

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST LAST MI SUFFIX <u>JUAN</u> <u>A</u> NICKNAME LAST SUFFIX <u>CHADIS</u>	<b>OFFICE USE ONLY</b> Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>APR 07 2016</b>  <b>OFFICE OF THE CITY SECRETARY</b>  <b>LUBBOCK, TEXAS</b> </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST LAST MI SUFFIX <u>HENRY</u> <u>LOZADA</u> <u>R</u> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <u>2 / 19 / 16</u> THROUGH <u>4 / 7 / 16</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 7 / 16</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<u>CITY COUNCIL</u> <u>DIST. 1</u>	

[Signature]  
 3:35 P.M.

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME JUAN A. CHADIS 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6617.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4661.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1955.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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.

Juan A. Chadis  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Juan Chadis, this the 7th day of April, 20 16, to certify which, witness my hand and seal of office.

Jennifer Clements      Jennifer Clements      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - C/OH**

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

19 FILER NAME <b>JUAN A. CHADLS</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>6617.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>2262.32</b>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>4661.20</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <b>1105.95</b>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **30**

2 FILER NAME

**JUAN A. CADIS**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/28/16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Rufus CARRILLO**

7 Amount of contribution (\$)

**\$ 100<sup>00</sup> CASH**

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

[REDACTED]

8 Principal occupation / Job title (See Instructions)

**RETIRED**

9 Employer (See Instructions)

Date

**2/23/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**LEOPOLDO QUIRINO**

Amount of contribution (\$)

**\$ 200<sup>09</sup>**

[REDACTED]

[REDACTED]

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**2/27/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Samuel Gonzales**

Amount of contribution (\$)

**\$ 50<sup>00</sup> Cash**

[REDACTED]

Principal occupation / Job title (See Instructions)

**APPRAISAL DISTRICT**

Employer (See Instructions)

**Lubbock Appraisal District**

Date

**2/17/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Silvia Quirino**

Amount of contribution (\$)

**\$ 50 cash**

[REDACTED]

Principal occupation / Job title (See Instructions)

**NURSE ADMIN.**

Employer (See Instructions)

**ESSENTIAL HEALTH CARE**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHAVIS

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/16

5 Full name of contributor

JUAN ORTIZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100 cash

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

2/24/16

Full name of contributor

JOE + MARY ANN RODRIGUEZ

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100 cash

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/24/16

Full name of contributor

RAY LOZADA

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200 ck.

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/23/16

Full name of contributor

DAVID HURTADO

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100 cash

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

ELECTRICIAN

Employer (See Instructions)

TEXAS TECH UNIVERSITY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NOE + Esther DeLEON

7 Amount of contribution (\$)

\$100 ck

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

2/23/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EDDIE + Lupe Moreno

Amount of contribution (\$)

\$ 100 ck

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/23/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jose + ALMA Luján

Amount of contribution (\$)

\$ 100 ck

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/29/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

OFELIA HINOJOSA

Amount of contribution (\$)

\$ 100 cash

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan A. Chadis

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARIO + NORMA Ybarra

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$100 cash

8 Principal occupation / Job title (See Instructions)

JOB RECRUITER

9 Employer (See Instructions)

WORKFORCE DEVELOPMENT

Date

2/24/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ANTHONY + BELINDA Aguirre

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100 cash

Principal occupation / Job title (See Instructions)

MEDICAID FEAUD INVESTIGATOR

Employer (See Instructions)

MCKESSON

Date

4/24/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Fred MORALES

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100 cash

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/24/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EDWARD + MARY Quirino

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$125 check  
#

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JAMES+ANITA HARRISON

7 Amount of contribution (\$)

\$100 cash

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

2/25/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ROBERTO CHADIS

Amount of contribution (\$)

\$20 cash

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

INSURANCE DISTRICT MGR.

Employer (See Instructions)

RELIABLE Life INS.

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

2/29/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Rudy Rosales Montelongo's Rest.

