GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Gui	de explains how to complete th	is form.	1 Filer ID (Ethics Com 00059067	nmission Filers)	2 Total pages fi	led:
3 COMMITTEE NAME					OFFICE	USE ONLY
Tarrant Country	oung Dems				Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITI		TY; STATE;	ZIP CODE	REC 1/9/24	EIVED via
Change of Address	1523 Creek Bane Ln	Arlir	ngton TX	76014	email Texas Ethio	cs Commission
					Date Hand-delivered	d or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIF	athan		G	Receipt #	Amount \$
NAME	NICKNAME LA	 ST		SUFFIX	Date Processed	1/9/24
	Cha	avez			Date Imaged	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUI	TE #; CITY;	STATE;	ZIP CODE	
STREETADDRESS (Residence or Business)	3302 Seaboard Drive	е	Arlington	TX	76014	
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUI	TE #; CITY;	STATE;	ZIP CODE	
TREASURER MAILING ADDRESS Change of Address	3302 Seaboard Driv	е	Arlington	TX	76014	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (817) 807 - 3226	MBER	EXTENSIO	N		
9 REPORTTYPE	X January 15 July 15	8	Oth day before election th day before election tunoff		Dissolution Report (A 10th day after campai termination	
10 PERIOD COVERED	Month Day	Year			Month Day	Year
	7 / 16 / 2	23	THROUGH		1 / 15	/ 23
11 ELECTION	ELECTION DATE		ELE	ECTION TYPE		
	Month Day Year	Primary	Runoff	Of	ther	
		General	Special	D	escription————	
		GO TO P	AGE 2			

R: 100934349

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filor I	D (Ethics Comr	mission Filers)
Tarrant Country	oung Dems			00059		mission i liers)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported		1		
(Attach lists on plain paper to complete this	applicable, classify by party.)	B. Opposed				
report if necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and					
	nature of issue.)	B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	TOTAL UNITEMIZED F PLEDGES, LOANS, OI CONTRIBUTIONS MAI	R GUARANTEES OF	LOANS, OR	AN	\$ 250	
	Check here if this repo		•	eshold		
	2. TOTAL POLITICAL ((OTHER THAN PLEDG		ARANTEES OF LOAN	IS)	\$ 250	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	POLITICAL EXPENDI	TURES		\$ 364	
	4. TOTAL POLITICAL E	EXPENDITURES			\$ 364	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COLOR THE REPORTING F		TAINED AS OF THE L	AST DAY	\$ -114	ļ
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE		TANDING LOANS AS	OF THE	\$ 0	
	swear, or affirm, under per					correct and
	·		Signature of Ca	K.		<u>) </u>
	Plassa c	omplete either o		g.r rreace	nor (Boolarant	,
(1) Affidavit	Flease C	ompiete either o	ption below.			
AFFIX NOTARY STAMP /	SEAL AROVE					
ALLIXIOTARI GIAMI /	GEALABOVE					
Sworn to and subscrib	oed before me, by the said				_, this the _	
day of	, 20, to certify wh	ich, witness my h	and and seal of of	fice.		
Signature of officer adm	inistering oath Printed r	name of officer adm	inistering oath	Title	e of officer adr	ministering oath
		OR				
(2) Unsworn Declarat	ion					
My name is	Jonathan Chavez		and my date of birth	is		
My address is	3302 Seaboard Drive (street)		Arlington ,	(state)	76014 zip code)	US (country)
	nt County, State of					(country)
		_	Signature of	Campaign 1	Treasurer (Dec	larant)

SUBTOTALS-GPAC

FORM GPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Con	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORFORMATION	PORATION OR LABOR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR C	DRGANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAI	BOR ORGANIZATION	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB	OR ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instru	ction Guide explains how t	o complete this	form.		1 Total pages Schedule A1:
2 FILER NAME Jonathan Chave	ez				3 Filer ID (Ethics Commission Filers) 00059067
	ull name of contributor Francine Ly	out-of-state PAC			7 Amount of contribution (\$)
6 C	ontributor address;	City;	State;	Zip Code 75063	250
8 Principal occupation	/ Job title (See Instructions)		9 Emplo	oyer (See Instruc	tions)
Date Ft	ull name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
 c	ontributor address;	City;	State;	Zip Code	
Principal occupation /	Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Date Fu	ıll name of contributor	out-of-state PAC	(ID#:	_)	Amount of contribution (\$)
Co	ontributor address;	City;	State;	Zip Code	
Principal occupation /	Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Date Fu	ull name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
 C	ontributor address;	City;		Zip Code	
Principal occupation /	Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
	ATTACH ADDITIO	ONAL COPIES C	OF THIS S	CHEDULE AS N	EEDED

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
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (actions extension and listed above)

Candidate/Officenoider/Politica	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jonathan Chavez		3 Filer ID (Ethics Commission Filers) 00059067
4 Date	5 Payee name Custom Ink		
6 Amount (\$) 266 Expenditure from corporate funds	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	T-Shirts	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	Chicken N Pickle		
Amount (\$) 98	Payee address;	City;	State; Zip Code
Expenditure from corporate funds			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Rented out s	space for event
LAFENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he l d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a campaign treasurer of a political committee that has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer ID #	
000 59067	

OFFI	CE USE ONLY
Date Received	r.
	RECEIVED 1/9/24 via email
	exas Ethics Commission
	livered or Date Postmarked
Date Hand-del	ivered or Date Postmarked Amount\$

- I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that no person acting as the committee's agent or consultant, and no person
 with whom the committee contracts, uses computer equipment to keep current records of political
 contributions, political expenditures, or persons making political contributions to the committee.
- 4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 5. I am filing this affidavit with the ethics report due on 1/15/24 understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below: (1) AffidapitUL BERBER, JR. My Notary ID # 131270140 Expires September 8, 2025 Signature of Campaign Treasurer NOTARY STAMP/SEAL Sworn to and subscribed before me by Jonathan Chavez , to certify which, witness my hand and seal of office. Herber Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration ___, and my date of birth is _ My name is _ My address is (street) (zip code) County, State of , on the day of Signature of Campaign Treasurer (Declarant)