# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	2 Total pages filed:								
	12								
3 CANDIDATE / MS / MRS / MR FIRST MI	OFFICE USE ONLY								
OFFICEHOLDER Justin	Date Received								
17	COLOR WILL CASE OF COLOR OF								
	JUL <b>15</b> 2024								
NICKNAME LAST SUFFIX									
Chapa	By. A. Boals								
4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE	Date Rand-delivered or Date Postmarked								
OFFICEHOLDER MAILING 2212 Racquet Club Ct.									
ADDRESS	Receipt # Amount								
Change of Address Arlington, TX 76017									
Allington, 1X 70017	Date Processed								
	Date Imaged								
5 CAMPAIGN MS / MRS / MR FIRST MI TREASURER									
NAME Gara									
NICKNAME LAST SUFFIX									
Hill									
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY	STATE; ZIP CODE								
TREASURER ADDRESS									
ADDRESS									
(Residence or Business) 4111 Vista Creek Ct., Arlington, TX 76017									
10 800 00									
7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION									
TREASURER (047) CO4 C444	(817) 681-6114								
PHONE (817) 681-6114									
8 REPORT									
TYPE January 15 30th day before election Runoff	15th day after campaign treasurer								
	appointment (officeholder only)								
July 15 Sth day before election Exceeded modified reporting limit	Final Report (Attach C/OH-FR)								
9 PERIOD Month Day Year Month Day COVERED 01/01/2024 THROUGH 06/20/20	Year								
01/01/2024 THROUGH 06/30/202	24								
10 ELECTION DATE ELECTION TYPE	□ ottor								
Month Day Year Primary Runoff	Other								
General Special									
	9								
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGH	Γ (if known)								
Arlington ISD Board of Trustees, Place 5									
CO TO DAGE 0									
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)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the officeholders are required to report this information	ne candidate's or officeho	older's knowledge or
Additional Pages				
	SPECIFIC			=
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	\$ 4,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 375.92
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 2,231.67
CONTRIBUTION BALANCE	REPORTING PE			\$ 8,272.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
N OF THE RESERVE OF T	AARON BOALS lotary Public, State of Tex Comm. Expires 10-15-20: Notary ID 130150726			pe reported by me
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subscool		aid Tustin Chaper ertify which, witness my hand and seal of office.	, this the 15th	day
Signature of office	Ser administering	Printed name of officer administering	Peral, Title of officer a	dministering oath

### **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

					3 of 12
	ER NAM apa, Ju		19 Filer ID		
	HEDULE ME OF S	SUE	BTOTAL AMOUNT		
1.	X	\$	4,725.00		
2.		\$			
3.		\$			
4.		SCHEDULE E: LOANS	<del>.</del>	\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,817.42
6.		\$			
7.		\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	-	\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	414.25
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	_
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/12 FILER NAME Filer ID Chapa, Justin Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 06/28/2024 Beasley, Ruth \$500.00 Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 \$25.00 Bunkley, Corliss Contributor address; City; State; Zip Code Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/30/2024 \$100.00 Engebretson, Kathy Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/29/2024 Hill, Gara \$500.00 Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 06/29/2024 Holder, Cera \$100.00 Contributor address; City; State; Zip Code Kennedale, TX 76060 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission Version V3.5.1.9000c4 www.ethics.state.tx.us

M	ONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDUL	E <b>A1</b>
Th	e Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/12	-
	ER NAME apa, Justi	n		3 Filer ID	
4 Date 06/3	e 30/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$100.00
8 Prin	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Date 06/	e 29/2024	Full name of contributor out-of-state PAC (ID#:_Klein, Brock  Contributor address; City; State; Zip Code  Arlington, TX 76015		Amount of Contribution (\$)	\$100.00
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Date 06/	e 30/2024	Full name of contributor out-of-state PAC (ID#:_ MacDougall, Kyle  Contributor address; City; State; Zip Code  Irving, TX 75060		Amount of Contribution (\$)	\$250.00
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Dati 06/	e 29/2024	Full name of contributor out-of-state PAC (ID#: Mays, Kecia  Contributor address; City; State; Zip Code  Grand Prairie, TX 75052		Amount of Contribution (\$)	\$100.00
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Dat 06/	re (30/2024	Full name of contributor out-of-state PAC (ID#:_ McMurrough, Sarah and Chris  Contributor address; City; State; Zip Code  Arlington, TX 76017		Amount of Contribution (\$)	\$500.00
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Forms	provided	by Texas Ethics Commission www.ethics	s.state.tx.us	Version V3.5	5.1.9000c47