6 Contributor address;

City; State; Zip Code



7 Amount of contribution (\$)

\$100 CASH

8 Principal occupation / Job title (See Instructions)

RESTAURANT OWNER

9 Employer (See Instructions)

MONTELONGO'S RESTAURANT

Date

3/1/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GRACE QUIRINO GARZA

Contributor address;

City; State; Zip Code



Amount of contribution (\$)

\$50 check

Principal occupation / Job title (See Instructions)

MEDICAL EDUCATOR

Employer (See Instructions)

FIRST CARE INSURANCE

Date

3/2/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ofelia HINOJOSA

Contributor address;

City; State; Zip Code



Amount of contribution (\$)

\$25<sup>00</sup>

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

FRED MORALES

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/2/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

HENRY CASTELLANO

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/1/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOHNNY CASTELLANO

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

PHYSICAL Plant

Employer (See Instructions)

TTU CONTRACTS

Date

3/1/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RAY THACKERY

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

FOREMAN

Employer (See Instructions)

TURBINE Supply

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MARIO Rodriguez

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

INSTALLER

9 Employer (See Instructions)

DIRECT TV- AT&T

Date

3/8/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

THOMAS HURTADO

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

UNIT SALES MGR.

Employer (See Instructions)

BANKER LIFE INSURANCE

Date

3/14/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Emilia ABEYTA

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

ABEYTA LAW FIRM

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GILBERT GLORIA + LORINA TARANGO

7 Amount of contribution (\$)

\$20

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DIANE PISENO

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

SUPERVISOR

Employer (See Instructions)

ALSCO

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RAMON SANCHEZ

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

WELDER

Employer (See Instructions)

SELF Employed

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ALICE + RAY LOZADA

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Program Manager

Employer (See Instructions)

CARING FAMILY Network

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RAYMOND ARMENTA

7 Amount of contribution (\$)

\$20

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

MAINTENANCE

9 Employer (See Instructions)

PRESTON SMITH AIRPORT

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ALFONSO FERNANDEZ

7 Amount of contribution (\$)

\$ 40

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ANDY + ROSIE GARCIA

Amount of contribution (\$)

\$ 40

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DAVID + GRACIE HURTADO

Amount of contribution (\$)

\$ 30

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

ELECTRICIAN

Employer (See Instructions)

TTU

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DAVID + ROSIE CARRILLO

Amount of contribution (\$)

\$ 30

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

ELECTRICIAN

Employer (See Instructions)

D+K ELECTRIC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

EMILIO ABEYTA

7 Amount of contribution (\$)

\$ 8

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

3/5/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

EL EDITOR NEWSPAPER

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

NEWSPAPER PUBLICATION

Employer (See Instructions)

EL EDITOR

Date

3/5/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

NOE + ESTER DE LEON

Amount of contribution (\$)

\$ 25

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ALICE LOZADA

7 Amount of contribution (\$)

\$200

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

ALICE LOZADA

Amount of contribution (\$)

\$35

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GRACE QUIRINO GARZA

Amount of contribution (\$)

\$30

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

HEALTH EDUCATOR

Employer (See Instructions)

FIRST CARE

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GRACE QUIRINO GARZA

Amount of contribution (\$)

\$35

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

HEALTH EDUCATOR

Employer (See Instructions)

FIRST CARE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

HENRY R. LOZADA

7 Amount of contribution (\$)

\$ 45<sup>00</sup>

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

HENRY R. LOZADA

Amount of contribution (\$)

\$ 42<sup>00</sup>

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

HENRY R. LOZADA

Amount of contribution (\$)

\$ 80<sup>00</sup>

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOSEFINA A. SOLIS

Amount of contribution (\$)

\$ 25<sup>00</sup>

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

POLI TREVINO

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$70

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

CONTRACTOR

9 Employer (See Instructions)

SELF

Date

3/5/16

Full name of contributor

Yolanda SALAS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$22

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

MEDICAL ASSISTANT

Employer (See Instructions)

ORTHOPEDIC ASSOC.

Date

3/5/16

Full name of contributor

SANTIAGO CUEVAS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

SALESMAN

Employer (See Instructions)

LUBBOCK WHOLESALE FLORIST

Date

3/5/16

Full name of contributor

RAYMOND THACKERY

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$60

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

FOREMAN

Employer (See Instructions)

TURBINE Supply

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

RAY + CECILIA Thackery

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100<sup>00</sup>

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

FOREMAN

9 Employer (See Instructions)

TURBINE SUPPLY

Date

3/5/16

Full name of contributor

Rudy + SYLVIA Trevino

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Public Transportation DRIVER

Employer (See Instructions)

City BUS SVS.

