

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 16

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

| | | |
|---|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE 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) | \$ 5,030.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 742.29 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,874.19 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 11,427.81 |
| 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 14th day of January, 20 25, to certify which, witness my hand and seal of office.

Samantha Crossnoe

Signature of officer administering

Samantha Crossnoe

Printed name of officer administering

Notary

Title of officer administering oath

SUBTOTALS - C/OH

| | | |
|--|---|--------------------|
| 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 | \$ 5,030.00 |
| 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 | \$ 1,874.19 |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 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: 1/9 Rpt: 4/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballweg, Cole <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76107 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchamp Campbell, Hillary <hr/> Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boggs, Heather <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett, Holli <hr/> Contributor address; City; State; Zip Code [REDACTED] Pantego, TX 76013 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Linda <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76012 | Amount of Contribution (\$) \$25.00 |
| 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: 2/9 Rpt: 5/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgdorf, Sherry | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76016 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Busby, William | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code [REDACTED] Glenn Heights, TX 75154 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardoza, Jo Anna | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Belia | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Roel | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76018 | | |
| 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: 3/9 Rpt: 6/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Terri and Robert | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Kristen | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cravens, Carl | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darnell, Jennifer | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley, Anne | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code [REDACTED] South Grafton, MA 01560 | | |
| 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: 4/9 Rpt: 7/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Yleen <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76006 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Jon <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76012 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ashley <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killian, Stephanie <hr/> Contributor address; City; State; Zip Code [REDACTED] Hoboken, NJ 07030 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kopetsky, Jennifer <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76010 | Amount of Contribution (\$) \$100.00 |
| 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: 5/9 Rpt: 8/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lurie, Jason 6 Contributor address; City; State; Zip Code [REDACTED] Falls Church, VA 22042 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Karen Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76015 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Dan Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Ella Jo Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micciche, Dan Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75218 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jennifer (Dr.) | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76012 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Geraldine | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76010 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed-Fawzy, Nikki | 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 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Daniel | Amount of Contribution (\$) \$75.00 |
| | Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Giana | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76013 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parra, Albert (Dr.) <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76012 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piel, Andrew <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76016 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierson, Paula <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76006 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Barbara <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76016 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Keith <hr/> Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76016 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Timothy 6 Contributor address; City; State; Zip Code [REDACTED] Walker, MN 56484 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jay Contributor address; City; State; Zip Code [REDACTED] Washington, DC 20010 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sheria Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75202 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Clay Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76017 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thalman, Roxanne Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065 | Amount of Contribution (\$) \$50.00 |
| 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: 9/9 Rpt: 12/16 |
| 2 FILER NAME Chapa, Justin | | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Jose | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Alexandra, VA 22304 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Mary (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76001 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weitman, David | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75230 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code [REDACTED] Mountain View, CA 94041 | | |
| Principal occupation / Job title (See Instructions) | | 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: 1/4 Rpt: 13/16 | 2 FILER NAME Chapa, Justin | 3 Filer ID |
| 4 Date 07/11/2024 | 5 Payee name Anedot, Inc. | |
| 6 Amount (\$) \$2.30 | 7 Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112 | |
| 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 Fees for online fundraising vendor |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/07/2024 | Payee name Anedot, Inc. | |
| Amount (\$) \$4.30 | 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 11/14/2024 | Payee name Anedot, Inc. | |
| Amount (\$) \$2.30 | 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) 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 Fees for online fundraising vendor. |
| 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 | 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: Sch: 2/4 Rpt: 14/16 | 2 FILER NAME Chapa, Justin | 3 Filer ID |
| 4 Date 12/31/2024 | 5 Payee name Anedot, Inc. | |
| 6 Amount (\$) \$205.50 | 7 Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 Fees for online fundraising vendor. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/11/2024 | Payee name Arlington Council of PTAs | |
| Amount (\$) \$380.24 | Payee address; City; State; Zip Code 690 E. Lamar Blvd. Arlington, TX 76012 | |
| 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 Advocate Level Sponsorship of AISD PTAs |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/11/2024 | Payee name Chapa, Justin | |
| Amount (\$) \$414.25 | 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 Schedule G Expenditures reported on July 15, 2024 Report |
| 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: 3/4 Rpt: 15/16 | 2 FILER NAME Chapa, Justin | 3 Filer ID |
| 4 Date 08/05/2024 | 5 Payee name Green Apple Lane Design | |
| 6 Amount (\$) \$9.00 | 7 Payee address; City; State; Zip Code 5614 W. Grant Pkwy. S. Ste. 102, PMB 213 Richmond, TX 77406 | |
| 8 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 work |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/19/2024 | Payee name Green Apple Lane Design | |
| Amount (\$) \$54.00 | Payee address; City; State; Zip Code 5614 W. Grant Pkwy. S. Ste. 102, PMB 213 Richmond, TX 77406 | |
| 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 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/02/2024 | Payee name Loews Arlington Hotel | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 888 Nolan Ryan Expressway Arlington, TX 76011 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Parking for Otis & Rosie Brown Foundation Extraordinarys Gala |
| 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: 4/4 Rpt: 16/16 | 2 FILER NAME Chapa, Justin | 3 Filer ID |
| 4 Date 09/27/2024 | 5 Payee name Texas Association of School Boards | |
| 6 Amount (\$) \$40.01 | 7 Payee address; City; State; Zip Code 12007 Research Blvd. Austin, TX 78759 | |
| 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 Public Education Advocacy T-shirts |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name | Office sought | Office held |