

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID: (Ethics Commission Filers)		2 Total pages filed: 3		OFFICE USE ONLY		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	Date Received:		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked:		
Mr. Richard J. Chapman Richard Chapman				3 pages 1/24/24 mm		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Amount \$		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed			
	<input type="checkbox"/> 6th day before election	Date Imaged				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	2023	12	31	2023

6 EXPLANATION OF CORRECTION

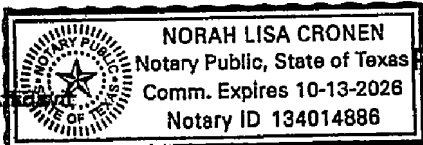
Omitted Cover Sheet, Page 3 and Schedule G

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Richard J. Chapman this the 24th day of Jan.

24 to certify which, witness my hand and seal of office.

Norah Lisa Cronen Norah Lisa Cronen Notary Public

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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
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.

1 Total pages Schedule G: 1	2 FILER NAME Richard J. Chapman		3 Filer ID (Ethics Commission Filers)
4 Date 09/14/2023	5 Payee name Family Ranch Rodeo		
6 Amount (\$) 2,000.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 648 FM 289 Comfort, TX 78013	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation made by Officeholder	(b) Description Event Sponsor	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 <small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City;	State; Zip Code
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		
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City;	State; Zip Code
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		
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Richard J. Chapman

20 Filer ID (Ethics Commission 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	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 2,000.00
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	\$