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 Fi			nics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRST MR	FIRST Marmas		MI	OFFICE	USE ONLY	
NAME	NICKNAME JEFF	LAST CHCHTCY		suffix TR	Date Received RECE	IVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 3612 Silv FNSUO	er baks in	CITY; STA	TE; ZIP CODE	JAN 1 @ 4:14 pm city secreta		
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Thomas		MI		Amount \$	
NAME	NICKNAME	LAST		SUFFIX	Date Processed		
	Jeff	Chency		IR	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT 1		CITY;	STATE;	ZIP CODE	
(Residence or Business)	M510	N 75033		Market Associate Processing Control of the Control		ON THE PROPERTY OF THE PROPERT	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION			
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day aff treasurer ap (Officeholde		
	July 15	8th day before e	lection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month 07	Day Year / / / 202	THROUGH	Month /2 /	Day Year / 3		
11 ELECTION	ELECTION DA	TE Primary	Runoff	ELECTION TYPE Other			
	Month Day	Year Genera		Description			
12 OFFICE	OFFICE HELD (if any)	-	13 OFF	FICE SOUGHT (if known	n)		
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KEY CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				DER'S KNOWLEDGE OR			
,	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TE	REASURER ADDRES	SS .			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/011 N/445				
16 C/OH NAME	nomas "Jeff" Chency	16 Filer I	D (Ethics Com	ımission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ГНАИ	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	ANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ WH	WIU
	4. TOTAL POLITICAL EXPENDITURES		\$ 67.	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	\$ 11,8	74. He 374.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$ 991	374.00
	swear, or affirm, under penalty of perjury, that the accompanying report is	s true and corr	ect and includ	les all information
Tec	quired to be reported by me under Title 15, Election Code.	1	2	
			7	_
	Signature of	of Candidate o	r Officeholder	
		V		
		_		
	Please complete either option be	low:		
T willing	JULIE DAVIDSON			
(1) Affidavit	Notary Public, State of Texas			
	Comm. Expires 10-29-2022			
NOTARY STAMP (SEA	Notary ID 131776381			
Sworn to and subscribed	before me by this	the 14th	day of Ja	nuary,
20 <u>22</u> , to certify	which, witness my hand and seal of office.			3
Opelie Davidson	Julie Davidson	Λ	lotaru	
Signature of officer administe			Title of officer a	dministering oath
	OR			
(2) Unsworn Declaration	on			
(_,				
My name is	, and my date of bir	th is		•
My address is	,	_11		•
	(street) (city)	(state) (z	zip code)	(country)
Executed in	County, State of , on the day of (n	nonth)	_, 20 (year)	
	Signature of C	andidate/Office	holder (Declar	rant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME THOMAS "Jeff" Change 20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 99 374.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 67.15
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 TO FILER	\$

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide explains how to complete this form.				1 Total pages Schedule E:		
2 FILER NAME Thomas "Jeff" Chanay				3 Filer ID (Ethics Commission	Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 99,374.00)	
5 Date of loan	7 Name of lender D		D#:) 9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; 3612 Stiver 6 Phsto TX 7	City;	State; Zip Co	10 Interest rate 11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)		Employer (See Instruct	tions)		
14 Description of Collateral		15	Check if personal funds were deposited into political account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address;	City;	State; Zip Co	ode		
20 Principal Occupat	tion (See Instructions)	21	Employer (See Instruct	tions)		
Date of loan	Name of lender	out-of-state PAC	ID#:	Loan Amount (\$)		
Is lender a financial Institution?	Lender address;	City;	State; Zip Co			
Y N				Maturity date		
Principal occupation	on / Job title (See Instructions)		Employer (See Instruc	tions)		
Description of Collateral			Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)		
_	Guarantor address;	City;	State; Zip Co	ode		
not applicable Principal Occupati	ion (See Instructions)		Employer (See Instruct	tions)		
	ATTACH ADDITIO	ONAL COPIES	OF THIS SCHEDULE	AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (ente	Of District er a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME 1 THOMAS JEFF" Chemo	1	O (Ethics Commission Filers)	
4 Date 07/07/21	6 Payee name Mail Mimp	0		
6 Amount (\$)	7 Payee address;	City; S	tate; Zip Code	
67.15	675 Ponce de levon AVE	Ste soo Atlanta E	71A 3U308	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Email Comm	runication	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense	
9 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; S	tate; Zip Code	
	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, officeho	older 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; S	tate; 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, officeho	older 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				
	in a Communication and a state ty i	IC.	Pavisad 8/17/2020	