Date

3/5/16

Full name of contributor

Johnny + Maurine Castellano

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 75

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Physical Plant

Employer (See Instructions)

TTU / CONTRACTS

Date

3/5/16

Full name of contributor

Robert Rodriguez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

REAL ESTATE SALES

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JUAN ENRIQUE GONZALEZ

6 Contributor address; City; State; Zip Code

[Redacted]

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert + BEATRICE NARVAIZ

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

FURNITURE SALES

Employer (See Instructions)

House of FURNITURE

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

HENRY + MARY Castellano

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOSIE SOLIS

Contributor address; City; State; Zip Code

[Redacted]

Amount of contribution (\$)

\$40

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Juan A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Luis + CECILIA GARCIA

7 Amount of contribution (\$)

\$ 50 check

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

ELECTRICIAN

9 Employer (See Instructions)

TTU

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NICK GARZA

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Zone Mgr.

Employer (See Instructions)

ATLAS TOOLS

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Gilberto Lozano

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert Rodriguez

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

REAL ESTATES SALES

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

POLI + EVA TREVINO

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$30

8 Principal occupation / Job title (See Instructions)

CONTRACTOR

9 Employer (See Instructions)

SELF

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOE + SILVIA LEOS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$30

Principal occupation / Job title (See Instructions)

SECURITY Gd

Employer (See Instructions)

City of Lubbock - AIRPORT

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SAM GONZALEZ + GRACE GARZA

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$30

Principal occupation / Job title (See Instructions)

HEALTH EDUCATOR

Employer (See Instructions)

FIRST CARE INSURANCE

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOHN + YASINDA FLORES

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

TRUCK DRIVER

Employer (See Instructions)

INTERSTATE BATTERIES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EDDIE + LUPE MORENO

7 Amount of contribution (\$)

\$25

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EDWARD + MARY QUIRINO

Amount of contribution (\$)

\$25

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOSE Luis Rodriguez

Amount of contribution (\$)

\$25

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GABRIELLE TREVINO

Amount of contribution (\$)

\$20

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

Sales R&P

Employer (See Instructions)

FARMERS INS.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DAVID LUCERO + MARTHA LUCERO

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$20

8 Principal occupation / Job title (See Instructions)

CLERK

9 Employer (See Instructions)

High PLAINS McLANE

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CONNIE CHADIS

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

FREDDY + YOLANDA TORREZ

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

FIELD SVS. ENG.

Employer (See Instructions)

ABBOT LABS

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JUAN ORTIZ

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOE + MARY ANN RODRIGUEZ

6 Contributor address;

City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$20

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

\$

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

PETE MORALES

Contributor address;

City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CARLOS QUIRINO

Contributor address;

City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

RETAIL ASSOCIATE

Employer (See Instructions)

ROSS

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Philip TREVINO

Contributor address;

City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

CASE WORKER

Employer (See Instructions)

CPS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JORGE MARTINEZ

6 Contributor address;

City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

\$20

8 Principal occupation / Job title (See Instructions)

Shop FORMAN

9 Employer (See Instructions)

MED. STEEL

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CHRIS FLORES & NICO

Contributor address;

City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

TRUCK DRIVER

Employer (See Instructions)

XPO LOGISTICS

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOE + YOLANDA SALAS

Contributor address;

City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EMILIO ABEYTA

Contributor address;

City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

LEON, MOTICA

7 Amount of contribution (\$)

\$20

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

MAINTENANCE

9 Employer (See Instructions)

TTU

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SANTIAGO CUEVAS

Amount of contribution (\$)

\$15

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

SALESMAN

Employer (See Instructions)

Lubbock Wholesale Florist

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EPIFANIO AGUIRRE

Amount of contribution (\$)

\$15

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MANUEL FLORES

Amount of contribution (\$)

\$15

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

LABOR

Employer (See Instructions)

DERAN-RANDOLPH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/16

5 Full name of contributor

JOSIE MARTINEZ

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$10

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

FOOD SERVICE

9 Employer (See Instructions)

MARKET STREET

Date

3/5/16

Full name of contributor

BEN FLORES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$10

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

JUANITA RANGEL

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$10

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor

MARGARITO FLORES

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$10

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

FOREMAN

Employer (See Instructions)

Lubbock WOODWORK

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*JUAN A. CHADIS*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/5/16*

5 Full name of contributor

*Shiela DEANDA*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$50<sup>00</sup>*

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

*Housekeeper*

9 Employer (See Instructions)

*SELF*

Date

*3/7/16*

Full name of contributor

*Noe + Judy Rodriguez*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$100*

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

*MAIL ROOM SUPERVISOR*

Employer (See Instructions)

*US Postal Service*

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CHRISTINE Gonzalez

7 Amount of contribution (\$)

\$100

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Fred Hurtado

Amount of contribution (\$)

\$100

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

FRED HURTADO

Amount of contribution (\$)

\$100

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/5/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALFONSO + ISABEL GONGORA

Amount of contribution (\$)

\$40<sup>00</sup>

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/16

5 Full name of contributor

JOE LEOS

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code



8 Principal occupation / Job title (See Instructions)

SECURITY Tech

9 Employer (See Instructions)

City of Lubbock - AIRPORT

Date

3/5/16

Full name of contributor

PAUL CASTRO

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code



Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kathy FLORES

7 Amount of contribution (\$)

\$100<sup>00</sup>

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

NEW ACCOUNTS REPRESENTATIVE

9 Employer (See Instructions)

CITY BANK

Date

3/20/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

RAUL Rudy TREVINO

Amount of contribution (\$)

\$85<sup>00</sup>

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

City Bus DRIVER

Employer (See Instructions)

Citibus

Date

3/21/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

OMEGA-CANTU-ASH

Amount of contribution (\$)

\$20<sup>00</sup> Cash

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/24/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert G. Ramirez

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUAN A. CHADIS

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/16

5 Full name of contributor

DELBERT McDUGLE

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250<sup>00</sup>

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

McDOUGLE - CHAIRMAN

9 Employer (See Instructions)

McDOUGLE ENT.

Date

4/5/16

Full name of contributor

MARC McDUGLE

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

SALES CEO

Employer (See Instructions)

McDOUGLE Companies

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 11

2 FILER NAME JUAN A. CHADIS 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 2,262.32

5 Date <u>3/9/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>AGUERO FAMILY - IN-KIND</u>	8 Amount of Contribution \$ <u>\$270.00</u>	9 In-kind contribution description <u>NEWSPAPER AD</u>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) EDITOR 11 Employer (FOR NON-JUDICIAL) (See Instructions) EL EDITOR NEWSPAPER - SELF

12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date <u>2/20/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANTHONY AGUIRRE</u>	Amount of Contribution \$ <u>\$100</u>	In-kind contribution description <u>Copy paper for flyers</u>
Contributor address: _____ City: _____ State: _____ Zip Code _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) MEDICAID Fraud Investigator Employer (FOR NON-JUDICIAL) (See Instructions) McKesson

Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN A. CHADIS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/5/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roberto CHADIS</b> 7 Contributor address: _____ City: _____ State: _____ Zip Code _____	8 Amount of Contribution \$ <b>\$42.91</b>	9 In-kind contribution description <b>CROWN ROYAL 1.75 Ltr Bottle</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>DISTRICT MANAGER</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>RELIABLE LIFE INS. CO</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>3/5/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>YOLANDA SOLAS</b> Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of Contribution \$ <b>\$25</b>	In-kind contribution description <b>NECLACE + EARRING SET</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>MEDICAL SECRETARY</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>ORTHOPEDIC ASSOCIATES</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN A. CHADS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/5/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PATSY GONZALES</b>	8 Amount of Contribution \$ <b>\$ 20</b>	9 In-kind contribution description <b>Snuggles Blanket</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN A. CHADIS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/5/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billie Aguirre</b>	8 Amount of Contribution \$ <b>\$16.99</b>	9 In-kind contribution description <b>IRISH Gift Wiskey Set</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>SECRETARY</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>DIOSES OF LUBBOCK</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>3/5/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SANDRA CHADIS</b>	Amount of Contribution \$ <b>22.00</b>	In-kind contribution description <b>Georgio Perfume Set</b>
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN CHADIS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/5/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ESTHER DeLEON</b>	8 Amount of Contribution \$ <b>\$2597</b>	9 In-kind contribution description <b>CROWN ROYAL BOTTLE</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>3/5/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DIANE PISENO</b>	Amount of Contribution \$ <b>\$22</b>	In-kind contribution description <b>TEXAS CROWN BOTTLE</b>
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>SUPERVISOR</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>ALSCO</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN A. CHADIS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/5/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billie Aguirre</b>	8 Amount of Contribution \$ <b>\$20</b>	9 In-kind contribution description <b>WINE BOTTLE GIFT BASKET</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>SECRETARY</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>DIOCES OF LUBBOCK</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>3/5/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OFELIA HINOJOSA</b>	Amount of Contribution \$ <b>\$20</b>	In-kind contribution description <b>CAKE</b>
Contributor address: _____ City: _____ State: _____ Zip Code _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN A. CHADIS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/5/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SANDRA C. CHADIS</b>	8 Amount of Contribution \$ <b>\$100</b>	9 In-kind contribution description <b>CORAL Bracelet + NECLACE Set.</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>3/5/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OFELIA HINOJOSA</b>	Amount of Contribution \$ <b>\$20</b>	In-kind contribution description <b>CAKE</b>
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

