GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

T	he GPAC Instruction Gui	2 Total pages file 43	d:		
3 COMMITTEE NAME				OFFICE	JSE ONLY
	Tarrant County Yo	oung Dems		Date Received	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP	CODE RECE	EIVED
	ADDRESS Change of Address	1523 Creek Bane Ln Arlin	ngton TX 76	7/15/25 Texas Ethics	Commission
				Date Hand-delivered	A CONTRACTOR OF THE PROPERTY O
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Jonathan	G MI	Receipt #	Amount \$
		NICKNAME LAST	SUF	FIX Date Processed 7	7/16/25
		Chavez		Date Imaged	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE #; CITY; STA	TE; ZIP CODE	
	TREASURER STREET ADDRESS (Residence or Business)	3302 Seaboard Drive	Arlington T	X 76014	
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUIT	TE #; CITY; STA	TE; ZIP CODE	
	Change of Address	3302 Seaboard Drive	Arlington T	76014	
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
	TREASURER PHONE	(817) 807 - 3226			
9	REPORT TYPE	July 15 81	Olh day before election th day before election	Dissolution Report (Atta 10th day after campaigr termination	
10	PERIOD COVERED	Month Day Year		Month Day	Year
		1 / 15 / 25	THROUGH	7 / 15 /	25
11	ELECTION	ELECTION DATE	ELECTIO	ON TYPE	
		Month Day Year Primary	Runoff	Other	
		General	Special	Description—	
	GO TO PAGE 2				

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME Tarrant County Y	oung Dems		13 Filer ID 00059	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed		
paper to complete this report if necessary.)	2. Measures	A. Supported		
	(Describe by date and location of election and	D. Connect		
	nature of issue.)	B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER THA R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	'N	\$
	Check here if this repo	ort qualifies for the higher itemization three	shold	
	2. TOTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 6412.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	POLITICAL EXPENDITURES		\$
	4. TOTAL POLITICAL E	XPENDITURES		\$ 3152.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COI OF THE REPORTING F	NTRIBUTIONS MAINTAINED AS OF THE LAPERIOD	AST DAY	\$ 3259.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS PORTING PERIOD	OF THE	\$
,		alty of perjury, that the accompany red to be reported by me under Title		
		Signature of Campa	aign Treasur	er (Declarant)
	Please co	omplete either option below:	aigh Fredou	or (Decidiant)
(1) Affidavit				
AFFIX NOTARY STAMP/	SEALABOVE			
Sworn to and subscrib	oed before me, by the said			, this the
day of	, 20, to certify whi	ch, witness my hand and seal of offi	ice.	
Signature of officer adm	inistering oath Printed n	name of officer administering oath	Title	of officer administering oath
(2) Unsworn Declarat	ion			
		, and my date of birth		
		, <u>Arlington</u> (city)	Committee of the Commit	# Dominion Committee
Executed inTarrar	County, State of	Texas , on the 15 day of (n	July nonth)	, 20 <u>25</u> . (year)
		Signature of	Campaign Tr	reasurer (Declarant)

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17	Torrent County Voung Dome		
	Tarrant County Young Dems 00059067		
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6412.00
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 CORFORMALIZATION	PORATION OR LABOR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR C	DRGANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAS	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 CON	NTRIBUTIONS	\$ 3152.12
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	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	\$

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
4 Date 1-21-25 5 Full name of contributor	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:) 1-21-25 Jake Davis Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 1-21-25 Glenn Collins	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code Arlington, TX 76014	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributorout-of-state PAC (ID#:) 1-21-25 Cindy Fountain Contributor address; City; State; Zip Code Cleburne, TX 76033	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	VEEDED.

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
4 Date 2-21-25 5 Full name of contributor	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributorout-of-state PAC (ID#:) 2-21-25	Amount of contribution (\$) 20.00
Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Jake Davis Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Christy Underkofler Contributor address; City; State; Zip Code Arlington, TX 76010	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

SCHEDULE A1

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

L						
	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 36		
2	Jonathan C	havez		3 Filer ID (Ethics Commission Filers) 00059067		
4	Date 3-23-25	5 Full name of contributor Junior Ezeonu 6 Contributor address; Grand Prairie, TX 750	State; Zip Code	7 Amount of contribution (\$) 100.00		
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)		
	Date 4-1-25	Full name of contributor	State; Zip Code	Amount of contribution (\$) 30.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)		
	Date 4-1-25	10 miles		Amount of contribution (\$) 50.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 4-1-25	Full name of contributor out-of-state PAC (ID Andre Treiber Contributor address; City; Austin, TX 78660		Amount of contribution (\$) 20.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		
1						

SCHEDULE A1

Th	e Instruction Guide explains how to complete this f	Total pages Schedule A1:
Jonathan		3 Filer ID (Ethics Commission Filers) 00059067
Date 4-1-25	5 Full name of contributor ☐ out-of-state PAC (III Sandra Lee	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; KENNEDALE,	State; Zip Code TX 76060
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)
Date 4-1-25	Full name of contributor	Amount of contribution (\$) 25.00
	Contributor address; City; Keller, TX 76248	State; Zip Code
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date 4-1-25	Full name of contributor	Amount of contribution (\$) 40.00
	Contributor address; City; Grapevine, TX 76051	State; Zip Code
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date 4-1-25	Full name of contributor	Amount of contribution (\$) 50.00
	Contributor address; City; Euless, TX 760	State; Zip Code
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
		=

SCHEDULE A1

	The	Instruction Guide explains how to complete this form	1	Total pages Schedule A1: 36
2	Jonathan C	navez	3	Filer ID (Ethics Commission Filers) 00059067
4	Date 4-1-25	5 Full name of contributor ☐ out-of-state PAC (ID#:_ Gwenn Burud 6 Contributor address; City; State Fort Worth, TX 76:	ate; Zip Code	Amount of contribution (\$) 50.00
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Date 4-1-25	Full name of contributor out-of-state PAC (ID#:_ Andrew Morris Contributor address; City; State Fort Worth, TX 76123	ate; Zip Code	Amount of contribution (\$) 500.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)
	Date 4-1-25	Full name of contributor out-of-state PAC (ID#:_ Sabrina Ball Contributor address; City; State Fort Worth, TX 76110	ate; Zip Code	Amount of contribution (\$) 200.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	s)
	Date 4-1-25	Full name of contributor	ate; Zip Code	Amount of contribution (\$) 100.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	s)
		ATTACH ADDITIONAL COPIES OF TR	IIS SCHEDULE AS NEE	DED
		If contributor is out-of-state PAC please see Instruction		

SCHEDULE A1

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

1 Total pages Schedule A1: 36
3 Filer ID (Ethics Commission Filers) 00059067
7 Amount of contribution (\$) 100.00
ions)
Amount of contribution (\$) 25.00
ions)
Amount of contribution (\$) 125.00
ions)
Amount of contribution (\$) 25.00
ions)
EEDED

SCHEDULE A1

	The	Instruction Guide explains how to complete this form	n. 1	Total pages Schedule A1:
2	Jonathan C	navez	3	Filer ID (Ethics Commission Filers) 00059067
4	Date 4-16-25	5 Full name of contributor Ar Granados 6 Contributor address; City; St Dallas, TX 75229	ate; Zip Code	Amount of contribution (\$) 10.00
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	s)
	Date 4-16-25	Full name of contributor out-of-state PAC (ID#:_ Tara Wilson Contributor address; City; St Fort Worth, TX 76112	ate; Zip Code	Amount of contribution (\$) 25.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	s)
	Date 4-16-25	Haslet, TX 76052	ate; Zip Code	Amount of contribution (\$) 10.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	s)
	Date 4-16-25	Full name of contributor out-of-state PAC (ID#: Jason Ballmann Contributor address; City; St Fort Worth, TX 76107	ate; Zip Code	Amount of contribution (\$) 100.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	is)
		ATTACH ADDITIONAL COPIES OF T	HIS SCHEDIN E AS MEE	:DED
		If contributor is out-of-state PAC, please see Instruction	- 18 m ang apang ang ang apang an ang apang an	

SCHEDULE A1

	The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 36	
2	Jonathan C	navez		3 Filer ID (Ethics Commission Filers) 00059067	
4	Date 4-16-25	5 Full name of contributor ☐ out-of-state PAC (I Noah Nurse	D#:)	7 Amount of contribution (\$) 25.00	
		6 Contributor address; City; Mansfield, TX 76063	State; Zip Code		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	4-16-25	Nick Trzeciak		25.00	
		Contributor address; City; Fort Worth, T	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	4-17-25	Nathan Hawks		10.00	
		Contributor address; City;	State; Zip Code		
		Dallas, TX 7521	9		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)	
	4-17-25	Jeffrey Casteen		100.00	
		Contributor address; City;	State; Zip Code		
		Haltom City, TX 76	3117		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ons)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
		If contributor is out-of-state PAC, please see Instruc	ction guide for additional re	porting requirements.	

SCHEDULE A1

	The	Instruction Guide explains how to complete	1 Total pages Schedule A1: 36			
2	FILER NAME Jonathan C	havez		3 Filer ID (Ethics Commission Filers) 00059067		
4	Date 4-17-25	Anthony Taylor 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 25.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
	Date 4-17-25	Full name of contributor out-of-stal Rogelio Meixueiro Contributor address; City; Arlington,	State; Zip Code	Amount of contribution (\$) 5.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Date 4-17-25	Full name of contributor out-of-star Allison Campolo Contributor address; City; Euless, TX	State; Zip Code	Amount of contribution (\$)		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date 4-18-25	Jasper Felix	State; Zip Code	Amount of contribution (\$) 150.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 36	
2	Jonathan C	navez		3 Filer ID (Ethics Commission Filers) 00059067	
4	Date 4-19-25	Jennifer Erickson	State; Zip Code	7 Amount of contribution (\$) 100.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
	Date 4-19-25	Katelyn Parham	State; Zip Code	Amount of contribution (\$) 5.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Date 4-19-25	Full name of contributor out-of-state PAC Dennis Sherrard Contributor address: City; Bedford, TX 7602	State; Zip Code	Amount of contribution (\$) 250.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	Date 4-19-25	Full name of contributor	100	Amount of contribution (\$) 25.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1:
2	Jonathan C	navez	3	Filer ID (Ethics Commission Filers) 00059067
4	Date 4-19-25	5 Full name of contributor ☐ out-of-state PAC (Angela Prilliman		Amount of contribution (\$) 250.00
		6 Contributor address; City; Fort Worth, TX 7610	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Date 4-19-25	Full name of contributor		Amount of contribution (\$) 50.00
		Contributor address; City; Fort Worth, TX 76107	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	is)
	Date 4-19-25	Full name of contributor	State; Zip Code	Amount of contribution (\$) 10.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	Date 4-19-25	Full name of contributor	ID#:)	Amount of contribution (\$) 100.00
		Contributor address; City; Keller, TX 76244	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
		ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru-	회사회에서는 제휴 없으로 가득했다. 12 기억드리	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067			
4 Date 4-19-25 5 Full name of contributor	7 Amount of contribution (\$) 10.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
Date Full name of contributor Gut-of-state PAC (ID#:) 4-21-25 Christy Underkofler Contributor address: City; State; Zip Code Arlington, TX 76010	Amount of contribution (\$) 20.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date Full name of contributor out-of-state PAC (ID#:) Jake Davis Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) 20.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date Full name of contributor Out-of-state PAC (ID#:) Nathan Hawks Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36			
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Yingyi Cao 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of contribution (\$) 100.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date Full name of contributor	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:) 5-10-25 Marcia Simmons Contributor address; City; State; Zip Code	Amount of contribution (\$) 50.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributorout-of-state PAC (ID#:) 5-10-25 Andrew Prybylowski Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

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

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 36
2 FILER NAME Jonathan (Chavez		3 Filer ID (Ethics Commission Filers) 00059067
4 Date 5-10-25	5 Full name of contributor ☐ out-of-state PAC (IDA Andrea Penedo 6 Contributor address; City; Son Dallas, TX 75202	,	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date 5-12-25	Full name of contributor out-of-state PAC (ID# Peter Dissinger Contributor address; City; S Chicago, IL 606:	State; Zip Code	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 5-12-25	Full name of contributor out-of-state PAC (ID# Brad Pritchett Contributor address; City; S Dallas, TX 75228		Amount of contribution (\$) 25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 5-13-25	Full name of contributor	State; Zip Code	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 36
2	Jonathan C	havez		3 Filer ID (Ethics Commission Filers) 00059067
4	Date 5-13-25	Todd Hill 6 Contributor address; City;		7 Amount of contribution (\$) 100.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	Date 5-17-25	Full name of contributor out-of-state P Rogelio Meixueiro Contributor address; City; Arlington,	State; Zip Code	Amount of contribution (\$) 5.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date 5-17-25	Full name of contributor out-of-state P Nathan hawks Contributor address; City; Dallas, TX 75	State; Zip Code	Amount of contribution (\$) 10.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date 5-19-25	David Runnels II	State; Zip Code	Amount of contribution (\$) 10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
		ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NE	EDED
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

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

The Instruction Guide explains how to complete this form	1 Total pages Schedule A1: 36
FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
Date 6-3-25 Full name of contributor Kimmy Robinson Contributor address; City; Sta Farmers Branch, TX 75.	20.00 ie; Zip Code
Principal occupation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:_ 6-3-25 Janine Lund Contributor address; City; State Fort Worth, TX 76107	40.00
Principal occupation / Job title (See Instructions)	mployer (See Instructions)
Brookville, OH 45309	15.00 e; Zip Code
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
6-3-25 Carroll Bolling	5.00
Principal occupation / Job title (See Instructions)	mployer (See Instructions)

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36			
Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067			
5 Full name of contributor out-of-state PAC (ID#:) 6-3-25 6 Contributor address; City; State; Zip Code Lancaster, TX 75146	7 Amount of contribution (\$) 10.00			
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
Date Full name of contributorout-of-state PAC (ID#:) 6-3-25 Landa Orrick Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of contribution (\$) 5.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor	Amount of contribution (\$) 10.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date Full name of contributor Out-of-state PAC (ID#:) Chris Moss Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36			
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067			
4 Date 5 Full name of contributor	7 Amount of contribution (\$) 20.00			
6 Contributor address; City; State; Zip Code Medford, MA 02155				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)			
Date Full name of contributor out-of-state PAC (ID#:) 6-3-25 Constance Richardson	Amount of contribution (\$) 15.00			
Contributor address; City; State; Zip Code Fort Worth, TX 76107				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)			
Date Full name of contributor	Amount of contribution (\$) 20.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)			
Date Full name of contributor out-of-state PAC (ID#:) 6-3-25 Barbette Quigley Contributor address; City; State; Zip Code	Amount of contribution (\$) 5.00			
Bedford, TX 76022				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36			
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067			
4 Date 5 Full name of contributor uut-of-state PAC (ID#:) 6-3-25 Deborah Whisenand	7 Amount of contribution (\$) 10.00			
6 Contributor address; City; State; Zip Code Amarillo, TX 79102				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:) 6-3-25 Emily Smith Contributor address; City; State; Zip Code	Amount of contribution (\$) 20.00			
Contributor address; City; State; Zip Code Trophy Club, TX 76262				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date Full name of contributor out-of-state PAC (ID#:) 6-3-25 M Louise Shanklin Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of contribution (\$) 10.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date Full name of contributor Out-of-state PAC (ID#:) Paula Pierson Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of contribution (\$) 100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

	The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1:
2	Jonathan C	navez	3	3 Filer ID (Ethics Commission Filers) 00059067
4	Date 6-3-25	5 Full name of contributor ☐ out-of-state PAC (Gary Butts 6 Contributor address; City; Fort Worth, TX 76116	State; Zip Code	7 Amount of contribution (\$) 20.00
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Date 6-3-25	Full name of contributor	State; Zip Code	Amount of contribution (\$) 5.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	Date 6-3-25	Full name of contributor □ out-of-state PAC (Darlene Aksoy Contributor address; City; Coppell, TX 75019	State; Zip Code	Amount of contribution (\$) 10.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
	Date 6-3-25	Full name of contributor out-of-state PAC (John Scott Contributor address; City; Bedford, TX 76022	State; Zip Code	Amount of contribution (\$) 40.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067			
4 Date 6-3-25 5 Full name of contributor	7 Amount of contribution (\$) 10.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:) 6-3-25 Anne Tiemann Contributor address; City; State; Zip Code Mathis, TX 78368	Amount of contribution (\$) 10.00			
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)			
Date Full name of contributor out-of-state PAC (ID#:) 6-3-25 Lannie Tucker Contributor address; City; State; Zip Code EULESS, TX 76039	Amount of contribution (\$) 20.00			
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)			
Date Full name of contributor Out-of-state PAC (ID#:) Ivan Weissmann Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of contribution (\$) 5.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	Jonathan C	havez		3 Filer ID (Ethics Commission Filers) 00059067
4	Date 6-3-25	5 Full name of contributor	ID#:) State; Zip Code	7 Amount of contribution (\$) 60.00
		Austin, TX 78704		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	Date 6-3-25	Full name of contributor		Amount of contribution (\$) 15.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	Date 6-3-25	Jim Thomas	State; Zip Code	Amount of contribution (\$) 5.00
	Principal occup	ration / Job title (See Instructions)	Employer (See Instruction	ons)
	Date 6-3-25	Full name of contributor	D#:)	Amount of contribution (\$) 20.00
		Contributor address; City; Palestine, TX 75801	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
		ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
4 Date 6-3-25 Full name of contributor	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) G-3-25 Jennifer Erickson Contributor address; City; State; Zip Code Keller, TX 76244	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Mark Widoff Contributor address; City; State; Zip Code Austin, TX 78759	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 6-3-25 Cathy Jung Contributor address; City; State; Zip Code Lubbock, TX 79410	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: 36
Jonathan		3	Filer ID (Ethics Commission Filers) 00059067
4 Date 6-3-25	5 Full name of contributor ☐ out-of-state PAC (ID#:		Amount of contribution (\$) 10.00
Principal occ	supation / Job title (See Instructions) 9 E	mployer (See Instructions)
Date 6-3-25	Full name of contributor	e; Zip Code	Amount of contribution (\$) 20.00
Principal occu	upation / Job title (See Instructions)	nployer (See Instructions)
Date 6-3-25	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 5.00
Principal occu	upation / Job title (See Instructions)	mployer (See Instructions)
Date 6-3-25	Full name of contributor		Amount of contribution (\$) 10.00
	Contributor address; City; State	e; Zip Code	
Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDIII E AS MEET	nED.

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SCHEDULE A1

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

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 36		
2	Jonathan C	havez		Filer ID (Ethics Commission Filers) 00059067		
4	Date 6-3-25	5 Full name of contributor ☐ out-of-state PAC Caroline Sherman 6 Contributor address; City; Keller, TX 7624	State; Zip Code	7 Amount of contribution (\$) 25.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
	Date 6-3-25	Full name of contributor out-of-state PAC John Morgan Contributor address; City; Hurst, TX 76054	(ID#:) State; Zip Code	Amount of contribution (\$) 100.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 6-3-25	Full name of contributor out-of-state PAC Mary Heath Contributor address; City; Carmine, TX 78932	State; Zip Code	Amount of contribution (\$) 40.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 6-3-25	Full name of contributor out-of-state PAC Patt Gibbs Contributor address; City; Keller, TX 76262-73	State; Zip Code	Amount of contribution (\$) 100.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED		

SCHEDULE A1

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

	TI	ne Instruction Guide explains ho	ow to complete this	s form.	1 Total pages Schedule A1:
2	Jonathan				3 Filer ID (Ethics Commission Filers) 00059067
4	Date 6-3-25	5 Full name of contributor Dorothea Christ	out-of-state PA	C (ID#:)	7 Amount of contribution (\$) 10.00
		6 Contributor address;	City; Southlake, TX 76	State; Zip Code	
8	Principal oc	cupation / Job title (See Instruction	s)	9 Employer (See Instruc	etions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	6-3-25	Peggy Harwood			40.00
		Contributor address;	City;	State; Zip Code	
			Fort Wor	th, TX 76102-3477	-
	Principal occ	upation / Job title (See Instructions	3)	Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	6-3-25	Terri Reynolds			20.00
		FOOT 10 1014 61			
		Contributor address;	City: allas, TX 75287	State; Zip Code	
	Principal occ	 upation / Job title (See Instructions	3)	Employer (See Instruc	itions)
	Date	Full name of contributor	Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	6-3-25	Sherry Smith		,	10.00
		The state of the s			0.00
		Contributor address;	City;	State; Zip Code	
		· ·	Arlington, TX 760)17	
	Principal occ	upation / Job title (See Instructions	·)	Employer (See Instruc	tions)
				OF THIS SCHEDULE AS N	
		If contributor is out-of-state PA	at: nigaco coo inetr	uction quide for additional	ronorting roguiromants

SCHEDULE A1

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

	The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 36				
2	Jonathan C	havez		3 Filer ID (Ethics Commission Filers) 00059067			
4	Date 6-3-25	Sandra Carter	C (ID#:) State; Zip Code	7 Amount of contribution (\$) 20.00			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)			
	Date 6-3-25	Julieta V Saldana	State; Zip Code	Amount of contribution (\$) 5.00			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
	Date 6-3-25	Full name of contributor out-of-state PAC Anita Smith Contributor address; City; Plano, TX 75023		Amount of contribution (\$) 2.00			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
	Date 6-3-25	Full name of contributor out-of-state PAC Twilla Skelton Contributor address; City; Temple, TX 76502	State; Zip Code	Amount of contribution (\$) 15.00			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067				
5 Full name of contributor out-of-state PAC (ID#:) Joanne Hunt 6 Contributor address; City; State; Zip Code Waxahachie, TX 75165	7 Amount of contribution (\$) 20.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)				
Date Full name of contributorout-of-state PAC (ID#:) 6-3-25 Ceclia Gonzales Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of contribution (\$) 5.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)				
Date Full name of contributor out-of-state PAC (ID#:) 6-3-25 Darla Wisdom Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of contribution (\$) 10.00				
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)				
Date Full name of contributorout-of-state PAC (ID#:) Rebecca Stanfield Contributor address; City; State; Zip Code Norman, OK 73072	Amount of contribution (\$) 10.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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Revised 1/1/2025

SCHEDULE A1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36
	ILER NAME onathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
4 D	5 Full name of contributor out-of-state PAC (ID#: John James Dillard 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116	7 Amount of contribution (\$) 5.00
8 P	rincipal occupation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
	ate Full name of contributor □ out-of-state PAC (ID#: -3-25 Emily Herzig Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of contribution (\$) 25.00
Pr	incipal occupation / Job title (See Instructions) Employer (See Ins	tructions)
27.5	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 25.00
Pr	incipal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
2760	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 50.00
Pr	incipal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
	ATTACH ADDITIONAL CODIES OF THIS CONTROL OF	AC MEEDED.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

SCHEDULE A1

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

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2	FILER NAME Jonathan C	havez	3 Filer ID (Ethics Commission 00059067	on Filers)	
4	Date 6-3-25	5 Full name of contributor	20.00	(\$)	
8	Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)		
	Date 6-3-25	Full name of contributor out-of-state PAC (ID#:	25.00	(\$)	
	Principal occup	eation / Job title (See Instructions) Employer	(See Instructions)		
	Date 6-3-25	Full name of contributor out-of-state PAC (ID#:	100.00	(\$)	
	Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)		
	Date 6-3-25	Full name of contributor	10.00	(\$)	
	Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)		
		ATTACH ADDITIONAL COPIES OF THIS SCH	DULE AS NEEDED		
	If contributor is out-of-state PAC please see Instruction quide for additional reporting requirements				

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SCHEDULE A1

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The	Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A1: 36
2 FILER NAME Jonathan (3 Filer ID (Ethics Commission Filers) 00059067
4 Date 6-3-25	5 Full name of contributor ☐ out-of-state PAC (ID#: Valley Reed		7 Amount of contribution (\$) 15.00
		ate; Zip Code	
8 Principal occi	ppation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor)	Amount of contribution (\$)
6-3-25	Lynne Beasley		5.00
		ate; Zip Code	
	Cape Elizabeth, ME 04	107	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor)	Amount of contribution (\$)
6-3-25	Floyd Marshall		20.00
		ate; Zip Code	
	Arlington, TX	76013	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6-3-25	Wendy Goldman		10.00
		ate; Zip Code	
	Ballas, 17/10215		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF TO	아이트 나를 하는 것이 없는 것이다. 그 그 그 그 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.	

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SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME Jonathan C	havez		3 Filer ID (Ethics Commission Filers) 00059067
4	Date 6-3-25	Jill Fussell 6 Contributor address; City;	State; Zip Code n, TX 78633	7 Amount of contribution (\$) 10.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	Date 6-3-25	Full name of contributor out-of-state PAC Jackie Holcombe Contributor address; City; Southlake, TX 76093	(ID#:) State; Zip Code	Amount of contribution (\$) 10.00
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date 6-3-25	Full name of contributor out-of-state PAC Camilla Thomason Contributor address; City; Aledo, TX 76008		Amount of contribution (\$) 60.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date 6-3-25	Carol McLaughlin	State; Zip Code	Amount of contribution (\$) 20.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
		ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED
		If contributor is out-of-state PAC please see Instru	ection quide for additional re	norting requirements

SCHEDULE A1

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

TI	e Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A1: 36
2 FILER NAM Jonathan			3 Filer ID (Ethics Commission Filers) 00059067
4 Date 6-4-25	5 Full name of contributor ut-of-state PAC (ID#: Jay West		7 Amount of contribution (\$) 10.00
	TOTAL CONTROL OF THE TAXABLE OF TAXABLE OF THE TAXABLE OF TAXABLE O	ate; Zip Code	
8 Principal oc	cupation / Job title (See Instructions) 9	Employer (See Instruction	ns)
Date	Full name of contributor)	Amount of contribution (\$)
6-4-25	Leslie Faltesek		15.00
	Contributor address; City; S Johnson City, TX 78636	ate; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)
6-4-25	Taylor Rehmet		10.00
		ate; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
6-4-25	Tammy Allyn		25.00
	Contributor address; City; S Houston, TX 77077	ate; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction		

