	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL RETURNED TO FILER	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing	g Expense Travel Out Of District s/Wages/Contract Labor Other (enter a category not listed above) o complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Justin Cl	3 Filer ID (Ethics Commission Filers)		
4 Date 3 /13/20	5 Payee name Green Apple U	tre		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
# 264-	SOUL Foyerest Trl., Ar	lington, Tx 76217		
8	(a) Category (see Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Adverticing land 14	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	How I would be to the	Check if Austin, TX, officeholder living expense		
	Advertising/consulting Expense	Welsite Delign and Hosting Services		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	•		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OF	1			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				