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: MR
FIRST: JUAN
MI: A
NICKNAME:
LAST: Chadis
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: [redacted]

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE / PHONE NUMBER / EXTENSION: [redacted]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR:
FIRST: HENRY
MI: R
NICKNAME:
LAST: LOZADA
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: [redacted]

8 CAMPAIGN TREASURER PHONE

AREA CODE / PHONE NUMBER / EXTENSION: [redacted]

OFFICE USE ONLY

Date Received: RECEIVED JUN 17 2016 OFFICE OF THE CITY SECRETARY LUBBOCK, TEXAS 4:00pm MM

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☑ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☑ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 4 / 29 / 2016 THROUGH Month / Day / Year: 6 / 17 / 2016

11 ELECTION

ELECTION DATE: Month / Day / Year: 6 / 25 / 2016

ELECTION TYPE:
- ☐ Primary
- ☑ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council, Dist. 1

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.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	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	$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5150.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 4132.85
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2805.76
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
MAGEN D. MURCHISON
Notary Public, State of Texas
My Commission Expires 04-03-2017

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Juan A. Chadis, this the 17th day of June, 20 16, to certify which, witness my hand and seal of office.

Magen D. Murchison	Magen D. Murchison	Notary Public
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	20 Filer ID (Ethics Commission Filers)
JUAN A CHADIS	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 7955.76
2. ☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 4000.00
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ Ø
4. ☐ SCHEDULE E: LOANS	$ Ø
5. ☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4132.85
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ Ø
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ Ø
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ Ø
10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ Ø
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ Ø

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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
5-16-2016	EMILIO ABEYTA [redacted]	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
ATTORNEY	ABEYTA LAW FIRM

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5-18-2016	DAVID R. LANGSTON [redacted]	1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	MULLIN HOARD BROWN LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5-19-2016	CARI A., BRENT HAMILTON [redacted]	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
LAWYER-PARTNER	BRADY & HAMILTON LLP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5-19-2016	ZACH, DAHI BRADY [redacted]	500.00

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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
5-24-2016	KATHLEEN AURELIO, CHARLES HAMILTON [redacted]	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
PARTNER, MANAGING	HARRY HAMILTON & ASSOCIATES

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5-25-2016	GREG TAYLOR [redacted]	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
AGRI-BUSINESS INDUSTRY	TAYLOR FARMS

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5-25-2016	ALAN HENRY [redacted]	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INSURANCE AGENT	ALAN HENRY INSURANCE

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
5-31-2016	CURTIS GRIFFITH [redacted]	300.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BANKER, CHAIRMAN	CITY BANK

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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
5-31-2016	DAVID, PAULA, SEIM 6 Contributor address; City; State; Zip Code [redacted]	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BANKER	HAPPY STATE BANK

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
6/6/16	BART REAGOR & RICK DYKES Contributor address; City; State; Zip Code [redacted]	$1000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
OWNING PARTNER AND CEO	REAGOR DYKES AUTO GROUP

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
6-7-16	NEALE PEARSON Contributor address; City; State; Zip Code [redacted]	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
TEACHER-RETIRED	TEXAS TECH UNIVERSITY

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	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
5-24-2016	GARY C., SHERYL, LAWRENCE [redacted]	100.00

6 Principal occupation / Job title (See Instructions)	8 Employer (See Instructions)
BANKER	CENTENNIAL BANK

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
6-1-2016	CHARLES DUNN [redacted]	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTORNEY	LAW OFFICES OF CHARLES DUNN

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:

2 FILER NAME: JUAN A CHADIS

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 4000 00

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of Contribution $	9 In-kind contribution description
	MIKE STEVENS	$4000 00	PRINTING & MAIL SERVICE
	7 Contributor address; City; State; Zip Code [redacted]		☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): PRINTING & MAIL SERVICE	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 ☐ out-of-state PAC (ID#:)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		☐ 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.

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: 9	2 FILER NAME JUAN A. CHADIS	3 Filer ID (Ethics Commission Filers)
4 Date 4-30-2016	5 Payee name RANCH HOUSE	
6 Amount ($) 46.00	7 Payee address; City; State; Zip Code [redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. CHADIS	Office sought CityCouncil District 1 / Office held

Date 5-2-2016	Payee name JOE'S RESTAURANT	
Amount ($) 100.00	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. CHADIS	Office sought CityCouncil District 1 / Office held

