

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **16**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

**Mr.**

FIRST

**Justin**

MI

**R**

NICKNAME

**Chapa**

LAST

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**2212 Racquet Club Ct.  
Arlington, TX 76017**

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(817) 919-2611**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

**Mr.**

FIRST

**Gara**

MI

**R**

NICKNAME

**Hill**

LAST

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

**4111 Vista Creek Ct., Arlington, TX 76016**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(817) 681-6114**

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

**01 / 01 / 21**

THROUGH

Month

Day

Year

**06 / 30 / 21**

11 ELECTION

ELECTION DATE

Month

Day

Year

**- / - / -**

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

**Arlington ISO Trustee, Pl. 5**

13 OFFICE SOUGHT (if known)

14 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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

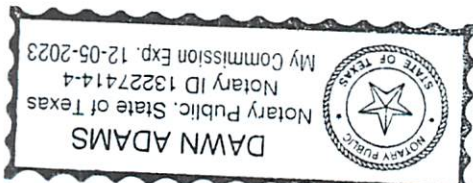
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Justin Chapa</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Itemized</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,250-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Itemized</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,162.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>30,677.84</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

18 SIGNATURE 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.



Justin Chapa

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Justin Chapa this the 14 day of July,

20 21, to certify which, witness my hand and seal of office.

Dawn Adams

Signature of officer administering oath

Dawn Adams

Printed name of officer administering oath

Clerk Superior Court

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



# 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>12,250 -</i>
2.	<input checked="" 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>1,162.30</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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1/11</u>
2 FILER NAME <u>Justin Chapo</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/9/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ruth Beasley</u>	7 Amount of contribution (\$) <u>\$ 1,000 -</u>
6 Contributor address; City; State; Zip Code [REDACTED] <u>Arlington, Tx 76016</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/14/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cera Holder</u>	Amount of contribution (\$) <u>\$ 100 -</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Kennedale, TX 76060</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/14/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Matt Shechtman</u>	Amount of contribution (\$) <u>\$ 1,000 -</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Bend, OR 97703</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/14/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Hourigan</u>	Amount of contribution (\$) <u>\$ 100 -</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Mesa, AZ 85210</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2/11</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/15/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathy Engebretson</b> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <b>Arlington, TX 76017</b>	7 Amount of contribution (\$)  <b>\$ 500 -</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Abigail Noebels</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <b>Houston, TX 77006</b>	Amount of contribution (\$)  <b>\$ 250 -</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Weitman</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <b>Dallas, TX 75230</b>	Amount of contribution (\$)  <b>\$ 200 -</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gara and Brandon Hill</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <b>Arlington, TX 76016</b>	Amount of contribution (\$)  <b>\$ 500 -</b>
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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3/11</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/16/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Megan Whisler</b>	7 Amount of contribution (\$) <b>\$150-</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>Dallas, TX 75223</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erin Capobianco</b>	Amount of contribution (\$) <b>\$250-</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Arlington, TX 76016</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/22/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terris and Robert Chapa</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Arlington, TX 76017</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jessica Chapa Ervin and Jacob Ervin</b>	Amount of contribution (\$) <b>\$50-</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield, TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4/11</u>
2 FILER NAME <u>Justin Chapa</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/28/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eric Salas</u>	7 Amount of contribution (\$) <u>\$250-</u>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <u>Arlington, Tx 76013</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/28/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lauren and Josh Houston</u>	Amount of contribution (\$) <u>\$250-</u>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <u>Arlington, Tx 76013</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/29/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andrew Piel</u>	Amount of contribution (\$) <u>\$300-</u>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <u>Arlington, Tx 76016</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/29/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeannie and Will Deakhyne</u>	Amount of contribution (\$) <u>\$500-</u>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <u>Arlington, Tx 76015</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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: 5/11

2 FILER NAME Justin Chapa

3 Filer ID (Ethics Commission Filers)

4 Date

6/29/21

5 Full name of contributor

Ric I Chapa

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250 -

6 Contributor address;

City;

State;

Zip Code

Arlington, TX 76018

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/29/21

Full name of contributor

Jamie MacDougall

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250 -

Contributor address;

City;

State;

Zip Code

Irving, TX 75060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/29/21

Full name of contributor

Monica and Marcella Chapa

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100 -

Contributor address;

City;

State;

Zip Code

Eufless, TX 76040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/21

Full name of contributor

Kimberly and Brad Engeltson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100 -

Contributor address;

City;

State;

