JOHN CHAMBERS

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 FIRST Chambers Jahn NICKNAME LAST	MI 	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	olity: state; zipcode dien Lake No 1856C	3.3° JAN 15 2020
Change of Address			By: 1 June
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 434 6728	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	· MI	Receipt # Amount \$
TREASURER NAME	Zobeida Chambers		Date Processed
1.A_!A_	NICKNAME LAST	SUFFIX	Date Processed
T.			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 333 05 Adolin 4+		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 621-920	extension 6	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
;	July 15 Sth day before elect	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	M. at	Santa Paris Company Co
COVERED	Month Day Year 9 / 12 / 20 fg	THROUGH	Day Year 15 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11/3/10/ General	Special	The state of the s
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	Paris 1988 1988 1988
	Sherte 2c	sheriff	K
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Chamber	5,50hn 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	🔭 🔲 GENERAL	n/a	
•	SPECIFIC	COMMITTEE ADDRESS	
e North de la Contraction de l			,
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
ld		COMMITTEE CAMPAIGN TREASURER ADDRESS	
47 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	AN
17 CONTRIBUTION TOTALS	PLEDG:	ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	2. TOTAL	POLITICAL CONTRIBUTIONS	\$
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 31330,00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL I	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF " AY OF THE REPORTING PERIOD	THE \$ <i>Ô</i>
18 AFFIDAVIT			
AFME GOLD REPORTED	Managara Canada		perjury, that the accompanying report is permation required to be reported by me
TOTARY PUL	RY SERVABOVE	under flue 15, Election Code.	
	S	Signature of Can	didate or Officeholder
1302214	S. S. C. William Co. C.		
APPRINCES 5-11-2	WINNERS ABOVE		. e.o
Sworn to and subsc	ribed before me, l	by the said John Chambers	this the
day of January	<u>,</u> 20 <u>26</u> ,	to certify which, witness my hand and seal of office.	
Michael C	<u></u>	Michael Avniega	Noting
Signature of officeta	dministering oath	Printed name of officer administering cath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	19	19 FILER NAME 20 Filer ID (Ethics C				
NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED		Chambers John				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED						
3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>O</i>			
4. SCHEDULE E: LOANS \$ 0 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 0 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 0 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 31,330,04 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 0 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 0 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 5	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>O</i>			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	4.	SCHEDULE E: LOANS	\$ <i>ô</i>			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 0 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 3 1, 3 36,000 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 0 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 0 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	* O			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>O</i>			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 31,336,00			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>O</i>			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ O			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O			
10) ILLIN	12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0			

 $\alpha_{\mathfrak{M}_{\ell_{\beta}}}$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Chanbus, John 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ City; State; Zip Code 6 Contributor address; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:___ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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

Т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER NAM	Chambes, John		3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description	
	7 Contributor address; City; State;	Zip Code		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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 . In-kind contribution Contribution \$. description	
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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)			
	ATTA OLI A BRITIANIA I AGRICA GALLI			
1	ATTACH ADDITIONAL COPIES OF T			

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Chambin 3 4 TOTAL OF UNITEMIZED PLEDGES \$. 9 In-kind contribution Amount 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code 7 Pledgor address; . Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Date Amount Full name of pledgor out-of-state PAC (ID#:___ description of Pledge \$ State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Date In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description State; Zip Code Pledgor address; Cíty; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor ut-of-state PAC (ID#:_ Date description Pledge \$ State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	hemloss, John		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	I on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	,
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal function account (See Instruction	Is were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
*	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	ਸ (See Instructions)	Employer (See Instructions)	
. If let	ATTACH ADDITIONAL COPII	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F1:	The Instruction Guide explains how to co	•	
·	2 FILER NAME Chambes Thy		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> 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 Aus	tin, 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 Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica	ll Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME Chambers, Joh	n	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IZED UNPAID INCURRED OBL		\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
-	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name l	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	nis schedule) Description	
	Check if travel outside of Texas, Complet	te Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
,			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	ne instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Chamber John				
4 Date .	5 Name of person from whom investment is purchased O				
	7 Description of investment	·			
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
I	Address of person from whom investment is purchased; Cit	ty; State; Zip Code			
·	Description of investment				
	Amount of investment (\$)				
		•			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 32330,00 5 Date 6 Payee name Pink Age media

8 Payee address;
2101 Pablo Kisel Blud Surte By 1/15/2020 7 Amount (\$) Zip Code 9 TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this schedule) Consulting ladvertising **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF **EXPENDITURE** Political Non-Political Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Onations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundralsing Expense
spense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
abor Other (enter a category not listed above)

