

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	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Justin	<div>RECEIVED</div> <div>OFFICE USE ONLY</div> <div>Date Received JUL 15 2024</div> <div>BY: A. Boals</div>	
	NICKNAME LAST SUFFIX Chapa		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2212 Racquet Club Ct. Arlington, TX 76017		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gara		
	NICKNAME LAST SUFFIX Hill		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4111 Vista Creek Ct., Arlington, TX 76017		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 681-6114		
8 REPORT TYPE	<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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 01/01/2024 THROUGH 06/30/2024		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Arlington ISD Board of Trustees, Place 5		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 12

13 C / OH NAME	Chapa, Justin	14 Filer ID
----------------	---------------	-------------

15 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.

☐ Additional Pages

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

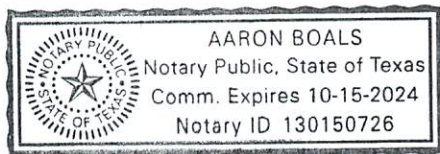
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 375.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,231.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,272.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Justin Chapa, this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Aaron Boals
Signature of officer administering

Aaron Boals
Printed name of officer administering

Paralegal
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 12

18 FILER NAME Chapa, Justin		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,725.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 1,817.42
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 414.25
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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:
Sch: 1/4 Rpt: 4/12

2 FILER NAME
Chapa, Justin

3 Filer ID

4 Date
06/28/2024

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Beasley, Ruth

7 Amount of Contribution (\$) \$500.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Arlington, TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/29/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Bunkley, Corliss

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

[REDACTED]

Arlington, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Engbretson, Kathy

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/29/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hill, Gara

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code

[REDACTED]

Arlington, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/29/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Holder, Cera

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Kennedale, TX 76060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/4 Rpt: 5/12

2 FILER NAME
Chapa, Justin

3 Filer ID

4 Date
06/30/2024

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hourigan, Joseph

7 Amount of Contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code
[REDACTED]
Phoenix, AZ 85028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
06/29/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Klein, Brock

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code
[REDACTED]
Arlington, TX 76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
MacDougall, Kyle

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code
[REDACTED]
Irving, TX 75060

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/29/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mays, Kecia

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code
[REDACTED]
Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
06/30/2024

Full name of contributor ☐ out-of-state PAC (ID#: _____)
McMurrough, Sarah and Chris

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code
[REDACTED]
Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/12
2 FILER NAME Chapa, Justin		3 Filer ID
4 Date 06/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noebels, Abby <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Houston, TX 77006	7 Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Albert (Dr.) <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Arlington, TX 76012	Amount of Contribution (\$) <div style="text-align: right;">\$500.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reich, Aaron (Dr.) <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Arlington, TX 76012	Amount of Contribution (\$) <div style="text-align: right;">\$150.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas, Eric <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Arlington, TX 76013	Amount of Contribution (\$) <div style="text-align: right;">\$250.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shechtman, Matt <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> Bend, OR 97703	Amount of Contribution (\$) <div style="text-align: right;">\$1,000.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 4/4 Rpt: 7/12

2 FILER NAME
Chapa, Justin

3 Filer ID

4 Date
06/30/2024

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Walton, Polly

7 Amount of Contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code
[REDACTED]
Arlington, TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/3 Rpt: 8/12	2 FILER NAME Chapa, Justin	3 Filer ID
4 Date 06/21/2024	5 Payee name Amazon	
6 Amount (\$) \$27.20	7 Payee address; City; State; Zip Code 440 Terry Ave. N. Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Lapel pins
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name Anedot, Inc.	
Amount (\$) \$193.80	Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for online fundraising vendor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2024	Payee name Chapa, Justin	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2212 Racquet Club Ct. Arlington, TX 76017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for 2023 Schedule G Expenditures
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 2/3 Rpt: 9/12	2 FILER NAME Chapa, Justin	3 Filer ID
4 Date 04/16/2024	5 Payee name Fowler, Melody	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 4900 Morris Heights Dr. Arlington, TX 76016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Melody Fowler, Arlington ISD Trustee, Place 2
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Fowler, Melody	Office sought AISD Bd. of Trustees, Place 2 Office held AISD Bd. of Trustees, Place 2
Date 04/16/2024	Payee name Green Apple Lane Design	
Amount (\$) \$354.00	Payee address; City; State; Zip Code 800 Shadycreek Ct. Arlington, TX 76013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Website hosting and maintenance.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2024	Payee name Hilton Garden Inn	
Amount (\$) \$32.60	Payee address; City; State; Zip Code 301 West 17th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/Beverage during trip to give testimony at State Board of Education
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 3/3 Rpt: 10/12	2 FILER NAME Chapa, Justin	3 Filer ID
4 Date 06/14/2024	5 Payee name Marriott Rivercenter	
6 Amount (\$) \$18.24	7 Payee address; City; State; Zip Code 101 Bowie Street San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/Beverage at TASB Summer Leadership Institute
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Marriott Rivercenter	
Amount (\$) \$25.65	Payee address; City; State; Zip Code 101 Bowie Street San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/Beverage during TASB Summer Leadership Institute
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2024	Payee name Texas Association of School Boards	
Amount (\$) \$40.01	Payee address; City; State; Zip Code 12007 Research Blvd. Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Public Education Advocacy T-shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 11/12		2 FILER NAME Chapa, Justin		3 Filer ID	
4 Date 06/24/2024		5 Payee name Arlington Retired School Employees Association			
6 Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 4930 Brazoswood Cir. Arlington, TX 76017			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/23/2024		Payee name Lazy Dog			
Amount (\$) \$85.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 241 E. Interstate 20 Arlington, TX 76018			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage for New Trustee Orientation and Training	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/30/2024		Payee name Live! by Loews			
Amount (\$) \$176.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1600 E. Randol Mill Road Arlington, TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Officeholder Expenses		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AISD Graduation Lodging	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 12/12	2 FILER NAME Chapa, Justin	3 Filer ID
4 Date 06/15/2024	5 Payee name Live! by Loews	
6 Amount (\$) \$10.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 E. Randol Mill Road Arlington, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking Fee for Arlington Black Chamber of Commerce Juneteenth Celebration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 05/08/2024	Payee name Mac's	
Amount (\$) \$57.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6077 W. I-20 Arlington, TX 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage for new Trustee introductory meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		
Date 05/29/2024	Payee name Torchy's	
Amount (\$) \$38.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1805 N. Collins St. #151 Arlington, TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage for service-related meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		