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/4 Rpt: 6/12 3 Filer ID 2 FILER NAME Chapa, Justin 4 Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: \$500.00 06/29/2024 Noebels, Abby Contributor address; City; State; Zip Code Houston, TX 77006 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$500.00 06/28/2024 Parra, Albert (Dr.) Contributor address; City; State; Zip Code Arlington, TX 76012 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$150.00 06/30/2024 Reich, Aaron (Dr.) Contributor address; City; State; Zip Code Arlington, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 06/29/2024 \$250.00 Salas, Eric Contributor address; City; State; Zip Code Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$1,000.00 06/30/2024 Shechtman, Matt Contributor address; City; State; Zip Code Bend, OR 97703 Employer (See Instructions) Principal occupation / Job title (See Instructions) Version V3.5.1.9000c47 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

MONE	TARY POLITICAL CONTRIBUTI	ONS	So	CHEDULE A1
The Instru	uction Guide explains how to complete this	1 Total pages Scher Sch: 4/4 Rpt: 7/2		
2 FILER NAMI Chapa, Jus		3 Filer ID		
4 Date 06/30/2024	5 Full name of contributor out-of-state PAC (ID# Walton, Polly 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contrib	stion (\$) \$50.00	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	d by Texas Ethics Commission www.eth			rsion V3.5.1.9000c47

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa		Travel in District Travel Out of District OTHER (enter a category not listed abov	e)
Credit Card Payment			The Instruction Guide explains				
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	
	Sch: 1/3 Rpt: 8/12	Chapa, Ju	stin				
4	Date	5 Payee name	•			•	_
	06/21/2024	Amazon					
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Cod	e		
	\$27.20	440 Terry	Ave. N.				
		Seattle, W	A 98109				
8	PURPOSE	(a) Category (	See Categories listed at the top of this so	chedule) (	b) Description		
	OF EXPENDITURE	Advertising	g Expense		므	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
					Lapel pins	n, 17, onicentialer living expense	
9	Complete ONLY if direct	Candidate/O	ficeholder name	Office soug	ht	Office held	
•	expenditure to benefit C/O						
	Date	Payee nam	e				
	06/30/2024	Anedot, In	C				
	Amount (\$)	Payee addr	ess; City; State	e; Zip Cod	e		
	\$193.80	1340 Poyo	Iras St.				
		Suite 1770	)				
		New Orlea	ıns, LA 70112				
	PURPOSE	(a) Category	See Categories listed at the top of this so	chedule) (	b) Description		
	OF EXPENDITURE	Fees			<b>L</b>	l outside of Texas. Complete Schedule T.	
					ш	n, TX, officeholder living expense ine fundraising vendor	
					rees for orm	nie fatialistig vertaol	
_	Complete ONII V if direct	Condidate/O	ficeholder name	Office soug		Office held	
	Complete ONLY if direct expenditure to benefit C/O		ilceriolaer name	Office Soug	i iL	Office field	
L	Data						
	Date	Payee nam					
	02/03/2024	Chapa, Ju		. 7i- 0 '			
	Amount (\$)	Payee addr	•	e; Zip Cod	е		
	\$500.00	2212 Kac	quet Club Ct.				
		A	TV 70047				
_		Arlington,				· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF		See Categories listed at the top of this so	chedule) (	b) Description  Check if travel	Loutside of Tayas Complete Schodule T	
	EXPENDITURE	Loan Repa	ayment/Reimbursement	- [	<u> </u>	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
				İ	Lund	nent for 2023 Schedule G Expen	ditures
Г	Complete ONLY if direct		fficeholder name	Office soug	ht	Office held	
	expenditure to benefit C/OI	4					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Committee	Legal Services	morials Expense		xpens Vages	e /Contract Labor	Tra	ver in District HER (enter a category not listed above	<del>)</del>
1	Total pages Schedule F1:	2 FILER NA	ME					3 File	er ID	
	Sch: 2/3 Rpt: 9/12	Chapa, J	lustin						<del></del>	
4	Date	5 Payee na	me							
	04/16/2024	Fowler, N	Melody							
6	Amount (\$)	7 Payee ad	dress; City;	State	e; Zip Co	ode				
	\$250.00	4900 Mo	rris Heights D	or.						
		Arlington	, TX 76016							
8	PURPOSE	(a) Category	(See Categories lis	sted at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		tions/Donatio		•		<b>-</b>		f Texas. Complete Schedule T.	
		Candida	te/Officeholde	er/Political Comr	nittee				eholder living expense ngton ISD Trustee, Place	,
							Welduy Fowle	21, AIII	ngton 130 mustee, Flace	2
Ļ	Operation Object to	0	O#5b1-1		Office				Office hold	
9	Complete ONLY if direct expenditure to benefit C/O	•	Officeholder na		Office sou	•	Francisco Dica	- 0	Office held	la a a . 2
		Towler, M	eloay 		AISD BO	. OT	Trustees, Plac	e 2	AISD Bd. of Trustees, P	lace 2
	Date	Payee na	me							
	04/16/2024	Green A	pple Lane De	sign						
	Amount (\$)	Payee ad	dress; City	State	; Zip Co	ode				
	\$354.00	800 Sha	dycreek Ct.							
			•							
		Arlington	, TX 76013						· · · · · · · · · · · · · · · · · · ·	_
	PURPOSE OF			sted at the top of this sc	hedule)	(b)	Description			
	EXPENDITURE	Consulti	ng Expense						f Texas. Complete Schedule T. ceholder living expense	
							<u></u>		d maintenance.	
	Complete ONLY if direct	Candidate/	Officeholder na	me	Office sou	<u>l</u> ight			Office held	
	expenditure to benefit C/OI	<del>1</del>								
	Date	Payee na	me							
	06/25/2024	Hilton Ga	arden Inn							
	Amount (\$)	Payee ad	dress; City	; State	e; Zip Co	ode				
	\$32.60	301 Wes	t 17th Street							
		Austin, T	X 78701							
	PURPOSE	(a) Category	(See Categories li	sted at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		verage Exper		-				f Texas. Complete Schedule T.	
	LAFERDITORE								ceholder living expense	-4 04-4-
							Board of Edu		ring trip to give testimony	ai Siale
$\vdash$	Complete ONLY if direct	Candidate/	Officeholder na	me	Office sou	<u>la</u> ht			Office held	
	expenditure to benefit C/OI				J00 000	-9''\				
	<u></u>			<u>-</u> _						