--	--	--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>JUAN A. CHADIS</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/5/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRED MORALES</i>	8 Amount of Contribution \$ <i>\$23.99</i>	9 In-kind contribution description <i>HORNITOS TEQUILA LIQUOR BOTTLE</i>
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>RETIRED</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>3/5/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>OLGA AGUERO</i>	Amount of Contribution \$ <i>\$33<sup>00</sup></i>	In-kind contribution description <i>1800 TEQUILA BOTTLE</i>
Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>EDITOR</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>EL EDITOR NEWSPAPER</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2:

2 FILER NAME **JUAN A. CHADIS** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date <b>3/5/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAM GONZALEZ</b>	8 Amount of Contribution \$ <b>\$ 32<sup>00</sup></b>	9 In-kind contribution description <b>Tequila Liquor Bottle</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) **APPRAISER** 11 Employer (FOR NON-JUDICIAL) (See Instructions)  
**LUBBOCK - City of Lubbock**

12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date <b>3/26/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT SALE</b>	Amount of Contribution \$ <b>\$ 800</b>	In-kind contribution description <b>CUSTOMIZED WEB SITE</b>
Contributor address: _____ City: _____ State: _____ Zip Code _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) **WEB DESIGNER** Employer (FOR NON-JUDICIAL) (See Instructions)  
**SELF EMPLOYED**

Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN A. CHADIS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/11/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lili Quirino</b>	8 Amount of Contribution \$ <b>\$18.40</b>	9 In-kind contribution description <b>FLYERS PRINTING</b>
7 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>LADIES ACCESSORY SALES</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>DILLARDS DEPT. STORE</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <b>JUAN A CHADIS</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3/24/16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OMEGA CANTU - Ash</b>	8 Amount of Contribution \$ <b>350<sup>00</sup></b>	9 In-kind contribution description <b>NEWSPAPER AD</b>
7 Contributor address; City; State; Zip Code [REDACTED]		Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <b>3/24/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesse Rangel</b>	Amount of Contribution \$ <b>300<sup>00</sup></b>	In-kind contribution description <b>Newspaper AD</b>
Contributor address; City; State; Zip Code [REDACTED]		Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			


**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE 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: <b>12</b>	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/5/16</b>	5 Payee name <b>RAYMOND HERNANDEZ</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DJ- SALARIES/WAGES/ CONTRACT LABOR</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>CITY COUNCIL DIST. 1</b> Office held:	
Date <b>3/5/10</b>	Payee name <b>BANQUET HALL</b>	
Amount (\$) <b>\$500</b>	Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Solicitation FUND RAISING 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council DIST. 1</b> Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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: 1	2 FILER NAME <b>JUAN A CHADIS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21/16</b>	5 Payee name <b>JUAN A. CHADIS</b>	
6 Amount (\$) <b>49.99</b>	7 Payee address; City; State; Zip Code 	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTER CTG INK</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A CHADIS</b> Office sought: <b>City Council Dist 1</b> Office held:	
Date <b>3/2/16</b>	Payee name <b>OFFICE DEPOT</b>	
Amount (\$) <b>49.74</b>	Payee address; City; State; Zip Code 	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING BUSINESS CARDS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist. 1</b> Office held:	
Date <b>3/4/16</b>	Payee name <b>WAL-MART</b>	
Amount (\$) <b>34.76</b>	Payee address; City; State; Zip Code 	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist. 1</b> Office held:	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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 |
| 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>JUAN A. CHADIS</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-3-16</i>	<b>5</b> Payee name <i>ACTION PRINTING</i>	
<b>6</b> Amount (\$) <i>59.54</i>	<b>7</b> Payee address; City; State; Zip Code 	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	
	<b>(b)</b> Description <i>BUSS. CARDS</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: <i>JUAN A. CHADIS</i> Office sought: <i>City Council / Dist 1</i> Office held:		
Date <i>3/7/16</i>	Payee name <i>JUAN A. CHADIS</i>	
Amount (\$) <i>548.07</i>	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>LOAN EXPENSE REIMBURSEMENT</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name: <i>JUAN A. CHADIS</i> Office sought: <i>City Council / Dist 1</i> Office held:		
Date <i>3/7/16</i>	Payee name <i>UNITED Super MARKET</i>	
Amount (\$) <i>13.22</i>	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name: <i>JUAN A. CHADIS</i> Office sought: <i>City Council / Dist 1</i> Office held:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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 |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | 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 <i>JUAN A. CHADIS</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date <i>3/17/16</i>	5 Payee name <i>City of Lubbock</i>
--------------------------	----------------------------------------

