CAMPAIGN FINANCE REPORT					DRM C/OH HEET PG 1	
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MCS	Linda		MI L		USE ONLY
	NICKNAME	Chapm	ian	SUFFIX	Date Received F	ockN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE	JAN -	-9 2024
5 CANDIDATE/ OFFICEHOLDER PHONE					Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M CS NICKNAME	First Linda LAST Chapm	an	MI L SUFFIX	Date Processed Date Imaged	Amount \$
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S			STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE						
9 REPORT TYPE	January 15 July 15	30th day before ele	ection Exc	noff eeded Modified porting Limit	treasurer ap (Officeholde	
10 PERIOD COVERED	Month 9	Day Year / 14 / 2023	THROUGH	Month 12	Day Year / 31 / 20	
11 ELECTION	Month Day	Year Primary 2024 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known	ssor-Co	lector
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE: AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Linda L. Chapma	ln	16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT CONTRIBUTIONS TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUARA CONTRIBUTIONS TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUARA CONTRIBUTIONS TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUARA CONTRIBUTIONS TOTAL UNITEMIZED POLITICATION TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUARA CONTRIBUTIONS TOTAL UNITEMIZED POLITICATION TOTAL UNITEM		AN	\$	0-
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOAN	S)	\$ _	0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.		\$ _	0-
	4. TOTAL POLITICAL EXPEND	ITURES		\$ 12	1.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	FIONS MAINTAINED AS OF THE L	AST DAY	\$ 79	8.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS G PERIOD	OF THE	\$ 20	0.07
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, the	hat the accompanying report is t	rue and co	rrect and incl	udes all information
rec	quired to be reported by me under Title 15, E	lection Code.			
		Luck L.	1	e-O	
		Signature of 0			er
		o.g.tataro or c	ourididato .	0110011010	
	Please comp	lete either option belo	w:		
Please complete either option below:					
(1) Affidavit	CHRISTINA MURPH My Notary ID # 12968 Expires December 23,	4331			
NOTARY STAMP/SEA					
Sworn to and subscribed before me by <u>Unda Chapman</u> this the <u>Ah</u> day of <u>January</u>					
20, to certify which, witness my hand and seal of office.					
Clypur	el christina	Murphree		Notary	Tublic
Signature of officer administer	ring oath Printed name of offi	cer administering oath		Title of office	administering oath
(2) Unsworn Declarati	on	OR			
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 (mor	nth)	, 20	
		Signature of Can			arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con			
	Linda L. Chapman			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	X SCHEDULE E: LOANS	\$ 200.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 121.08		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s . 07		

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:	
2 FILER NAME Linda L. Chapman			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$ 200.00	
5 Date of loan 7 9 14 2023	Name of lender out-of-state P.		9 Loan Amount (\$) 200 · 00	
6 Is lender a financial Institution?	Lender address: Citv:	State: Zip Code	10 Interest rate 11 Maturity date	
Y (N)				
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collater X none	ral	Check if personal fund account (See Instruction	is were deposited into political ons)	
16 GUARANTOR INFORMATION	7 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	8 Guarantor address; City;	State; Zip Code		
20 Principal Occupation	(See Instructions)	21 Employer (See Instructions)		
20 Tillopal Occupation	(See Hattactions)	21 Employer (See Instructions)		
Date of loan	Name of lender	AC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
	/ Job title (See Instructions)	Employer (See Instructions)		
Description of Collater	ral	Check if personal fund	s were deposited into political	
none		account (See Instructi		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code	*	
not applicable	(0-1-1-1-1-1-1)	Employer (Scalastontians)		
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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling Is By Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Expense Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Linda L. Chapma	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
10/31/2023	First Liberty Bank		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
3.00 Reimbursement from political contributions intended	P.O. BOX 10109	Liberty TX 77575	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Accounting / Banking	Paper Statement Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Linda L. Chapman	Tax Assessor-Collector None	
Date	Payee name		
11 30 2023	First Liberty Bank		
Amount (\$) 3.00	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended	P.O. BOX 10109	Liberty TX 77575	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Accounting / Banking	Paper Statement Fee	
EXPENDITURE	Hecounting / Banking	Taper State	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Linda L. Chapman	Tax Assessor-Collector None	
Date	Payee name		
12/29/2023	First Liberty Bank		
Amount (\$)	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended	P.O. BOX 10109	Liberty TX 77575	
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting / Banking	Paper Statement Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Linda L. Chapman	Tax Assessor-Collector None	
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.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin Printing	Repayment/Reimbursement coverhead/Rental Expense g Expense ng Expense les/Wages/Coritract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME Linda L. Chapman		3 Filer 1D (Ethics Commission Filers)	
4 Date 12/4/2023	5 Payee name Vistaprint			
6 Amount (\$) 112.08 Reimbursement from political contributions intended	7 Payee address; WWW, Vista print. Cor		State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Business	cards	
LA LIVETTOTAL	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
S Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Linda L. Chapman	Office sought Tax Ass	GESSOT None	
Date	Payee name			
Amount (\$) Reimbursementfrom political contributions intended	Payee address;	City:	State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense Office sounht Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/		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			
	Check if travel outside of Texas. Complete Schedule	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED	

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:			
2 FILER NAME	Linda L. Chapman	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)	
9/29/2023	First Liberty Bank 6 Address of person from whom amount is received; City; State P.O. Box 10109 Liberty		
		political contribution returned to filer	
	Campaign Account Interest Earned		
Date	Name of person from whom amount is received	Amount (\$)	
10 31 2023		te; Zip Code X 71575	
	Purpose for which amount is received	political contribution returned to filer	
	Campaign Account Interest Earner	d	
Date	Name of person from whom amount is received	Amount (\$)	
11/30/2023	First Liberty Bank Address of person from whom amount is received; City; State P.D. Box 10109 Liberty TX		
	Purpose for which amount is received	political contribution returned to filer	
	Campaign Account Interest Earned		
Date	Name of person from whom amount is received	Amount (\$)	
12/29/2023	First Liberty Bank Address of person from whom amount is received; City; State P. O. Box 10109 Liberty To		
		political contribution returned to filer	
	Campaign Acepunt Interest Earned		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			