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID
	Sch: 3/3 Rpt: 10/12		Chapa, Jus	tin						
4	Date	5	Payee name							
	06/14/2024		Marriott Riv	ercenter						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode			
	\$18.24		101 Bowie	Street						
			San Antonio	o, TX 78205						
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this scho	edule)	(b)	Description		
	OF EXPENDITURE			age Expense				느		de of Texas. Complete Schedule T.
		1								officeholder living expense at TASB Summer Leadership
							1	Institute	J - '	
9	Complete ONLY if direct	۲	Candidate/Offi	ceholder name		office so	ught			Office held
	expenditure to benefit C/O									
	Date	ı	Payee name							
	06/13/2024		Marriott Riv	ercenter		_				
	Amount (\$)		Payee addre	•	State;	Zip C	ode			
	\$25.65		101 Bowie	Street						
			San Antonio	o, TX 78205						
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	edule)	(b)	Description		
	EXPENDITURE		Food/Bever	age Expense			1	<b>=</b>		de of Texas. Complete Schedule T. officeholder living expense
										during TASB Summer Leadership
								Institute		•
	Complete ONLY if direct	_	andidate/Offi	iceholder name	C	ffice so	ught			Office held
L	expenditure to benefit C/O	H 								
	Date		Payee name							
	06/14/2024		Texas Asso	ciation of Schoo	ol Boards					
	Amount (\$)		Payee addre	ss; City;	State;	Zip C	ode			
	\$40.01		12007 Rese	earch Blvd.						
			Austin, TX	78759						
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Advertising							ide of Texas. Complete Schedule T.
								_		, officeholder living expense n Advocacy T-shirts
									1	
	Complete ONLY if direct	_	Candidate/Off	iceholder name		Office so	ught			Office held
	expenditure to benefit C/OI	Н					-			
				<del></del>		·				
l _										