6 Amount (\$) <i>50.00</i>	7 Payee address: City: State: Zip Code 
-------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE PERMIT</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JUAN A. CHADIS</i>	Office sought <i>City Council Dist 1</i>	Office held
-------------------------------------------------------	--------------------------------------------------------	---------------------------------------------	-------------

Date <i>3/17/16</i>	Payee name <i>WAL-MART</i>
------------------------	-------------------------------

Amount (\$) <i>40.04</i>	Payee address: City: State: Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE Meet + Greet - Guadalupe GAZEBO</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JUAN A. CHADIS</i>	Office sought <i>City Council Dist. 1</i>	Office held
-----------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

Date <i>3/7</i>	Payee name <i>Sams Club</i>
--------------------	--------------------------------

Amount (\$) <i>8.94</i>	Payee address: City: State: Zip Code 
----------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JUAN A CHADIS</i>	Office sought <i>City Council Dist 1</i>	Office held
-----------------------------------------------------	-------------------------------------------------------	---------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: <b>3</b>	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------------	---------------------------------------

4 Date <b>3/4/16</b>	5 Payee name <b>PREMIER MEDIA GP.</b>
----------------------	------------------------------------------

6 Amount (\$) <b>\$544.90</b>	7 Payee address; City; State; Zip Code 
-------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING POLITICAL SIGNS</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-------------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

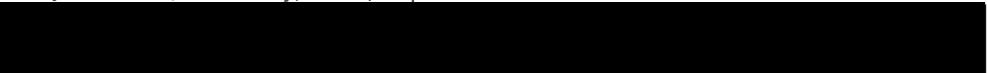
Date <b>3/8/16</b>	Payee name <b>PREMIER MEDIA GROUP</b>
--------------------	------------------------------------------

Amount (\$) <b>\$688.98</b>	Payee address; City; State; Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING POLITICAL SIGNS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

Date <b>3/8/16</b>	Payee name <b>SAMS CLUB</b>
--------------------	--------------------------------

Amount (\$) <b>\$108.21</b>	Payee address; City; State; Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD MEETING TABLES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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:	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/14/16</b>	5 Payee name <b>MULTI-MEDIA Southwest</b>	
6 Amount (\$) <b>203.99</b>	7 Payee address; City; State; Zip Code 	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING POST CARDS</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council-Dist. 1</b> Office held:	
Date <b>3/18/16</b>	Payee name <b>DESTINY GONZALES</b>	
Amount (\$) <b>30<sup>00</sup></b>	Payee address; City; State; Zip Code 	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES CONTRACT LABOR</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist 1</b> Office held:	
Date <b>3/18/16</b>	Payee name <b>WAL-MART</b>	
Amount (\$) <b>27.03</b>	Payee address; City; State; Zip Code 	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD SUPPLIES (Printing) Cty.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist. 1</b> Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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:	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date <b>3/15/16</b>	5 Payee name <b>PREMIER MEDIA GP.</b>
--------------------------	------------------------------------------

6 Amount (\$) <b>678.98</b>	7 Payee address; City; State; Zip Code 
--------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING SIGNS</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-------------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

Date <b>3/17/16</b>	Payee name <b>City of Lubbock</b>
------------------------	--------------------------------------

Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE ELECTRICITY</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

Date <b>3/17/16</b>	Payee name <b>City of Lubbock</b>
------------------------	--------------------------------------

Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE NOISE PERMIT</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	---------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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 |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel In District                         |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | 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:	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date <b>3-17-16</b>	5 Payee name <b>LUBBOCK LATINO MAGAZINE</b>
--------------------------	------------------------------------------------

6 Amount (\$) <b>52.00</b>	7 Payee address; City; State; Zip Code 
-------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist 1</b>	Office held
-------------------------------------------------------	--------------------------------------------------------	---------------------------------------------	-------------

