

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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|--|---|---|--|
| The C/OH instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 2 ✓ |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: <u>MR</u> NICKNAME: _____ FIRST: <u>RICHARD</u> LAST: <u>CHAPMAN</u> MI: <u>J</u> SUFFIX: _____ | OFFICE USE ONLY Date Received: <u>7/12/19</u> <u>@ 11:21 AM</u> <u>KCC</u> <hr/> Date Hand-delivered or Date Postmarked: <u>✓ KCC</u> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>135 N. SOMEDAY PR.</u> <u>BOERNE, TX 78006</u> | Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: <u>(210)</u> PHONE NUMBER: <u>394-3937</u> EXTENSION: _____ | Date Hand-delivered or Date Postmarked: <u>✓ KCC</u> | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: <u>MR</u> NICKNAME: <u>PAUL</u> FIRST: <u>THOMAS</u> LAST: <u>PHILLIP</u> MI: _____ SUFFIX: _____ | Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>409 E. SAN ANTONIO</u> <u>BOERNE, TX 78006</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: <u>(830)</u> PHONE NUMBER: <u>248-1075</u> EXTENSION: _____ | | |
| 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <u>1 / 1 / 19</u> THROUGH <u>6 / 30 / 19</u> | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE OFFICE HELD (if any): <u>KENDALL COUNTY COMMISSIONER</u> <u>PRECINCT # 3</u> | 13 OFFICE SOUGHT (if known) | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

RICHARD J. CHAPMAN

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

- 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

- 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

- 0 -

4. TOTAL POLITICAL EXPENDITURES

\$

- 0 -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

1,054.03

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1,500.50

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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