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Advertising Expense **Event Expense** Loan Repayment/Reimbursement Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Polling Expense Consulting Expense Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Printing Expense 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 G: 2 FILER NAME 3 Filer ID Sch: 1/2 Rpt: 11/12 Chapa, Justin 4 Date Payee name Arlington Retired School Employees Association 06/24/2024 State; Zip Code 6 Amount (\$) Payee address; \$45.00 4930 Brazoswood Cir. Reimbursement from political contributions $\mathbf{x}$ Arlington, TX 76017 intended Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Membership Dues Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/23/2024 Lazy Dog Payee address; State; Zip Code Amount (\$) City; \$85.71 241 E. Interstate 20 Reimbursement from political contributions intended |x| Arlington, TX 76018 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Food/Beverage for New Trustee Orientation and Training Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/30/2024 Live! by Loews Payee address; City: State; Zip Code Amount (\$) \$176.88 1600 E. Randol Mill Road Reimbursement from political contributions intended [X]Arlington, TX 76011 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Officeholder Expenses **EXPENDITURE** AISD Graduation Lodging Office held Complete ONLY if direct Candidate/Officeholder name Office sought

expenditure to benefit

C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wenes (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Cit/Awards/Memorials Exp Legal Services			Vages/Contract Labor		OTHER (enter a cat	tegory not listed above)	
				The Instruction Guide	- exhigins i		piete tras 101m.	_			
1	Total pages Schedule G: Sch: 2/2 Rpt: 12/12	l	FILER NAME Chapa, Jusi					3	Filer ID		
4	Date	5	Payee name								
ľ	06/15/2024		Live! by Loe	ws							
_		<u> </u>				<del></del>	<del> </del>				
6	Amount (\$)	l	Payee addres	-	State;	Zip Co	ode				
	\$10.99		1600 E. Rai	ndol Mill Road							
	Reimbursement from political contributions										
	political contributions intended	,	Arlington, T	X 76011							
8	PURPOSE	(a) (	Category (se	e Categories listed at the to	op of this sche	edule)	(b) Description	Ci	neck if travel outside	of Texas. Complete Schedu	le T.
_	OF	l ` '	Fees	<b>.</b>			.,	ᆸ	heck if Austin, TX, off	iceholder living expense	
	EXPENDITURE	·	. 000				Parking Fee for	— Arlir	noton Black Ch	namber of Commer	ce
							Juneteenth Cele				
9	Complete ONLY if direct	Con	didate/Officel	older name			Office sought		Offic	ce held	
9	expenditure to benefit	Car	uluale/Onicei	loider name			Office sought		Oille	ce neiu	
	C/OH										
Ε	Date		Payee name								=
ŀ	05/08/2024	ı	Mac's								
_											
	Amount (\$)		Payee addres	•	State;	Zip Co	ode				
	\$57.01	'	6077 W. I-2	U							
	Reimbursement from political contributions										
	x political contributions intended	4	Arlington, T	X 76017							
	PURPOSE	(	Category (se	e Categories listed at the to	op of this sch	edule)	Description	C	heck if travel outside	of Texas. Complete Schedu	le T.
	OF EXPENDITURE		Food/Bever	age Expense			ĺ	ㅁ	heck if Austin, TX, off	liceholder living expense	
	EXPENDITURE						Food/Beverage	for r	new Trustee in	ntroductory meeting	
	Complete ONLY if direct	Can	didate/Officel	older name			Office sought		Offi	ce held	
	expenditure to benefit										
	C/OH										
	Date	1	Payee name								
	05/29/2024	•	Torchy's								
-	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	ode				
	\$38.66	l	1805 N. Co	•	-,	•					
		1	#151								
į	X Political contributions	l		V 76011							
	intended	<u></u>	Arlington, T	× 10011			<del></del>				
	PURPOSE OF	ľ	• • •	ee Categories listed at the t	op of this sche	edule)	Description			of Texas. Complete Schedu	le T.
	EXPENDITURE		Food/Bever	age Expense				—		ficeholder living expense	
		1					Food/Beverage	tor s	service-related	i meeting	
	Complete ONLY if direct expenditure to benefit	Can	didate/Officel	nolder name			Office sought		Offi	ice held	
	C/OH										
$\vdash$	<u> </u>						· ·-			<u> </u>	
l											