Date <b>4-1-16</b>	Payee name <b>WAL-MART</b>
-----------------------	-------------------------------

Amount (\$) <b>12.60</b>	Payee address; City; State; Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD CLIP BOARDS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-----------------------------------------------------	-----------------------------------------------------	----------------------------------------------	-------------

Date <b>4-3-16</b>	Payee name <b>WAL MART</b>
-----------------------	-------------------------------

Amount (\$) <b>32.44</b>	Payee address; City; State; Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD PRINTER CARTRIDGE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan A. CHADIS</b>	Office sought <b>City Council Dist 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	---------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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:	2 FILER NAME <b>JUAN A CHADIS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/5/16</b>	5 Payee name <b>OFFICE DEPOT</b>	
6 Amount (\$) <b>64.93</b>	7 Payee address; City; State; Zip Code 	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Print. Exp Printing Ctg.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist 1</b> Office held:	
Date <b>4-5-16</b>	Payee name <b>LUBBOCK LATINO MAGAZINE</b>	
Amount (\$) <b>50<sup>00</sup></b>	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist 1</b> Office held:	
Date <b>4-6-16</b>	Payee name <b>DOMINGA CHADIS</b>	
Amount (\$) <b>177.70</b>	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Reimbursement for AD. Push CARDS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A CHADIS</b> Office sought: <b>City Council Dist 1</b> Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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:	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-6-16</b>	5 Payee name <b>Dominga CHADIS</b>	
6 Amount (\$) <b>62.21</b>	7 Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EXTERNAL DISC DRIVE WEB ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist 1</b> Office held:	
Date	Payee name <b>JUAN A. CHADIS</b>	
Amount (\$) <b>12.97</b>	Payee address; City; State; Zip Code <b>Dominga CHADIS</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WEB ADVERTISING ACCESS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>JUAN A. CHADIS</b> Office sought: <b>City Council Dist 1</b> Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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:	2 FILER NAME <b>JUAN A CHADIS</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date <b>3-15-16</b>	5 Payee name <b>JUAN A CHADIS</b>
--------------------------	--------------------------------------

6 Amount (\$) <b>155.00</b>	7 Payee address; City; State; Zip Code 
--------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING WIX WEB Page Reimp.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A CHADIS</b>	Office sought <b>City Council / DIST 1</b>	Office held
-------------------------------------------------------	-------------------------------------------------------	-----------------------------------------------	-------------

Date <b>3-11-16</b>	Payee name <b>City of Lubbock</b>
------------------------	--------------------------------------

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code 
------------------------------	------------------------------------------------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXP. Buddy Holly</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A CHADIS</b>	Office sought <b>City Council DIST 1</b>	Office held
-----------------------------------------------------	-------------------------------------------------------	---------------------------------------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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.

Temp # 3

1 Total pages Schedule F1:	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------------	---------------------------------------

4 Date <b>3/2/16</b>	5 Payee name <b>City of Lubbock</b>
-------------------------	----------------------------------------

6 Amount (\$) <b>10.00</b>	7 Payee address; City; State; Zip Code 
-------------------------------	--------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>District MAP</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist 1</b>	Office held
--------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------	-------------

Date <b>4-1-16</b>	Payee name <b>CITY BANK</b>
-----------------------	--------------------------------

Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code 
----------------------------	------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEE'S Accounting/BANKING PRINT STMT</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist 1</b>	Office held
------------------------------------------------------------	--------------------------------------------------------	---------------------------------------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

150

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>4</b>	2 FILER NAME <b>JUAN A. Chadis</b>	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---------------------------------------	---------------------------------------

4 Date <b>2/22/16</b>	5 Payee name <b>LATINO LUBBOCK MAGAZINE</b>
--------------------------	------------------------------------------------

6 Amount (\$) <b>\$285.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 
-----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. Chadis</b>	Office sought <b>CITY COUNCIL DIST. 1</b>	Office held
-------------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

Date <b>2/22/16</b>	Payee name <b>OFFICE DEPOT, OFFICE MAX</b>
------------------------	-----------------------------------------------

Amount (\$) <b>\$45.44</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 
--------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD/SUPPLIES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>CITY COUNCIL - DIST 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	-----------------------------------------------	-------------

Date <b>2/20/16</b>	Payee name <b>PORTRAIT INNOVATIONS</b>
------------------------	-------------------------------------------

Amount (\$) <b>\$75.76</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 
--------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING - Photo FOR AD'S</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	-----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan A. CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
---------------------------	---------------------------------------	---------------------------------------