Zip Code

Midlothian, TX 76065

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.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/21	5 Full name of contributor Heath Chapa <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$50-
6 Contributor address; City; State; Zip Code [Redacted], Mansfield, TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/30/21	Full name of contributor Marion and Cary Cannon <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250-
Contributor address; City; State; Zip Code [Redacted], Arlington, TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Denny Ashby <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500-
Contributor address; City; State; Zip Code [Redacted], Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Dav: J Monteiro <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250-
Contributor address; City; State; Zip Code [Redacted], Dallas, TX 75230		
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/21	5 Full name of contributor Janice Davis <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$500-
6 Contributor address; City; State; Zip Code [Redacted] Dallas, TX 75230		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/30/21	Full name of contributor Laura and Jimmy Jones <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted] Gordon, TX 76453		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Melody and Larry Fowler <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Jeff Carlton <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$25-
Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76016		
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/21	5 Full name of contributor John Hibbs <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100 -
6 Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/30/21	Full name of contributor Paula Pierson <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500 -
Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Fred Petti <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250 -
Contributor address; City; State; Zip Code [Redacted] Phoenix, AZ 85028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Belia Chapa <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$150 -
Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76017		
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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kecia Mays	7 Amount of contribution (\$) \$100-
6 Contributor address; City; State; Zip Code [Redacted] Grand Prairie, TX 75052		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellie McGovern	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sotero Regalado III	Amount of contribution (\$) \$500-
Contributor address; City; State; Zip Code [Redacted] Harlingen, TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie Hogg	Amount of contribution (\$) \$50-
Contributor address; City; State; Zip Code [Redacted] Arlington, TX 76012		
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.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/11
2 FILER NAME Justin Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/21	5 Full name of contributor Michelle Ku <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Dallas, Tx 75281	7 Amount of contribution (\$) \$100 -
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/30/21	Full name of contributor Jamie Sullins <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Austin, Tx 78739	Amount of contribution (\$) \$250 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Sandra Campbell <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx 76012	Amount of contribution (\$) \$25 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/30/21	Full name of contributor Brooklyn and Keith Richardson <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Arlington, Tx 76016	Amount of contribution (\$) \$250 -
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>11/11</b>
2 FILER NAME <b>Justin Chapa</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/30/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah and Chris McMurrrough</b> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington, TX 76017</b>	7 Amount of contribution (\$) <b>\$100 -</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patti Briones</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Chandler, AZ 85286</b>	Amount of contribution (\$) <b>\$250 -</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah and Paul Hissin</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington, TX 76001</b>	Amount of contribution (\$) <b>\$100 -</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Polly Walton</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Arlington, TX 76012</b>	Amount of contribution (\$) <b>\$500 -</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Justin Chapa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/30/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Barbara and Nick Heizer</i>	7 Amount of contribution (\$) <i>\$350 -</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Arlington, TX 76016</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan Dierst</i>	Amount of contribution (\$) <i>\$300 -</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arlington, TX 76013</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Linda Dierst</i>	Amount of contribution (\$) <i>\$300 -</i>
Contributor address; City; State; Zip Code <i>[Redacted] Arlington, TX 76013</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: <i>1/2</i>	2 FILER NAME <i>Justin Chapa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/5/21</i>	5 Payee name <i>Green Apple Lane</i>	
6 Amount (\$) <i>\$284-</i>	7 Payee address; City; State; Zip Code <i>5001 Ivycrest Trl., Arlington, TX 76017</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising / Consulting Expense</i>	(b) Description <i>Website Design and Hosting Services</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6/22/21</i>	Payee name <i>Anedot, Inc.</i>	
Amount (\$) <i>\$73.80</i>	Payee address; City; State; Zip Code <i>1340 Poydras St., Suite 1770, New Orleans, LA 70112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising Expense</i>	Description <i>Fees to online fundraising vendor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>6/3/21</i>	Payee name <i>Arlington Colt Football Booster Club</i>	
Amount (\$) <i>\$500-</i>	Payee address; City; State; Zip Code <i>3705 Wedgewood Ct., Arlington, TX 76013</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation by Officeholder</i>	Description <i>Charitable Event sponsorship</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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**

If the requested information is not applicable, DO NOT include this page in the report.

## 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>2/2</b>	2 FILER NAME <b>Justin Chapa</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/24/21</b>	5 Payee name <b>Anedot, Inc.</b>	
6 Amount (\$) <b>\$16.90</b>	7 Payee address; City; State; Zip Code <b>1340 Poydras St., Suite 1770, New Orleans, LA 70112</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>	(b) Description <b>Fees to online fundraising vendor</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>6/30/21</b>	Payee name <b>Anedot, Inc.</b>	
Amount (\$) <b>\$287.60</b>	Payee address; City; State; Zip Code <b>1340 Poydras St., Suite 1770, New Orleans, LA 70112</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>	Description <b>Fees to online fundraising vendor</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

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