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
4 Date 6-4-25 5 Full name of contributor	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 6-17-25 Rogelio Meixueiro Contributor address; City; State; Zip Code Arlington, TX 76010	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
4 Date 6-17-25 5 Full name of contributor □ out-of-state PAC (ID#:) Nathan Hawks 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date Full name of contributorout-of-state PAC (ID#:) 6-19-25 David Runnels II Contributor address; City; State; Zip Code	Amount of contribution (\$) 10.00
Arlington, TX 76001	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	itions)
Date Full name of contributor out-of-state PAC (ID#:) Jake Davis Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	etions)
Date 6-25-25 Full name of contributorout-of-state PAC (ID#:) G-25-25 Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	etions)
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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36
2 FILER NAME Jonathan Chavez	3 Filer ID (Ethics Commission Filers) 00059067
4 Date 5 Full name of contributor	7 Amount of contribution (\$) 10.00
Southlake, TX 76092	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) 7-3-25 Deborah Dishman	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Jonathan Chavez 00059067 4 Date 5 Payee name 2-26-25 Papa John's 6 Amount (\$) 103.09 7 Payee address; City; State: Zip Code Expenditure from corporate funds (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Food/Beverage Expense Food **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-30-25 Papa John's State: Amount (\$) 78.50 City: Zip Code Payee address; Expenditure from corporate funds Description Category (See Categories listed at the top of this schedule) **PURPOSE** Food/Beverage Expense Food OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-17-25 Jason Ballmann Amount (\$) 250.00 Payee address; City; State; Zip Code Expenditure from corporate funds Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contribution/Donation Donation to campaign OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/	Wages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct ory not listed above)	
1 Total pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME Jonathan Chavez	complete this form.	3 Filer ID (Ethics Commission Filers) 00059067		
4 Date 4-19-25	5 Payee name CVS				
6 Amount (\$) 63.50 Expenditure from corporate funds	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Party suppli			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 4-26-25	Payee name Blair Dedwylder				
Amount (\$) 325.00	Payee address;	City;	State;	Zip Code	
Expenditure from corporate funds	1808 Woodridge Dr	Arlington	TX	76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Campaign block walker			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-26-25	Abygail Melo				
Amount (\$) 100.00	Payee address;	City;	State;	Zip Code	
Expenditure from corporate funds	8349 Kingsfield Rd	Dallas	TX	75217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Campaign b	lock walker		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shove)

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jonathan Chavez 00059067 4 Date 5 Pavee name 5-6-25 Liam Crowley 6 Amount (\$) 150.00 7 Payee address; City; State: Zip Code Expenditure from 815 W Abram St #1227 Arlington TX 76013 corporate funds 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Wages Campaign block walker OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 5-6-25 Samuel Hallerman Amount (\$) 300.00 Payee address: City; State: Zip Code 1347 Meadow Creek Dr Irving Expenditure from TX 75038 corporate funds Category (See Categories listed at the top of this schedule) Description **PURPOSE** Wages Campaign block walker OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 5-6-25 Blair Dedwylder Amount (\$) 800.00 Payee address; City: State: Zip Code 1808 Woodridge Dr Expenditure from Arlington TX 76013 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Wages Campaign block walker **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses a selection and light and power)

Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jonathan Chavez 00059067 4 Date 5 Payee name 5-6-25 Isabelle Young 6 Amount (\$) 200.00 7 Payee address; City; State; Zip Code 3704 Astoria Dr Expenditure from Arlington TX 76013 corporate funds 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Wages Campaign block walker OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 6-25-25 Airbnb Amount (\$) 447.11 Payee address; City; State; Zip Code Expenditure from corporate funds Category (See Categories listed at the top of this schedule) Description **PURPOSE** Travel Out of District Housing for convention in Austin OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7-7-25 Switchboard PBC Amount (\$) 334 92 Payee address; City: State; Zip Code Expenditure from Category (See Categories listed at the top of this schedule) Description **PURPOSE Event Expense** Text fundraiser **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED