

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Ms.</div> <div>FIRST Luz Elena</div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Chapa</div> <div>SUFFIX</div> </div>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="display: flex; justify-content: space-between;"> <div>Date Received</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED IN MY OFFICE MICHELE D. AREW ELECTIONS ADMINISTRATOR </div> </div> <div style="text-align: center; margin-top: 10px;"> 2026 JAN 15 PM 1:29 BEXAR COUNTY </div> <div>Date Hand-delivered or Date Posted</div> <div>Receipt #</div> <div>Date Processed</div> <div>Date Imaged</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX: PO Box 12156</div> <div>APT / SUITE #; CITY; STATE; ZIP CODE San Antonio, TX 78212</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (210)</div> <div>PHONE NUMBER 982-3034</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Leticia</div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Van de Putte</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 212 W. Laurel</div> <div>APT / SUITE #; CITY; STATE; ZIP CODE San Antonio, TX 78212</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (210)</div> <div>PHONE NUMBER 982-3034</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 11 / 24 / 2025 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2025 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 03 / 03 / 2026 </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Bexar County Criminal District Attorney									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Luz Elena Chapa

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$ 156,919.11

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 14,413.90

CONTRIBUTION
BALANCE

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

\$ 242,505.21

OUTSTANDING
LOAN TOTALS

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

\$ 100,000.00

18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Luz Elena Chapa, and my date of birth is 06/24/1973.

My address is PO Box 12156, San Antonio, TX, 78212, USA.

Executed in Bexar County, State of Texas, on the 15 day of January, 2026.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Luz Elena Chapa

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$156,919.11
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$100,000.00
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,137.92
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	\$ 1,275.98
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**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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/9/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelton Morgan	7 Amount of contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code 333 Burr Rd San Antonio, TX 78209		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) CSG, Inc.
Date 12/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Cuellar	Amount of contribution (\$) \$260.73
Contributor address; City; State; Zip Code 205 Zornia Dr. San Antonio, TX 78213		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Valdez & Treviño
Date 12/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason & Monica Jones	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code 5002 Round Table San Antonio, TX 78218		
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Oracle
Date 12/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baltazar Serna, Jr.	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 20403 Terrabianca San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Serna & Serna
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**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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alfredo Z. Padilla 6 Contributor address; City; State; Zip Code PO Box 355 Carrizo Springs, TX 78834	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 12/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katheryn Biedenharn Contributor address; City; State; Zip Code PO Box 17968 San Antonio, TX 78217	Amount of contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hoelscher Law Group PC Contributor address; City; State; Zip Code 101 Powderhorn Trl San Antonio, TX 78232	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Law Office of David Christian Contributor address; City; State; Zip Code 1800 McCullough Ave San Antonio, TX 78212	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) 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

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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Loid Hancock 6 Contributor address; City; State; Zip Code 1800 McCullough Ave San Antonio, TX 78212	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 12/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Martin Contributor address; City; State; Zip Code 207 E Mulberry Ave #1 San Antonio, TX 78212	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Martin Capital Advisors
Date 12/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon V. Hartman Contributor address; City; State; Zip Code 5210 Thousand Oaks Dr Ste 1318 San Antonio, TX 78233	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy L. Landreth Contributor address; City; State; Zip Code 303 Pearl Pky San Antonio, TX 78215	Amount of contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) LeeLee
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**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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvan Lang 6 Contributor address; City; State; Zip Code 211 Branch Oak Way Shavano Park TX 78230	7 Amount of contribution (\$) \$1,041.98
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Lang Law Firm
Date 12/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Lee Zachry Contributor address; City; State; Zip Code 302 W. Kings Hwy San Antonio, TX 78212	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Salinas Contributor address; City; State; Zip Code 214 Blackjack Oak Shavano Park, TX 78230	Amount of contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of George Salinas
Date 12/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Helmling Contributor address; City; State; Zip Code 1341 John Ring Ln El Paso, TX 79936	Amount of contribution (\$) \$27.40
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SISD
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**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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Guerra 6 Contributor address; City; State; Zip Code 2710 Hullsmith Dr Houston, TX 77063	7 Amount of contribution (\$) \$1,562.81
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Kherkher Garcia, LLP
Date 12/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Herrera Contributor address; City; State; Zip Code 1800 W. Commerce St San Antonio, TX 78207	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Herrera Law Firm
Date 12/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lupe Contributor address; City; State; Zip Code 8 Renwick Ct San Antonio, TX 78218	Amount of contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Helterbrand Contributor address; City; State; Zip Code 8441 Dragon St San Antonio, TX 78254	Amount of contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Respite Care of San Antonio
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**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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Perry 6 Contributor address; City; State; Zip Code 419 Happy Trail Shavano Park, TX 78231	7 Amount of contribution (\$) \$260.73
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eddie A Cuellar Contributor address; City; State; Zip Code 2302 W Summit Ave San Antonio, TX 78201	Amount of contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Miguel Chapa Contributor address; City; State; Zip Code 17 N Rue Charles San Antonio, TX 78217	Amount of contribution (\$) \$100,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Chapa Law Group
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Poncho Nevarez Contributor address; City; State; Zip Code 643 Weyrich FM Rd Eagle Pass, TX 78852	Amount of contribution (\$) \$2,604.48
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nevarez Williams
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**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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidencio Zavala <hr/> 6 Contributor address; City; State; Zip Code 2935 Thousand Oaks San Antonio, TX 78247	7 Amount of contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) Clothier		9 Employer (See Instructions) Image Avenue Clothiers
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luz Elena Huffman <hr/> Contributor address; City; State; Zip Code 14287 Savannah Pass San Antonio, TX 78216	Amount of contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew P. Johnson <hr/> Contributor address; City; State; Zip Code 2002 Elm Crest San Antonio, TX 78230	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Global VP of Human Resources		Employer (See Instructions) HCIactive
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imelda Lopez Sanchez <hr/> Contributor address; City; State; Zip Code 223 Early Trail Dr San Antonio, TX 78228	Amount of contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Lopez Group, Inc.
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

