

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>11</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>TY</b>	MI	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST <b>CHUMBLEY</b>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>6431 HUEBNER RD., SAN ANTONIO, TX, 78238</b>			
	<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>( 210 )</b>	PHONE NUMBER <b>722-1622</b>	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>WILL</b>	MI	
	NICKNAME	LAST <b>BRADSHAW</b>	SUFFIX	
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>6538 THUNDERBIRD DR., SAN ANTONIO, TX, 78240</b>			
	<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <b>( 210 )</b>	PHONE NUMBER <b>268-5553</b>	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month      Day      Year <b>1      /      1      /      23</b>		THROUGH	Month      Day      Year <b>3      /      27      /      23</b>
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month      Day      Year <b>5      /      6      /      23</b>	Primary General	Runoff Special	<input checked="" type="checkbox"/> Other Description <b>NORTHSIDE ISD SCHOOL TRUSTEE ELECTION</b>
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) <b>NORTHSIDE ISD SCHOOL TRUSTEE, #3</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)    Additional Pages	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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> TY CHUMBLY CAMPAIGN		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 475.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3534.83
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 478.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 4383.72
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2320.04
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3260.00

**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 CHUMBLY, and my date of birth is 10/20/1983.  
My address is 6431 HUEBNER RD., SAN ANTONIO TX, 78238, USA.

Executed in BEXAR County, State of TEXAS, on the 6TH day of APRIL, 2023.  
(street) (city) (state) (zip code) (country)  
(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	\$ 3059.83
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3260.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3260.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1123.72
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

[Reset Form](#)

[Reset Page](#)

**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: <b>4</b>
2 FILER NAME <b>TY CHUMBLEY CAMPAIGN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/22/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>TY CHUMBLEY</b>	7 Amount of contribution (\$) <b>216.48</b>
6 Contributor address; City; State; Zip Code <b>6431 HUEBNER RD, SAN ANTONIO, TX, 78238</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>03/08/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TY CHUMBLEY</b>	Amount of contribution (\$) <b>233.63</b>
Contributor address; City; State; Zip Code <b>6431 HUEBNER RD, SAN ANTONIO, TX, 78238</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>03/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TY CHUMBLEY</b>	Amount of contribution (\$) <b>309.72</b>
Contributor address; City; State; Zip Code <b>6431 HUEBNER RD, SAN ANTONIO, TX, 78238</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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 <b>TY CHUMBLEY CAMPAIGN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BEN HANSEN</b> ..... 6 Contributor address; City; State; Zip Code <b>2920 DISTRICT AVE, FAIRFAX, VA, 2203131</b>	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSEPH SHEFFIELD</b> ..... Contributor address; City; State; Zip Code <b>4215 CANFIELD OAKS LN, KATY, TX, 77450</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RONALD BEEMAN</b> ..... Contributor address; City; State; Zip Code <b>101 W. SOUTH MAIN, FLATONIA, TX, 78941</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DAWN DE LA SANTOS</b> ..... Contributor address; City; State; Zip Code <b>30729 HORESHOE PATH, BULVERDE, TX, 78613</b>	Amount of contribution (\$) <b>100.00</b>
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.

**Reset Form**

**Reset Page**

**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 <b>TY CHUMBLEY CAMPAIGN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/24/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>KIMBERLEY GRAY</b> 6 Contributor address; City; State; Zip Code <b>3235 HARVEST CREST, MARION, TX, 78124</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBERT MORITZ</b> Contributor address; City; State; Zip Code <b>3813 WOODMERE DR, BRYAN, TX, 77802</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>PETER KRAMER</b> Contributor address; City; State; Zip Code <b>P.O. BOX 11553, COLLEGE STATION, TX, 77842</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOSH MCADAMS</b> Contributor address; City; State; Zip Code <b>P.O. BOX 189, CENTER, TX, 75935</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**Reset Form**

