FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 17 CANDIDATE / MS / MRS / MR FIRST MI POFFICE USE ONLY **OFFICEHOLDER** Justin NAME Date Received JUL 1 0 2025 NICKNAME LAST SUFFIX Chapa Date Hand-delive ADDRESS / PO BOX; APT / SUITE #; CANDIDATE / CITY; ZIP CODE ate Postmarked **OFFICEHOLDER** 2212 Racquet Club Ct. MAILING Amount Receipt # **ADDRESS** Change of Address Arlington, TX 76017 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** NAME Gara NICKNAME LAST SUFFIX Hill STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** (Residence or Business) 4111 Vista Creek Ct., Arlington, TX 76016 PHONE NUMBER **EXTENSION** CAMPAIGN AREA CODE **TREASURER** PHONE (817) 681-6114 8 REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded modified 8th day before election July 15 reporting limit PERIOD Day Month Day Year Month Year COVERED 01/01/2025 **THROUGH** 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Arlington ISD Board of Trustees, Place 5

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 17				
13 C / OH NAME	Chapa, Justin	1	L4 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditure These expenditures may have been made without the officeholders are required to report this information of	e candidate's or officeh	older's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
	_	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5	:				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
	2. TOTAL POLITIC (OTHER THAN F		\$ 2,975.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 1,136.90					
	4. TOTAL POLITIC	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 10,659.80				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
	PRISCILLA ACOS Notary Public, State of Notary ID 1352140 My Commission Exp. 12-2	Texas 42 7-2028		be reported by me				
	TARY STAMP / SEAL ABo	1. La Chara	, this the	d day				
Signature of office	cer administering	Printed name of officer administering	Alle of officer a	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 17
18 FILER NAM Chapa, Ju		19 Filer ID		
20 SCHEDUL NAME OF	SUBTOTAL AM	OUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,975.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	3,743.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
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: 1/7 Rpt: 4/17 2 FILER NAME 3 Filer ID Chapa, Justin 4 Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/26/2025 Bader, Brian \$250.00 6 Contributor address; City; State; Zip Code Arlington, TX 76012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/19/2025 \$25.00 Black, Nick and Rachel Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 01/07/2025 \$25.00 Boatwright, Abigail Contributor address; City; State; Zip Code Fort Worth, TX 76112 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100.00 01/09/2025 Bock, Gerri Contributor address; City; State; Zip Code Los Altos Hills, CA 74024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$250.00 01/07/2025 Brady, Leanna and Charles Contributor address; City; State; Zip Code Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/17 2 FILER NAME 3 Filer ID Chapa, Justin 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/09/2025 Carden, Kristin \$25.00 Contributor address; City; State; Zip Code Arlington, TX 76012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/08/2025 Crocker, Kristin \$50.00 Contributor address; City; State; Zip Code Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/02/2025 Cumming, Michael \$50.00 Contributor address; City; State; Zip Code Arlington, TX 75248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 01/07/2025 Duzan, Katie \$100.00 Contributor address; City; State; Zip Code Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 01/11/2025 Engebretson, Kathy \$200.00 Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.e02d6221

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/7 Rpt: 6/17 2 FILER NAME Filer ID Chapa, Justin 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/11/2025 Farrell, Allison (Dr.) \$150.00 Contributor address; City; State; Zip Code Arlington, TX 76017 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/15/2025 Farrell, David \$50.00 Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 01/08/2025 Golden, Cynthia \$100.00 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 (\$) 01/07/2025 Griffin, Barbara \$100.00 Contributor address; City; State; Zip Code Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/07/2025 Havens, Christian \$50.00 Contributor address; City; State; Zip Code Dallas, TX 75204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.e02d6221

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/17 FILER NAME Filer ID Chapa, Justin 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/08/2025 Heizer, Barbara and Nick \$350.00 6 Contributor address; City; State; Zip Code Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of Contribution (\$) 01/08/2025 Hill, Marcus \$50.00 Contributor address; City; State; Zip Code Wautauga, TX 76148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/06/2025 Hopper, Sally \$100.00 Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 01/09/2025 \$25.00 Humbles, Stacie Contributor address; City; State; Zip Code Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$100.00 02/23/2025 Kelley, Clay Contributor address; City; State; Zip Code Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/17 2 FILER NAME Filer ID Chapa, Justin Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/04/2025 Ku, Michelle \$250.00 Contributor address; City; State; Zip Code Dallas, TX 75231 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/07/2025 Malone, Susan \$100.00 Contributor address; City; State; Zip Code Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$50.00 01/08/2025 Mitchell, Lyndsay Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/10/2025 Ngo, Chau \$25.00 Contributor address; City; State; Zip Code North Hollywood, CA 91601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/08/2025 \$25.00 Onley, Rhonda Contributor address; City; State; Zip Code Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/17	
2	FILER NAME Chapa, Just			3	Filer ID	
4	Date 01/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Poynter, Jim 6 Contributor address; City; State; Zip Code Arlington, TX 76006		7	Amount of Contribution (\$)	\$50.00
8	Principal occu		9 Employer (See Instructions)		
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#:_ RessI, Kerri Contributor address; City; State; Zip Code Arlington, TX 76013			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_Richardson, Dee Contributor address; City; State; Zip Code Arlington, TX 76016			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Vasquez, Brooke Contributor address; City; State; Zip Code Arlington, TX 76016			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Jamie and Jeremy Contributor address; City; State; Zip Code Arlington, TX 76013			Amount of Contribution (\$)	\$50.00
Γ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	· -	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this	1 Total pages S Sch: 7/7 Rp			
2	FILER NAME Chapa, Justi			3 Filer ID		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Workman, Jeri 6 Contributor address; City; State; Zip Code Arlington, TX 76018				ontribution (\$)	\$75.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/7 Rpt: 11/17	2 FILER NAME Chapa, Justin
_	Date	F. Davisa nama
4	01/02/2025	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) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising vendor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.30	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising vendor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	D
	Date 01/09/2025	Payee name Anedot, Inc.
	Amount (\$) \$35.40	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising vendor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 2/7 Rpt: 12/17	Chapa, Justin
4	Date 01/13/2025	5 Payee name Anedot, Inc.
6	Amount (\$) \$37.00	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising vendor
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Anedot, Inc.
	Amount (\$) \$11.20	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising vendor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/23/2025	Payee name Anedot, Inc.
	Amount (\$) \$1.30	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees for online fundraising vendor
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
i		

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Printi	g Expens ng Expens es/Wages			Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment			The Instruction Guid	e explains	how to	comple	ete this form.		
1	Total pages Schedule F1:	2							3	Filer ID
_	Sch: 3/7 Rpt: 13/17	L	Chapa, Ju			_				
4	Date	5	Payee name							
	01/29/2025	L	Anedot, Inc							
6	Amount (\$)	7	•	•	State;	Zip	Code			
	\$10.30		1340 Poyd							
			Suite 1770							
		L	New Orlea	ns, LA 70112		-				
8	PURPOSE OF	(a		See Categories listed at the t		edule)	(b)	Description		
	EXPENDITURE		Solicitation	/Fundraising Expe	nse			<u> </u>		ide of Texas. Complete Schedule T. , officeholder living expense
										fundraising vendor
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office	sought			Office held
	Date	Γ	Payee name	e						
	02/07/2025		Anedot, Inc	c.						
_	Amount (\$)	T	Payee addre	ess; City;	State;	Zip	Code			
	\$10.30		1340 Poyd	lras St.						
			Suite 1770)						
		l	New Orlea	ns, LA 70112						
	PURPOSE	(a	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	OF EXPENDITURE			/Fundraising Expe		,	-	Check if travel		ide of Texas. Complete Schedule T.
	LAPENDITORE							_		, officeholder living expense
								rees for onlin	II C	fundraising vendor
	Complete ONLY if direct		Candidate/Of	ficeholder name		Office	sought	· <u></u>		Office held
	expenditure to benefit C/O	Н								
	Date	T	Payee name	e						
	04/25/2025		Anedot, In							
	Amount (\$)	T	Payee addr	ess; City;	State	Zip	Code	· · · · ·		
	\$2.30	l	1340 Poyd	lras St.						
			Suite 1770)						
			New Orlea	ıns, LA 70112						
-	PURPOSE	lα		See Categories listed at the	top of this sch	odulo)	(b)	Description		
	OF	,		n/Fundraising Expe		euule)	ľ	Check if travel		ide of Texas. Complete Schedule T.
	EXPENDITURE						İ	_		, officeholder living expense
								Fees for onli	ne	fundraising vendor
_	On the Carlot of the carlot	L	0	Winehelder name		74600				Office hold
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	fficeholder name	,	лісе	sought			Office held
										