Date 5-2-2016	Payee name WALMART	
Amount ($) 41.10	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN CHADIS	Office sought CityCouncil District 1 / 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 JUAN A. Chadis	3 Filer ID (Ethics Commission Filers)
4 Date 5-2-2016	5 Payee name LOS HERMANOS FAMILIA	
6 Amount ($) 50.00	7 Payee address; City; State; Zip Code [redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / Office held
Date 5-5-2016	Payee name AdvancedGraphix	
Amount ($) 197.19	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / Office held
Date 5-6-2016	Payee name Walmart	
Amount ($) 34.64	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / 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: JUAN A. Chadis

3 Filer ID (Ethics Commission Filers):

4 Date: 5-13-2016

5 Payee name: Premier Media Group

6 Amount ($): 598.66

7 Payee address; City; State; Zip Code: [redacted]

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising EXPENSE

(b) Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: JUAN A. Chadis

Office sought: City Council District 1

Office held:

Date: 5-17-2016

Payee name: JIMENEZ BAKERY

Amount ($): 68.02

Payee address; City; State; Zip Code: [redacted]

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): food & Beverage EXPENSE

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: JUAN A. Chadis

Office sought: City Council District 1

Office held:

Date: 5-17-2016

Payee name: Premier Media Group

Amount ($): 89.31

Payee address; City; State; Zip Code: [redacted]

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising EXPENSE

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: JUAN A. Chadis

Office sought: City Council District 1

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: Juan A. Chadis

3 Filer ID (Ethics Commission Filers):

4 Date: 5-26-2016

5 Payee name: Walmart

6 Amount ($): 27.98

7 Payee address; City; State; Zip Code: [redacted]

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Office Overhead

(b) Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Juan A. Chadis

Office sought: City Council District 1

Office held:

Date: 5-26-2016

Payee name: Advanced Graphics

Amount ($): 268.14

Payee address; City; State; Zip Code: [redacted]

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Juan A. Chadis

Office sought: City Council District 1

Office held:

Date: 5-27-2016

Payee name: ACME Marking Products Corp.

Amount ($): 61.16

Payee address; City; State; Zip Code: [redacted]

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: Juan A. Chadis

Office sought: City Council District 1

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 JUAN A. Chadis	3 Filer ID (Ethics Commission Filers)
4 Date 5-31-2016	5 Payee name Downtown Lubbock, Post office	
6 Amount ($) 39.48	7 Payee address; City; State; Zip Code [redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / Office held

Date 5-31-2016	Payee name Downtown Lubbock, Post office	
Amount ($) 8.46	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / Office held

Date 6/6/16	Payee name Office Depot	
Amount ($) 36.79	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A Chadis	Office sought City Council Dist. 1 / 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 JUAN A CHADIS	3 Filer ID (Ethics Commission Filers)
4 Date 6-1-16	5 Payee name DOWNTOWN POST OFFICE	
6 Amount ($) $9.40	7 Payee address; City; State; Zip Code [redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. CHADIS	Office sought City Council District 1 / Office held

Date 5-31-16	Payee name JUAN A CHADIS	
Amount ($) $60.00	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. CHADIS	Office sought City Council District 1 / Office held

Date 6-11-16	Payee name MONTELONGO'S	
Amount ($) 57.59	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD-BEVERAGE EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. CHADIS	Office sought City Council District 1 / 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 JUAN A CHADIS	3 Filer ID (Ethics Commission Filers)
4 Date 6-11-16	5 Payee name COLE ADAMS	
6 Amount ($) 100.00	7 Payee address; City; State; Zip Code [redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES-WAGES CONTRACT LABOR	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A CHADIS	Office sought CITY COUNCIL DIST 1 / Office held

Date 6-11-16	Payee name DESTINY MOLINA	
Amount ($) 100.00	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES-WAGES CONTRACT LABOR	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Juan A Chadis	Office sought City Council DIST 1 / Office held

Date 6/9/16	Payee name EL EDITOR	
Amount ($) $400.00	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Juan A Chadis	Office sought City Council DIST. 1 / Office held

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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 JUAN A. CHADIS	3 Filer ID (Ethics Commission Filers)
4 Date 6-13-16	5 Payee name City of Lubbock Parks + Rec.	
6 Amount ($) $50.00	7 Payee address; City; State; Zip Code [redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / Office held

Date 6-14-16	Payee name U.S. POST MASTER	
Amount ($) $21.44	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / Office held

Date 6-13-2016	Payee name WALMART	
Amount ($) 19.42	Payee address; City; State; Zip Code [redacted]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JUAN A. Chadis	Office sought City Council District 1 / Office held

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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 Juan A. Chadis	3 Filer ID (Ethics Commission Filers)
4 Date 6-16-2016	5 Payee name Barton Broadcasting	
6 Amount ($) 2.00	[redacted]	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Juan A. Chadis	Office sought City Council District 1	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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