The Instruction Guide explains ho 2 FILER NAME Chambes, Jo		3 Filer ID (Ethics (Commission Filers)
2 FILER NAME Chambers, Jo		3 Filer ID (Ethics (Commission Filets)
	'h n		
5 Payee name			
7 Payee address;	City;	State;	Zip Code
(a) Category (See Categories listed at the top of this schedule	ie) (b) Description		
		So TV officebolder living av	mence
***			Office held
Candidate / Officeholder name	Office sought		
Payee name			
Payee address;	City;	State;	Zip Code
	,		
Category (See Categories listed at the top of this sched	ule) Description		
Charlettered estates of Tayas Complete Scharts	leT Check if Aus	tin. TX. officeholder living e	xpense
			Office held
Payee name			
Payee address:	City;	State;	Zip Code
Category (See Calegories listed at the top of this sched	dule) Description		
Chack if travel or teids of Taxas Complete Schads	de T. Check if Aus	stin, TX, officeholder living e	expense
	Office sought		Office held
	_		
		*>->	
ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEE	EDED	
	Candidate / Officeholder name Payee name Payee address: Category (See Categories listed at the top of this schedule Candidate / Officeholder name) Payee address: Category (See Categories listed at the top of this schedule Candidate / Officeholder name) Payee name Payee address: Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Aust Candidate / Officeholder name Office sought Payee name Payee address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust Office sought Payee name Payee address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust Candidate / Officeholder name Office sought	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living ex Candidate / Officeholder name Payee name Payee address; City; State; 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 ex Category (See Categories listed at the top of this schedule) Payee name Payee address; City; State; Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living ex Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living ex Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living ex Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living ex Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living ex Category (See Categories listed at the top of this schedule)

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explair		pense /ages/Contract Labor	Travel In Distric Travel Out Of E Other (enter a c	District	ot listed above)
1 Total pages Schedule H:	2 FILER N	Shanbes John			3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Business	, * · · · · · · · · · · · · · · · · · ·	`				
6 Amount (\$)	7 Business	address;		City;	Sta	te;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule) ((b) Description			
	(c) C	Check if travel outside of Texas, Complete Sch	hedule T.	Check if Austin	ı, TX, officeholder li	ving exper	ise
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	C	Office sought		Off	ice held
Date	Business	name					
Amount (\$)	Business	address;	with Maybert,	City;	Stat	te;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sci	chedule)	Description			
· ·		Theck if travel outside of Texas. Complete Sche	nedule T.	Check if Austin,	TX, officeholder liv	ring expen	se
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ate / Officeholder name	0	ffice sought	,-	Offi	ce held
Date	Business	name			Adding data page 1979		
Amount (\$)	Business	address;		City;	Stat	e;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sci	thedule)	Description			
	c	heck if travel outside of Texas. Complete Sche	nedule T.	Check if Austin,	TX, officeholder liv	ing expens	se
Complete ONLY if direct expenditure to benefit C/Oi		ite / Officeholder name	Of	ffice sought		Offi	ce held
	ATTA	ACH ADDITIONAL COPIES O	OF THIS SC	HEDULE AS NEED	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to co	nplete this form.			
1 Total pages Schedule I:	2 FILERNAME Chambus John		3 Filer ID (E	Ethics Con	nmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regardin	ng type of i	nformation
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ng type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser required.)	e instructions regardi	ing type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regard	ing type of	information
•	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	Chambers, John	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; Stat	te; Zip Code
:	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	
	Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	te; Zip Code
1	Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
·	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:			
2 FILER NAME (h	anbers,	John	nla	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Cor			/ Payee				
5 Contribution / Expenditure	reported on:						
Schedule A2							
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
6 Dates of travel 7	7 Name of person(s) traveling						
8	8 Departure city or name of departure location						
9	9 Destination city or name of destination location						
10.14	44 5						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure	reported on:						
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling							
Departure city or name of departure location							
1	Destination city or name of destination location						
Means of transportation	Purpos	e of travel (including	name of conference, s	eminar, or other event)			
Name of Contributor / Corp	poration or Labor Or	ganization / Pledgor /	Payee				
Contribution / Expenditure	reported on:		-				
	Schedule B] Cabadus BCD	Debodul- co				
Schedule A2	·	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	avel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Magne of transportation	Farence	a of traval /inalualis =	nama of conference -	eminar or other event			
Means of transportation	ruipos		name or comerence, S	eminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH t	NAME 2 Filer ID (Ethics Commission Filer	s)			
3	SIGNA	ATURE				
	ing a re	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that designer or as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campoutions or make any campaign expenditures without a campaign treasurer appointment on file.	ınat- aign			
		Signature of Candidate / Officeholder				
4		RWHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	ck only one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand to may not convert unexpended political contributions or unexpended interest or income earned on political contribution personal use. I also understand that I must file an annual report of unexpended contributions and that I may not reunexpended contributions or unexpended interest or income earned on political contributions longer than six years after this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	ns to etain filing			
	B.	ASSETS				
	Check	k only one:				
		I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from political contributions. I unders that I may not convert assets purchased with political contributions or interest or other income from political contribution personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with requirements of Election Code, § 254.204.	ns to			
		Signature of Candidate	<u></u>			
5		EHOLDER				
	•• Com	nplete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with pol cal contributions or interest or other income from political contributions.	an			
		Signature of Officeholder	_			