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		F: G	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)	
L	Orean Gara F ayment	Т	he Instruction Guide explain	s how to comp	lete this form.		
1	Total pages Schedule F1:	FILER NAME				3 F	Filer ID
	Sch: 4/7 Rpt: 14/17	Chapa, Justir	า				
4	Date	Payee name					
l	02/25/2025	Anedot, Inc.					
6	Amount (\$)	Payee address	; City; Stat	e; Zip Code			
	\$4.30	1340 Poydras	s St.	•			
		Suite 1770					
		New Orleans	Ι Δ 70112				
Ļ	DUDDAAF			10.0			
8	PURPOSE OF		Categories listed at the top of this so	chedule) (D)	Description Check if travel	nuteida	e of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fi	undraising Expense				fficeholder living expense
	Fees for online fundraising vendor						
							-
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sought			Office held
⊨	Date	Davis as as					
	02/20/2025	Payee name Anedot, Inc.					
L			City Ctot	o. 7in Codo			
	Amount (\$)	Payee address	•	e; Zip Code			
	\$2.30	1340 Poydras	s St.				
		Suite 1770					
		New Orleans	, LA 70112				
	PURPOSE	a) Category (See	Categories listed at the top of this so	chedule) (b)	Description		
	OF EXPENDITURE	Solicitation/Fi	undraising Expense		느		e of Texas. Complete Schedule T.
					_		fficeholder living expense ndraising vendor
					1 663 101 01111	ic iu	ndraising vendor
L	Complete ONLY if direct	Candidate/Office	shelder name	Office sought			Office held
	expenditure to benefit C/Ol	Candidate/Onice	enough name	Office sought			Office field
	Date	Payee name					
	02/20/2025	Arlington FFA	A Booster Club				
	Amount (\$)	Payee address	; City; State	e; Zip Code			
	\$500.00	2212 Michiga	n Ave.				
		Arlington, TX	76013				
┢	PURPOSE	a) Category (See	Categories listed at the top of this so	chedule) (b)	Description		
	OF		/Donations Made By	incuic, .	•	outside	e of Texas. Complete Schedule T.
	EXPENDITURE		ficeholder/Political Ćomi	mittee			fficeholder living expense
					Donation to A	Arling	gton FFA Booster Club
L							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sought			Office held
L	CAPERIGITATE TO DEFICIT C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME		3	Filer ID
	Sch: 5/7 Rpt: 15/17	Chapa, Justin			
4	Date	Payee name			
	05/20/2025	Arlington ISD Education Foundation			
	Amount (\$) \$71.43	Payee address; City; State; Zip C 5618 W. Arkansas Ln. Room 110 Arlington, TX 76016	ode		
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense D Education Foundation
9	Complete ONLY if direct expenditure to benefit C/Oh	andidate/Officeholder name Office so	ught		Office held
	Date	Payee name			
_	02/01/2025	Green Apple Lane Design			
	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$65.00	5614 W. Grant Pkwy. S.			
	1	Ste. 102, PMB 213			
		Richmond, TX 77406			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense s and maintenance
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught		Office held
	Date	Payee name			
	03/10/2025	Green Apple Lane Design			
	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$366.00	5614 W. Grant Pkwy. S.			
		Ste. 102, PMB 213			
L		Richmond, TX 77406	Т,		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Check if Austin	, T X,	ide of Texas. Complete Schedule T. , officeholder living expense , and maintenance
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught		Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 6/7 Rpt: 16/17	Chapa, Justin	
4	Date	5 Payee name	
	06/03/2025	Live! by Loews	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$176.68	1600 E. Randol Mill Road	
		Arlington, TX 76011	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Room during Arlington ISD Graduations.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit over		
	Date	Payee name	
	01/07/2025	Meta Platforms, Inc.	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$150.00	One Hacker Way	
	,		
		Menlo Park, CA 94025	
_			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Facebook ads	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_			_
	Date	Payee name	
	01/08/2025	Meta Platforms, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$157.00	One Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	on Enonville	Check if Austin, TX, officeholder living expense	
		Facebook ads	
<u>L</u>			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	r - Gift/Av Il Committee Legal	peverage Expense wards/Memorials Expense Services Instruction Guide explains	_	nse es/Contract Labor	Trave	I Out of District R (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer	ID
L	Sch: 7/7 Rpt: 17/17	Chapa, Justin			<u></u>		
4	Date	5 Payee name					
	06/30/2025	Richardson, Bro	oklyn				
6	Amount (\$)	7 Payee address;	City; State	e; Zip Code			
	\$500.00	6200 Tiffany Par	k Ct.				
		•					
L		Arlington, TX 76					
8	PURPOSE OF		gories listed at the top of this so	thedule) (b	Description		
	EXPENDITURE		onations Made By				exas. Complete Schedule T. older living expense
		Candidate/Office	eholder/Political Comr	nittee	_		dyn Richardson
ĺ					Contribution	i to biooi	nyii Monarason
Ļ	- 1	- F1 - 1011 1 1		2/5			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehol		Office sough	ľ		Office held
L		Richardson, Broo	kiyn 				Arlington ISD Board, Place 6
	Date	Payee name	 -				
	04/16/2025	Wilbanks, David					
	Amount (\$)	Payee address;	City; State	e; Zip Code			
	\$500.00	3711 Astoria Dr.					
		Arlington, TX 76	013				
Г	PURPOSE	(a) Category (See Cate	gories listed at the top of this so	hedule) (b) Description		
	OF EXPENDITURE		onations Made By	·			exas. Complete Schedule T.
	EXPENDITORE	Candidate/Office	eholder/Political Comr	nittee	_		older living expense
					Contribution	to David	Wilbanks
L							
	Complete ONLY if direct	Candidate/Officehol		Office sough			Office held
	expenditure to benefit C/O	H Wilbanks, David		Arlington IS	D Board, Plac	ce 4	Arlington ISD Board, Place 4