CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	607 - 0160-01500344 - 060 FW (b)						
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI C	OFFICE USE ONLY			
NAME				Date Received			
	NICKNAME	LAST	SUFFIX	MEREINEM			
		Chinn					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 106 Comet Dr Fate, TX 75087 APR 2 6 2						
Change of Address	Вучисти						
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER PHONE	(972)	523-3432		Receipt # Amount \$			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI				
TREASURER	MR	Gregrey	D	Date Processed			
NAME	NICKNAME	LAST	SUFFIX				
	NICKNAME	VI 4/46/4004	301111	Date Imaged			
		Bray					
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #: CITY;	STATE; ZIP CODE			
TREASURER	511 Freed D	r Fate, TX 75087					
ADDRESS	0,,,,,,,,,,	,					
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER							
PHONE	(214)	543-3761					
9 REPORT TYPE	January 15	30th day before	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
			Reporting Limit				
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED	3	/ 26 / 24	THROUGH 4	/ 24 / 24			
	/			//			
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E			
	Month Day	Year	Runoff Other Description				
	1 10000000 0000	_		·			
	5 / 4	24 General					
V	OFFICE LIEUS //		13 OFFICE SOUGHT (if know	ave)			
12 OFFICE	OFFICE HELD (if any)						
	N/A		Council Member	ei, riace i			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME						
	_	COMMITTEE ADDRESS					
	GENERAL	COMMITTEE ADDRESS					
Additional Pages		P. C.					
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS				
	1						
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Codi C Chinn		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 185.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 585.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 448.30				
	4. TOTAL POLITICAL EXPENDITURES	\$ 788.21				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 584.00				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 100.00				
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 administe	ring oath Printed name of officer administering oath OR	Title of officer administering oath				
(2) Unsworn Declarati						
My name is Codi Chi	, and my date or mining	12-09-1983				
My address is 106 Cor		TX 75087 United States				
Executed in Rockwall	(street) (city) (County, State of TX , on the 26 day of Apri (month					
	Signature of Gandi	date/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	R NAME C Chinn	20 Filer ID (Ethics Cor	mmissio	n 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.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			339.91	
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				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	S			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicab	ole, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how	1 Total pages Schedule A1: 1		
2 FILER NAME Codi C Ch	ninn			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Michael Labourde			7 Amount of contribution (\$)
04/12/2024	6 Contributor address; Fate,	200.00		
8 Principal occu Logistics Mar	pation / Job title (See Instructions)		Employer (See Instruction Vistara Corp	tions)
Date	Full name of contributor Jessica Souders	out-of-state PA	C (ID#)	Amount of contribution (\$)
04/15/2024	Contributor address;	City;	State; Zip Code	200.00
Principal occup Marketing Dir	actors - Marketing			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date Full name of contributor out-of-st		out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT	IONAL CODIES	OF THIS SCHEDULE AS N	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense 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 Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Codi C Chinn 5 Payee name 4 Date First Graphic Serv 04/22/2024 State: Zip Code 6 Amount (\$) 7 Payee address; City; 229 Garvon St Garland, TX 75040 339.91 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Campaign Signs Advertising Expense **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State: Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED