

# 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: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>RICHARD</b>	MI <b>J</b>
	NICKNAME	LAST <b>CHAPMAN</b>	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>1-14-2020</b>			
Date Imaged <b>11:17am</b>			
Date <u>Hand-delivered</u> or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		5 CANDIDATE / OFFICEHOLDER PHONE	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>135 N. SOMEDAY DR. BOEWNE, TX 78006</b>		AREA CODE; PHONE NUMBER; EXTENSION <b>(210) 394-3937</b>	
<input type="checkbox"/> Change of Address			
6 CAMPAIGN TREASURER NAME		7 CAMPAIGN TREASURER ADDRESS	
MS / MRS / MR <b>MR</b>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>409 E. SAN ANTONIO BOEWNE, TX 78006</b>	
NICKNAME <b>DAVID</b>		FIRST <b>THOMAS</b>	
LAST <b>CHAPMAN</b>		MI <b>D</b>	
SUFFIX		8 CAMPAIGN TREASURER PHONE	
		AREA CODE; PHONE NUMBER; EXTENSION <b>(830) 248-1075</b>	
9 REPORT TYPE			
<input checked="" 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 type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year     THROUGH     Month Day Year <b>7 / 1 / 19</b> <b>12 / 31 / 19</b>			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month	Day	Year	
<b>7</b>	<b>1</b>	<b>19</b>	
<input type="checkbox"/> Primary		<input type="checkbox"/> Runoff	
<input type="checkbox"/> General		<input type="checkbox"/> Special	
<input type="checkbox"/> Other Description			
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) <b>KENDALL COUNTY COMMISSIONAL PRECINCT # 3</b>			

GO TO PAGE 2

# 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), 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	\$ 500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,554.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,500.30

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

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <p style="text-align: center; font-size: 1.2em;">RICHARD J. CHAPMAN</p>	<b>20 Filer ID (Ethics Commission Filers)</b>
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 500.00
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	\$

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>RICHARD J. CHAPMAN</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>1,000.00</u>
5 Date of loan <u>10/8/19</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICHARD J. CHAPMAN</u>	9 Loan Amount (\$) <u>\$ 1,000.00</u>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>135 N. SCHEDAW DR. BOERNE, TX 78006</u>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" 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	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?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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	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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Bookkeeping  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>1</u>	<b>2</b> FILER NAME <u>RICHARD J. CHRYMAN</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>10/4/19</u>	<b>5</b> Payee name <u>KENDALL COUNTY WOMENS SHELTER</u>	
<b>6</b> Amount (\$) <u>\$500.00</u>	<b>7</b> Payee address; City: State: Zip Code <u>PO Box 1087 BOEWE TX 78006</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION</u>	<b>(b)</b> Description <u>CONTRIBUTION</u>
	<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>9</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	
<b>PURPOSE OF EXPENDITURE</b>	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
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
	<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

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