**Reset Page**

# 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 <b>TY CHUMBLEY CAMPAIGN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LEVI MARTIN</b> ..... 6 Contributor address; City; State; Zip Code <b>2920 DISTRICT AVE, FAIRFAX, VA, 22031</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HECTOR AGUILAR</b> ..... Contributor address; City; State; Zip Code <b>815 SPELLO CIR, SAN ANTONIO, TX, 78253</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SPENSER LOALBO</b> ..... Contributor address; City; State; Zip Code <b>160 MEADOW KNOLL DR, LEWISVILLE, TX, 75077</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**Reset Form**

**Reset Page**

**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: <b>1</b>
2 FILER NAME <b>TY CHUMBLEY CAMPAIGN</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>3/21/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>M'LISSA CHUMBLEY</b>	9 Loan Amount (\$) <b>3260.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>6718 FOREST HAVEN, SAN ANTONIO, TX, 78240</b>	10 Interest rate <b>0%</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		13 Employer (See Instructions)
14 Description of Collateral  none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.



# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME TY CHUMBLEY CAMPAIGN	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/23/2023	<b>5</b> Payee name AWALOO PRINTING SERVICES	
<b>6</b> Amount (\$) 1280.00	<b>7</b> Payee address; City; State; Zip Code 7905 4TH ST., SOMERSET, TX, 78069	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description SIGNS
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 03/23/2023	Payee name CHRISTIAN ANDERSON	
Amount (\$) 1980.00	Payee address; City; State; Zip Code 2310 BLACKOAK BEND, SAN ANTONIO, TX, 78248	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER	Description DATA SERVICES
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 2	<b>2</b> FILER NAME TY CHUMBLEY CAMPAIGN	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 363.89
<b>5</b> Date 02/22/2023	<b>6</b> Payee name ALAMO GEEKS LLC	
<b>7</b> Amount (\$) 216.48	<b>8</b> Payee address; City; State; Zip Code 11503 JONES MALTSBERGER RD, ANTONIO, TX, 78216	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	<b>(b)</b> Description COMPUTER
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

  

Date 03/08/2023	Payee name ALL4PROMOS	
Amount (\$) 233.63	Payee address; City; State; Zip Code 50 WEST AVE, ESSEX, CT, 06426	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BUTTONS0
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 2	<b>2</b> FILER NAME TY CHUMBLEY CAMPAIGN	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 363.89
<b>5</b> Date 03/13/2023	<b>6</b> Payee name KWIK KOPY	
<b>7</b> Amount (\$) 309.72	<b>8</b> Payee address; City; State; Zip Code 6336 BANDERA RD, SAN ANTONIO, TX, 78240	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description PUSH CARDS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>11</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>TY</b>	MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <b>CHUMBLEY</b>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>6431 HUEBNER RD., SAN ANTONIO, TX, 78238</b>			
	AREA CODE PHONE NUMBER EXTENSION <b>( 210 ) 722-1622</b>			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6538 THUNDERBIRD DR., SAN ANTONIO, TX, 78240</b>			
	AREA CODE PHONE NUMBER EXTENSION <b>( 210 ) 268-5553</b>			
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>WILL</b>	MI	Date Received
	NICKNAME	LAST <b>BRADSHAW</b>	SUFFIX	Date Hand-delivered or Date Postmarked
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6538 THUNDERBIRD DR., SAN ANTONIO, TX, 78240</b>			Receipt #
	AREA CODE PHONE NUMBER EXTENSION <b>( 210 ) 268-5553</b>			Amount \$
<b>8</b> CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6538 THUNDERBIRD DR., SAN ANTONIO, TX, 78240</b>			Date Processed
	AREA CODE PHONE NUMBER EXTENSION <b>( 210 ) 268-5553</b>			Date Imaged
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month Day Year <b>1 / 1 / 23</b>			THROUGH
	Month Day Year <b>3 / 27 / 23</b>			
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>5 / 6 / 23</b>		ELECTION TYPE Primary     Runoff <input checked="" type="checkbox"/> Other Description General     Special <u>NORTHSIDE ISD SCHOOL TRUSTEE ELECTION</u>	
	<b>12</b> OFFICE OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) <b>NORTHSIDE ISD SCHOOL TRUSTEE, #3</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)    Additional Pages	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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**