

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 MI TY J. NICKNAME LAST SUFFIX Chumbley	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6431 SAN ANTONIO, HUEBNER RD. TX. 78238	Date Received	
<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 722-1622	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI WICK NICKNAME LAST SUFFIX BRADSHAW	Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6538 THUNBERGER DR. SAN ANTONIO, TX. 78246		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 269-5553		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 28 / 23 THROUGH 4 / 26 / 23		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) NPSD PLACE 3 TRUSTEE	
14 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"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

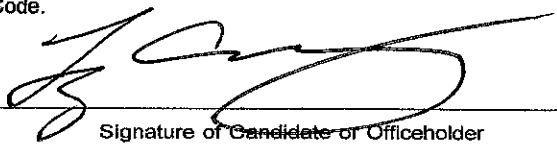
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Ty Chumbley</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>525.00</i> 111
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>6875.00</i> 111
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 500 <i>502.99</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ 100 <i>79831.02</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1909.37</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>3260.00</i> 111

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Ty Chumbley*, and my date of birth is *10/20/1983*
 My address is *6431 Huebner Rd*, *San Antonio*, *TX*, *78238*, *US*
(street) (city) (state) (zip code) (country)
 Executed in *Bexar* County, State of *Texas*, on the *29* day of *April*, 20*23*
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6875.00/HA
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1500.00/HA
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3260.00/HA
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

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 | 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:	2 FILER NAME <i>Chumbley</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16</i>	5 Payee name <i>KWIK KOPY</i>	
6 Amount (\$) <i>\$ 723.94</i>	7 Payee address; City; State; Zip Code <i>6336 BANDERA RD. LEON VALLEY 78238</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>PUSH CARDS</i>
	(c) <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		
Date <i>4/17</i>	Candidate / Officeholder name <i>KWIK KOPY</i>	
Amount (\$) <i>\$ 488.68</i>	Office sought <i>LEON VALLEY, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>PUSH CARDS</i>
	(c) <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		
Date <i>3/28</i>	Candidate / Officeholder name <i>3D SIGNS</i>	
Amount (\$) <i>811.88</i>	Office sought <i>SUMNER SET, TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SIGNS</i>
	(c) <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>Office sought</i>		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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:	2 FILER NAME <i>Ty Chumley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/11</i>	5 Payee name <i>3D SIGNS</i>
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6 Amount (\$) <i>\$920.13</i>	7 Payee address; City; State; Zip Code <i>8015 W 2ND STREET SOMERSET, TX. 78069</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>SIGNS</i>
	(c) <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	Office sought	Office held
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Date <i>4/24</i>	Payee name <i>3D SIGNS</i>
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Amount (\$) <i>\$237.50</i>	Payee address; City; State; Zip Code <i>8015 W 2ND STREET SOMERSET, TX. 78069</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SIGNS</i>
	<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
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Date <i>4/26</i>	Payee name <i>MAS</i>
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Amount (\$) <i>\$42426.70</i>	Payee address; City; State; Zip Code <i>MAJPRODUCTIONS@MSN.COM</i>
----------------------------------	-----------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>MAZERS</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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 A2:	
2 FILER NAME <i>Ty Chumley</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/5</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANTHONY PEDROTTI</i>	8 Amount of Contribution \$ <i>\$1500</i>	9 In-kind contribution description <i>FUNDRAISER</i>
7 Contributor address; City; State; Zip Code <i>10210 RAFTER S. TOWER HELIXES 78078</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 A1:
2 FILER NAME <i>Ty Chumbley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DALE CHUMBLEY</i>	7 Amount of contribution (\$) <i>100.00/EX</i>
6 Contributor address; City; State; Zip Code <i>1081 VOELKER LN. SA, TX. 78248</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALMA JACKSON</i>	Amount of contribution (\$) <i>200.00/EX</i>
Contributor address; City; State; Zip Code <i>9703 IVORY CANYON SA, TX. 78238</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDBALGER, BLAZK. + SAMSON LLP</i>	Amount of contribution (\$) <i>500.00/EX</i>
Contributor address; City; State; Zip Code <i>P.O. Box 17428 AUSTIN, TX. 78360</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/7</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LOUIS P. PEDROTTI</i>	Amount of contribution (\$) <i>500.00/EX</i>
Contributor address; City; State; Zip Code <i>10210 RAFTER S. TRALL ^{HELotes, TX} 78023</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 A1:
2 FILER NAME <i>Ty Crumley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LUKE HOLLAND</i>	7 Amount of contribution (\$) <i>100.00/1X</i>
	6 Contributor address; City; State; Zip Code <i>LUKE@alholland.com</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RANDALL ROESSLER</i>	Amount of contribution (\$) <i>200.00/1X</i>
	Contributor address; City; State; Zip Code <i>RR @ RANDALL-ROESSLER.COM</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/8</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HEATHER BRISTER</i>	Amount of contribution (\$) <i>200.00/1X</i>
	Contributor address; City; State; Zip Code <i>@HEATHERBRISTER</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. ALLEN CARNES</i>	Amount of contribution (\$) 200.00 <i>250.00/1X</i>
	Contributor address; City; State; Zip Code <i>@J-CARNES-2</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 A1:
2 FILER NAME <i>Ty Chumbley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/5</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRIS HOLDEN</i>	7 Amount of contribution (\$) <i>150.00</i>
6 Contributor address; City; State; Zip Code <i>CHOLDEN @ imperiumwealth.com</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEITH LUFF</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>@ KEITH Luff</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHANCE CHUMBLEY</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>@ CHANCE-CHUMBLEY</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GOOD GOVERNANCE PAC</i>	Amount of contribution (\$) <i>800.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 90851 SA, TX. 79209</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 A1:
2 FILER NAME <i>Ty Chambley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRANDON POUNDS</i> 6 Contributor address; City; State; Zip Code <i>CHIRO @ ADVANCED Health Chiropractic. CFFE</i>	7 Amount of contribution (\$) <i>150.00/FF</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JESSICA JOSEPH</i> Contributor address; City; State; Zip Code <i>JESSICA JOSEPH @ yahoo.com</i>	Amount of contribution (\$) <i>100.00/FF</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NARZNE WOLFE</i> Contributor address; City; State; Zip Code <i>NL WOLFE 57@gmail.com</i>	Amount of contribution (\$) <i>200.00/FF</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHELIA WOLFE</i> Contributor address; City; State; Zip Code <i>Shelia WOLFE @ yahoo.com</i>	Amount of contribution (\$) <i>250.00/FF</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 A1:
2 FILER NAME CLAYTON WAGNER Ty Chumbley		3 Filer ID (Ethics Commission Filers)
4 Date 4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON WAGNER 6 Contributor address; City; State; Zip Code CLAYTON WAGNER08@GMAIL.COM	7 Amount of contribution (\$) \$100.00/EX
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT KEELER Contributor address; City; State; Zip Code SCOTT@TEXASCULINARYALLIANCE.COM	Amount of contribution (\$) 150.00/EX
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY MELLER Contributor address; City; State; Zip Code FAM1996@DICK.COM	Amount of contribution (\$) 100.00/EX
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMEN KNOLLE Contributor address; City; State; Zip Code KNOLLE.CARMEN@HEB.COM	Amount of contribution (\$) 100.00/EX
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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 A1:
2 FILER NAME <i>Ty Chumpley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRY PALOMRES</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>\$ TERRENCE PALOMRES</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RON RZPPS</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>\$ RON RZPPS</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES ANDERSON</i>	Amount of contribution (\$) 200.00 <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>JANDERSON@paytel.com</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HAROLD GARM</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>1005 HWY 90 W. SHIKI CASTLEWELL TX 75009</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 150.00/xx
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5700.00/xx
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 802.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 8231.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1999.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3260.00/xx

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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 <i>TV Chumbley Campaign</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3/21/2023</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M'Lissa Chumbley</i>	9 Loan Amount (\$) <i>\$3,260.00</i>
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>6718 Forest Haven, San Antonio, TX 78240</i>	10 Interest rate <i>0.90</i>
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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