4 Date <b>3/15/16</b>	5 Payee name <b>WIX.COM</b>
--------------------------	--------------------------------

6 Amount (\$) <b>155.00</b>	7 Payee address; City; State; Zip Code 
--------------------------------	-----------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING WEB PAGE ACCESS</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist 1.</b>	Office held
-------------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

Date <b>4-6-16</b>	Payee name <b>VOTERCONTACT</b>
-----------------------	-----------------------------------

Amount (\$) <b>177.70</b>	Payee address; City; State; Zip Code 
------------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING PUSH CARDS</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	-----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>City Council Dist. 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

Date <b>3-16-16</b>	Payee name <b>BEST Buy</b>
------------------------	-------------------------------

Amount (\$) <b>62.21</b>	Payee address; City; State; Zip Code 
-----------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE - EXTERNAL EQUIPMENT DRIVE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A CHADIS</b>	Office sought <b>City Council Dist 1</b>	Office held
-----------------------------------------------------	-------------------------------------------------------	---------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers)
---------------------------	---------------------------------------	---------------------------------------

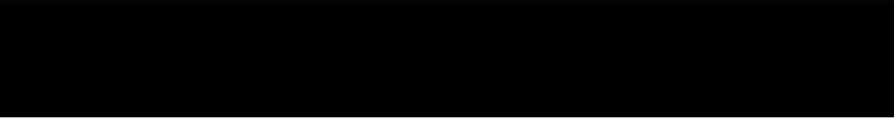
4 Date <b>2/24/16</b>	5 Payee name <b>SAM'S CLUB</b>
--------------------------	-----------------------------------

6 Amount (\$) <b>\$ 121.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 
------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food/BEVERAGE EXP. KICK-OFF EVENT</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>CITY COUNCIL DIST. 1</b>	Office held
-------------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

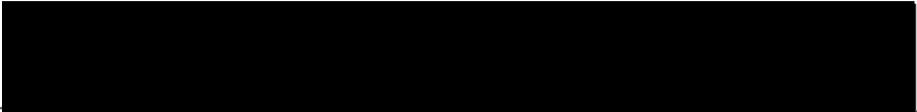
Date <b>2/17/16</b>	Payee name <b>WAL-MART</b>
------------------------	-------------------------------

Amount (\$) <b>\$ 19.90</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 
---------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD SUPPLIES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A CHADIS</b>	Office sought <b>CITY COUNCIL DIST. 1</b>	Office held
-----------------------------------------------------	-------------------------------------------------------	----------------------------------------------	-------------

Date <b>3/7/16</b>	Payee name <b>Go DADDY.COM</b>
-----------------------	-----------------------------------

Amount (\$) <b>\$ 12.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 
---------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING WEB Connection</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A. CHADIS</b>	Office sought <b>CITY COUNCIL DIST. 1</b>	Office held
-----------------------------------------------------	--------------------------------------------------------	----------------------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

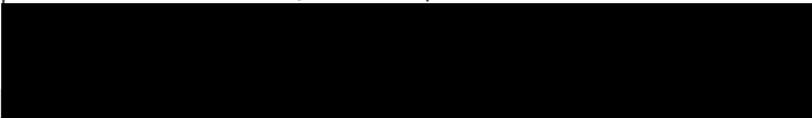
### EXPENDITURE CATEGORIES FOR BOX 8(a)

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 G: _____	2 FILER NAME <b>JUAN A. CHADIS</b>	3 Filer ID (Ethics Commission Filers) _____
---------------------------------	---------------------------------------	---------------------------------------------

4 Date <b>3/21/16</b>	5 Payee name <b>TWAL MART</b>
--------------------------	----------------------------------

6 Amount (\$) <b>49.99</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 
-----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING CTY.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Juan A CHADIS</b>	Office sought <b>City Council DIST 1</b>	Office held
-------------------------------------------------------	-------------------------------------------------------	---------------------------------------------	-------------

Date <b>2/19/16</b>	Payee name <b>City of Lubbock</b>
------------------------	--------------------------------------

Amount (\$) <b>100.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 
-----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fee - FILING</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JUAN A CHADIS</b>	Office sought <b>City Council DIST 1</b>	Office held
-----------------------------------------------------	-------------------------------------------------------	---------------------------------------------	-------------

Date	Payee name
------	------------

Amount (\$) _____ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---------------------------------------------------------------------------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED