



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

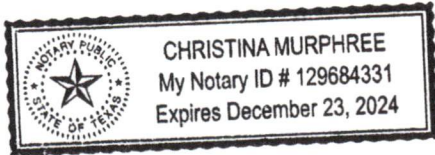
<b>15 C/OH NAME</b> <i>Linda L. Chapman</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 121.08
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 78.99
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200.07

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Linda L. Chapman*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Linda Chapman* this the *5th* day of *January*, 20 *24*, to certify which, witness my hand and seal of office.

*Ceypuree* Signature of officer administering oath  
*Christina Murphree* Printed name of officer administering oath  
*Notary Public* Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> <i>Linda L. Chapman</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>200.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>121.08</i>
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>.07</i>



**LOANS**

**SCHEDULE E**

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 E: <b>1</b>
2 FILER NAME <b>Linda L. Chapman</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>200.00</b>
5 Date of loan <b>9/14/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Linda L. Chapman</b>	9 Loan Amount (\$) <b>200.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: <b>2</b>	2 FILER NAME <b>Linda L. Chapman</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/31/2023</b>	5 Payee name <b>First Liberty Bank</b>
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6 Amount (\$) <b>3.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>P.O. Box 10109 Liberty TX 77575</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	(b) Description <b>Paper Statement Fee</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Linda L. Chapman</b>	Office sought <b>Tax Assessor-Collector</b>	Office held <b>None</b>
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Date <b>11/30/2023</b>	Payee name <b>First Liberty Bank</b>
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Amount (\$) <b>3.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 10109 Liberty TX 77575</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	Description <b>Paper Statement Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Linda L. Chapman</b>	Office sought <b>Tax Assessor-Collector</b>	Office held <b>None</b>
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Date <b>12/29/2023</b>	Payee name <b>First Liberty Bank</b>
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Amount (\$) <b>3.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 10109 Liberty TX 77575</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	Description <b>Paper Statement Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Linda L. Chapman</b>	Office sought <b>Tax Assessor-Collector</b>	Office held <b>None</b>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: **2**      2 FILER NAME: **Linda L. Chapman**      3 Filer ID (Ethics Commission Filers)

4 Date: **12/4/2023**      5 Payee name: **Vistaprint**

6 Amount (\$): **112.08**      7 Payee address: **www.vistaprint.com**      City:      State:      Zip Code

Reimbursement from political contributions intended

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): **Printing Expense**      (b) Description: **Business Cards**

(c)  Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: **Linda L. Chapman**      Office sought: **Tax Assessor**      Office held: **None**

Date      Payee name

Amount (\$)

Payee address:      City:      State:      Zip Code

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule)      Description

Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name      Office sought      Office held

Date      Payee name

Amount (\$)

Payee address:      City:      State:      Zip Code

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule)      Description

Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name      Office sought      Office held

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**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

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 K: <b>1</b>
2 FILER NAME <b>Linda L. Chapman</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/29/2023</b>	5 Name of person from whom amount is received <b>First Liberty Bank</b>	8 Amount (\$) <b>.01¢</b>
	6 Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 10109 Liberty Tx 77575</b>	
	7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer <b>Campaign Account Interest Earned</b>	
Date <b>10/31/2023</b>	Name of person from whom amount is received <b>First Liberty Bank</b>	Amount (\$) <b>.02¢</b>
	Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 10109 Liberty TX 77575</b>	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer <b>Campaign Account Interest Earned</b>	
Date <b>11/30/2023</b>	Name of person from whom amount is received <b>First Liberty Bank</b>	Amount (\$) <b>.03¢</b>
	Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 10109 Liberty TX 77575</b>	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer <b>Campaign Account Interest Earned</b>	
Date <b>12/29/2023</b>	Name of person from whom amount is received <b>First Liberty Bank</b>	Amount (\$) <b>.01¢</b>
	Address of person from whom amount is received; City; State; Zip Code <b>P.O. Box 10109 Liberty Tx 77575</b>	
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer <b>Campaign Account Interest Earned</b>	

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