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:
10

2 FILER NAME

Luz Elena Chapa

3 Filer ID (Ethics Commission Filers)

4 Date

12/31/25

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alexandra Johnson

7 Amount of contribution (\$)

\$52.40

6 Contributor address;

City;

State;

Zip Code

2002 Elm Crest

San Antonio, TX 78230

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

San Antonio Academy

Date

12/31/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tinker Notzon

Amount of contribution (\$)

\$52.40

Contributor address;

City;

State;

Zip Code

12623 Old Wick Rd

San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/31/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marino De Leon

Amount of contribution (\$)

\$104.48

Contributor address;

City;

State;

Zip Code

3903 Iron Mill

San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/31/25

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Adriana Notzon

Amount of contribution (\$)

\$52.40

Contributor address;

City;

State;

Zip Code

12623 Old Wick Rd

San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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**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: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma De Leon	7 Amount of contribution (\$) \$104.48
6 Contributor address; City; State; Zip Code 3903 Iron Mill San Antonio, TX 78230		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Andrade Gonima	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 222 W Mulberry Ave San Antonio, TX 78212		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Del Rey Express
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Johnson	Amount of contribution (\$) \$52.40
Contributor address; City; State; Zip Code 2002 Elm Crest San Antonio, TX 78230		
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) Alamo Area Research Center
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Storrie	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code 617 Ridgmont Ave San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry Van de Putte, Jr. 6 Contributor address; City; State; Zip Code 602 Antler Dr Castle Hills, TX 78213	7 Amount of contribution (\$) \$1,041.98
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Morrill Contributor address; City; State; Zip Code PO Box 97 Beville, TX 78104	Amount of contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) Oracle
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elise Boyan Contributor address; City; State; Zip Code 605 Garraty Rd San Antonio, TX 78209	Amount of contribution (\$) \$5,208.65
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

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: 1
2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/4/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Luz Elena Chapa	9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code PO Box 12156 San Antonio, TX 78212	10 Interest rate 0.00%
		11 Maturity date 12/4/26
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
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 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 N	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)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 6		2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)	
4 Date 12/9/2025		5 Payee name Anedot			
6 Amount (\$) \$11.23		7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/10/2025		Payee name Anedot			
Amount (\$) \$4.48		Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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
Date 12/15/2025		Payee name SignBusters			
Amount (\$) \$4,440.00		Payee address; City; State; Zip Code PO Box 241018 San Antonio, TX 78224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Sign installation/maintenance		
	<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

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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: 6	2 FILER NAME Luz Elena Chapa	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2025	5 Payee name JC Media	
6 Amount (\$) \$3,247.50	7 Payee address; City; State; Zip Code 6856 Alamo Downs Pky San Antonio, TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 12/16/2025	Payee name JC Media	
Amount (\$) \$1,477.61	Payee address; City; State; Zip Code 6856 Alamo Downs Pky San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signage
	<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		

Date 12/17/2025	Payee name Anedot	
Amount (\$) \$41.98	Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<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

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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: 6		2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)	
4 Date 12/20/2025		5 Payee name Anedot			
6 Amount (\$) \$40.30		7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/22/2025		Payee name Anedot			
Amount (\$) \$83.43		Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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
Date 12/24/2025		Payee name Anedot			
Amount (\$) \$104.48		Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officaholder/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: 6		2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)	
4 Date 12/25/2025		5 Payee name Anedot			
6 Amount (\$) \$1.40		7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/28/2025		Payee name Anedot			
Amount (\$) \$62.81		Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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
Date 12/29/2025		Payee name Anedot			
Amount (\$) \$100.30		Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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

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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: 6		2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)	
4 Date 12/29/2025		5 Payee name Texas Democratic Party			
6 Amount (\$) \$2,471.00		7 Payee address; City; State; Zip Code PO Box 15707 San Antonio, TX 78224			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Voter file subscription		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/30/2025		Payee name Jerstad Photographics, LP			
Amount (\$) \$550.00		Payee address; City; State; Zip Code PO Box 160021 San Antonio, TX 78280			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Photography		
	<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
Date 12/30/2025		Payee name Anedot			
Amount (\$) \$34.59		Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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

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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: 6		2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)		
4 Date 12/31/2025		5 Payee name Broadway Bank				
6 Amount (\$) \$12.00		7 Payee address; 1177 NE Loop 410		City; San Antonio, TX	State; TX	Zip Code 78209
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking			(b) Description Banking fees		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held	
Date 12/31/2025		Payee name Anedot				
Amount (\$) \$454.81		Payee address; 3723 Greenville Ave Ste 41002		City; Dallas, TX	State; TX	Zip Code 75206
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking			Description Credit card processing fees		
	<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	
Date		Payee name				
Amount (\$)		Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)			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	
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
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 G: 1		2 FILER NAME Luz Elena Chapa		3 Filer ID (Ethics Commission Filers)	
4 Date 12/30/2025		5 Payee name Bexar County Democratic Party			
6 Amount (\$) \$1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd San Antonio, TX 78201			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing fee		
	(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 Office sought Office held					
Date 12/30/2025		Payee name Monarch Trophy Studio			
Amount (\$) \$25.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 16227 San Pedro Ave San Antonio, TX 78232			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Collateral		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					