

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

21

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Carol  
NICKNAME LAST SUFFIX  
Chaney

OFFICE USE ONLY

Date Received

Waller County Elections

FEB 26 2018

Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 1006, Hempstead, Tx 77445

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 305-1312

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Michael M.  
NICKNAME LAST SUFFIX  
mike McCall

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

41236 Kelley Rd., Hempstead, Tx 77445

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 829-9414

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year MONTH Day Year

1 / 26 / 2018 THROUGH 2 / 24 / 2018

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special  
03 / 06 / 18

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Waller County Court at Law

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

*Carol Chaney*

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *260.20*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *6710.20*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *10602.60*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

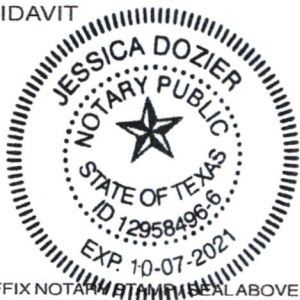
\$ *4,893.99*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *25,000.00*

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

*Carol A. Chaney*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Candidate*, this the *26th* day of *February*, 20*18*, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

*Jessica Dozier*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

**SUBTOTALS - JC/OH**

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

19 FILER NAME <i>Carol Chaney</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ <i>6710.20</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>10,602.60</i>
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		\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

10

2 FILER NAME

Carol Cheney

3 Filer ID (Ethics Commission Filers)

4 Date

1-30-18

5 Full name of contributor

James M. Heitmann

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

22660 Gratchouse Ln. Hempstead, Tx 77445-8345

8 Contributor's principal occupation

Veterinarian

9 Contributor's job title

Retired

10 Contributor's employer/law firm

Retired

11 Law firm of contributor's spouse (if any)

N/A

12 If contributor is a child, law firm of parent(s) (if any)

N/A

Date

1-30-18

Full name of contributor

Thomas E. Brown

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

40834 Kelley Rd. Hempstead, Tx 77445

Contributor's principal occupation

Retired

Contributor's job title

Retired

Contributor's employer/law firm

Retired

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

Date

1-30-18

Full name of contributor

Wayne Shaw Knox

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. Box 907, Hempstead, Tx 77445

Contributor's principal occupation

Rancher / Used Pipe Supply

Contributor's job title

Owner

Contributor's employer/law firm

Diamond Ranch, Pipe & Valve

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Carol Chaney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/30/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>James Virginia Smith</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address: _____ City: _____ State: _____ Zip Code <i># 40 Riverwood Ln., Hempstead, TX 77445</i>		
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>
10 Contributor's employer/law firm <i>Retired</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
12 If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>1/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>John Ansler</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code <i>P.O. Box 648, Hempstead, TX 77445</i>		
Contributor's principal occupation <i>Realtor</i>		Contributor's job title <i>Broker</i>
Contributor's employer/law firm <i>Ansler Real Estate</i>		Law firm of contributor's spouse (if any) <i>N/A</i>
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>1/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Bonnie Sauer</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code <i>38060 <del>State</del> Canty Rd. Hempstead, TX 77445</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <i>Retired Judge - 312<sup>th</sup> Judicial District Court</i>
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A(J)1:
<b>2</b> FILER NAME <i>Carol Chaney</i>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1.30.18</i>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>James B. Woodley</i>	<b>7</b> Amount of contribution (\$) <i>200.00</i>
<b>6</b> Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>P.O. Box 615, Hempstead, TX 77445</i>		
<b>8</b> Contributor's principal occupation <i>Veterinarian</i>		<b>9</b> Contributor's job title <i>Partner</i>
<b>10</b> Contributor's employer/law firm <i>Hempstead Veterinary Clinic</i>		<b>11</b> Law firm of contributor's spouse (if any) <i>N/A</i>
<b>12</b> If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>1.30.18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Wallace Koennig</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>1735 9th Street, Hempstead, TX 77445</i>		
Contributor's principal occupation <i>Retired</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>1.30.18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Frank Newman</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>111 Pin Oak Ln, Hempstead, TX 77445</i>		
Contributor's principal occupation <i>Retired</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Carol Chavez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-30-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Thomas J. Perun</i>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address: City; State; Zip Code <i>47731 Old Houston Hwy, Hempstead, Tx 77445</i>		
8 Contributor's principal occupation	9 Contributor's job title	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any) <i>N/A</i>	
12 If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Dr. C. L. Probst</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address: City; State; Zip Code <i>47731 Old Houston Hwy, Hempstead, Tx 77445</i>		
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>1-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Sherry Reiland</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address: City; State; Zip Code <i>23888 Lamview Rd, Hempstead, Tx 77445</i>		
Contributor's principal occupation <i>Restaurant</i>	Contributor's job title <i>DWner</i>	
Contributor's employer/law firm <i>Carl's BBQ</i>	Law firm of contributor's spouse (if any) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

*Carol Chaney*

3 Filer ID (Ethics Commission Filers)

4 Date

*1-30-18*

5 Full name of contributor

*Thomas Rees*

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

*500.00*

6 Contributor address: City; State; Zip Code

*P.O. Box 479, Hempstead, Tx 77445*

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

*1-29-18*

Full name of contributor

*Mr. + Mrs. Hal Moorman*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*100.00*

Contributor address: City; State; Zip Code

*2605 Cheri Ln., Brenham, Tx 77834-1808*

Contributor's principal occupation

*Attorney*

Contributor's job title

*Partner*

Contributor's employer/law firm

*Moorman, Tate, Haley, Upchurch & Yates*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

*N/A*

Date

*1-24-18*

Full name of contributor

*Law office of Roland B. Darby*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*25.00*

Contributor address: City; State; Zip Code

*330 Main, Sealy, Tx 77474-2391*

Contributor's principal occupation

*Attorney*

Contributor's job title

*Attorney*

Contributor's employer/law firm

*Law Office*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

*N/A*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

*Carol Chaney*

3 Filer ID (Ethics Commission Filers)

4 Date

*1-30-18*

5 Full name of contributor

*Doris Needham*

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

*200.00*

6 Contributor address:

*P.O. Box 82, Hempstead, Tx 77445*

City; State; Zip Code

8 Contributor's principal occupation

*Retired*

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

*29-18*

Full name of contributor

*Odis Styers*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*300.00*

Contributor address:

*P.O. Box 557, Hempstead, Tx 77445*

City; State; Zip Code

Contributor's principal occupation

*CONTRACTOR*

Contributor's job title

*Owner*

Contributor's employer/law firm

*Styers Construction*

Law firm of contributor's spouse (if any)

*N/A*

If contributor is a child, law firm of parent(s) (if any)

*N/A*

Date

*26-18*

Full name of contributor

*Jamie J. Elick*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*400.00*

Contributor address:

*T N Harris, Bellville, Tx 77418*

City; State; Zip Code

Contributor's principal occupation

*Attorney*

Contributor's job title

*Attorney*

Contributor's employer/law firm

*Law Office of Jamie J. Elick*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

*N/A*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Carol Chaney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-5-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Phil or Judith Richey</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address: City; State; Zip Code <i>1310 14th Street, Hempstead, TX 77445-5138</i>		
8 Contributor's principal occupation <i>Area Life Consultant</i>		9 Contributor's job title <i>Area Life Consultant</i>
10 Contributor's employer/law firm <i>3 Mark Financial</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>2-7-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Keith Kolaja</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address: City; State; Zip Code <i>7106 Cavalcade St, Houston, TX 77028-5902</i>		
Contributor's principal occupation <i>Electrical Supplier</i>		Contributor's job title <i>Owner</i>
Contributor's employer/law firm <i>E-TEL INC.</i>		Law firm of contributor's spouse (if any) <i>N/A</i>
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>1-29-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Vahalik &amp; Vahalik, P.C.</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address: City; State; Zip Code <i>914 Otto St. Brookshire, TX 77423</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Vahalik &amp; Vahalik</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Carol Chaney</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-12-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Timothy Phelan</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>32804 Grove Park Dr; Waller, TX 77484-1956</i>		
8 Contributor's principal occupation <i>Realtor</i>		9 Contributor's job title <i>Realtor</i>
10 Contributor's employer/law firm <i>Waller County Land</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
12 If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>2-16-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Arnold + Linda England</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 292, Brookshire, TX 77423</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <i>N/A</i>
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		
Date <i>2-17-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Brad + Karen Munsell</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>7393 Buller Road, Brookshire, TX 77423</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <i>N/A</i>
If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Carol Chaney</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2.20.18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Thomas &amp; Cassie Richter</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address: City; State; Zip Code <b>1727 Wild Mustang Canyon, Katy, Tx 77493</b>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2.19.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Larry &amp; Laura Gore</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address: City; State; Zip Code <b>P.O. Box 129, Katy, Tx 77492</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2.17.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Gary LeCamu</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address: City; State; Zip Code <b>1046 Austin St., Hempstead, Tx 77445</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <b>Texas Aniline Dye</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Carol Chaney

3 Filer ID (Ethics Commission Filers)

4 Date

2-21-18

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Law Office of Rolfe W. Goode

7 Amount of contribution (\$)

200.00

6 Contributor address: City; State; Zip Code

7324 Southwest Freeway, Suite 560, Houston, TX 77074

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Law Office of Rolfe W. Goode

11 Law firm of contributor's spouse (if any)

N/A

12 If contributor is a child, law firm of parent(s) (if any)

N/A

Date

2-16-18

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Thomas + Dianne Paben

Amount of contribution (\$)

150.00

Contributor address: City; State; Zip Code

33515 Davis Rd, Waller, TX 77484

Contributor's principal occupation

Farmer

Contributor's job title

Farmer

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

N/A

If contributor is a child, law firm of parent(s) (if any)

N/A

Date

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

Contributor address: City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Carol Chaney	<b>3</b> Filer ID (Ethics Commission Filers) 8
<b>4</b> Date 1.26.18	<b>5</b> Payee name Focusing Families	
<b>6</b> Amount (\$) 75.00	<b>7</b> Payee address; City; State; Zip Code P.O.Box 1053, Hempstead, Tx 77445	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Auction Item	<b>(b)</b> Description <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 1.30.18	Payee name Knights of Columbus	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 22892 Mack Washington Rd., Hempstead, Tx 77445	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Sponsorship	Description <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 1.31.18	Payee name NBD Graphics Inc.	
Amount (\$) 1,271.94	Payee address; City; State; Zip Code 917 S. MASON Rd., Katy, Tx 77450	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <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: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Carol Chanay</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2.1.18</i>	5 Payee name <i>The Water Times</i>
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6 Amount (\$) <i>103.75</i>	7 Payee address; City; State; Zip Code <i>2323 Main St., Weller, TX 77484</i>
--------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2.1.18</i>	Payee name <i>More than Signs</i>
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Amount (\$) <i>207.84</i>	Payee address; City; State; Zip Code <i>1112 Austin St, Hempstead, TX 77445</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2.16.18</i>	Payee name <i>MAMIE'S Kitchen</i>
------------------------	--------------------------------------

Amount (\$) <i>974.25</i>	Payee address; City; State; Zip Code <i>3811 Ave. G, Pattison, TX 77466</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:	2 FILER NAME Carol Chaney	3 Filer ID (Ethics Commission Filers)
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4 Date 2.1.18	5 Payee name J.K. Graphics
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6 Amount (\$) 37.89	7 Payee address; City; State; Zip Code 31315 FM 2920, Waller, Tx 77484
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.7.18	Payee name Right on the Money
----------------	----------------------------------

Amount (\$) 1,895.00	Payee address; City; State; Zip Code 22136 Westhumber Pkwy., No. 512, Katy, Tx 77450
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.8.18	Payee name Carl's BBQ
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Amount (\$) 454.00	Payee address; City; State; Zip Code 31315 FM 2920 No.10, Waller, Tx 77484
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME 1 <i>Carol Chaney</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>2.9.18</i>	<b>5</b> Payee name <i>American Cancer Society</i>				
<b>6</b> Amount (\$) <i>100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>Relay For Life of Waller County 15519 Sandtrip Drive, Waller, Tx 77484</i>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:5%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>2.12.18</i>	Payee name <i>JK Graphics</i>				
Amount (\$) <i>211.09</i>	Payee address; City; State; Zip Code <i>31315 FM 2920, Waller, Tx 77484</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:5%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>2.16.18</i>	Payee name <i>The Hot Line Press</i>				
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>1116 Austin St., Hempstead, Tx 77445</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:5%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Carol Chaney</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2.19.18</i>	5 Payee name <i>Midway BBO</i>
--------------------------	-----------------------------------

6 Amount (\$) <i>194.85</i>	7 Payee address; City; State; Zip Code <i>6025 Highway Blvd., Katy, Tx 77450</i>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverages</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2.21.18</i>	Payee name <i>Walker County News Citizen</i>
------------------------	---

Amount (\$) <i>146.50</i>	Payee address; City; State; Zip Code <i>350 Highway 290 E, Hempstead, TX 77445</i>
------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>2.22.18</i>	Payee name <i>Walker County Go Texan</i>
------------------------	---

Amount (\$) <i>80.00</i>	Payee address; City; State; Zip Code
-----------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Carol Chaney	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1.26.18	<b>5</b> Payee name Los Cuesos Mexican Cafe, Katy	
<b>6</b> Amount (\$) 58.13	<b>7</b> Payee address; City; State; Zip Code 5305 Bell Patwa Dr., Katy Tx 77450	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Exp.	<b>(b)</b> Description <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
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Date 1.31.18	Payee name Spec's No.13		
Amount (\$) 113.88	Payee address; City; State; Zip Code 24417, Katy Frwy, Katy, Tx 77450		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Exp	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2.3.18	Payee name Carl's BBQ		
Amount (\$) 18.67	Payee address; City; State; Zip Code 31315 FM 2920 No.10, Waller, Tx 77484		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Exp	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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Carol Chaney</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2.8.18</i>	5 Payee name <i>Katy Times</i>
-------------------------	-----------------------------------

6 Amount (\$) <i>162.75</i>	7 Payee address; City; State; Zip Code <i>21821 Katy Frwy, Suite D, Katy, Tx 77450</i>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2.15.18</i>	Payee name <i>The Waller Times</i>
------------------------	---------------------------------------

Amount (\$) <i>166.50</i>	Payee address; City; State; Zip Code <i>2323 Main St., Waller, Tx 77484</i>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2.23.18</i>	Payee name <i>The Hotline Press</i>
------------------------	--

Amount (\$) <i>140.00</i>	Payee address; City; State; Zip Code <i>1116 Austin St., Hempstead, Tx 77445</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Carol Chaney</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-23-18</i>	5 Payee name <i>The Waller Times</i>	
6 Amount (\$) <i>166.50</i>	7 Payee address; City; State; Zip Code <i>2323 Main St., Waller, Tx 77484</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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