

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Jeri	MI L.
	NICKNAME	LAST Chambers	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 5308	APT / SUITE #; Barouche Ct	CITY; STATE; ZIP CODE Plano Tx 75023
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (972) PHONE NUMBER: 489-8672 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Stacey	MI
	NICKNAME	LAST Lanius	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1701 Carmel		CITY; STATE; ZIP CODE Plano TX 75075
	8 CAMPAIGN TREASURER PHONE AREA CODE: (214) PHONE NUMBER: 766-7369 EXTENSION:		
9 REPORT TYPE			
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year     THROUGH     Month Day Year 3 / 23 / 2021         4 / 21 / 2021			
11 ELECTION			
ELECTION DATE Month Day Year 5 / 1 / 2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) Plano ISD Trustee Place 6		13 OFFICE SOUGHT (if known) Plano ISD Trustee Place 6	
14 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.			
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>			



APR 29 9:56AM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

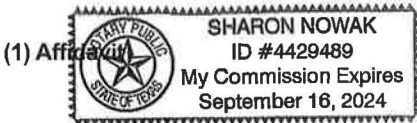
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <i>Jeri Chambers</i>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,792.36
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 348.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,422.88
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3238.47
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 964.50

**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.

*Jeri Chambers*  
Signature of Candidate or Officeholder

**Please complete either option below:**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeri Chambers this the 22 day of April, 2021, to certify which, witness my hand and seal of office.

Sharon Nowak Sharon Nowak Notary Public  
Signature of officer administering oath Printed name of officer administering oath 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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2792.36
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 964.50
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2422.88
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1-1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Jeri Chambers		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/23/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Boswell	<b>7</b> Amount of contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code 3337 Sage Brush Plano TX 75023		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanette Brown Eden	Amount of contribution (\$) \$31.46
Contributor address; City; State; Zip Code 7200 Stoddard Lane Plano TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Johnson	Amount of contribution (\$) \$104.15
Contributor address; City; State; Zip Code 2408 Peachtree Lane Plano TX 75074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie & Jane Schell	Amount of contribution (\$) \$104.15
Contributor address; City; State; Zip Code 3400 EMILY DR Plano TX 75093		
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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1-2**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Jeri Chambers		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/26/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Howard</b>	<b>7</b> Amount of contribution (\$) <b>\$259.92</b>
<b>6</b> Contributor address; City; State; Zip Code <b>6425 Brandon Court Plano TX 75093</b>		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 3/26/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Elliott</b>	<b>Amount of contribution (\$)</b> <b>\$50.00</b>
<b>Contributor address; City; State; Zip Code</b> <b>2401 Trellis Ln Plano TX 75075</b>		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/26/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlie and Patricia Russell</b>	<b>Amount of contribution (\$)</b> <b>\$52.23</b>
<b>Contributor address; City; State; Zip Code</b> <b>5301 Sandy Trail Court Plano TX 75023</b>		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/26/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Annelise Baumann</b>	<b>Amount of contribution (\$)</b> <b>\$26.27</b>
<b>Contributor address; City; State; Zip Code</b> <b>4421 ELDORADO DR Plano TX 75093</b>		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1-3

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Jeri Chambers</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/29/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jessica Karlinski</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>6401 Castlemere Drive Plano TX 75093</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/31/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Blythe Ann Johnson</b>	Amount of contribution (\$) <b>\$26.27</b>
Contributor address; City; State; Zip Code <b>639 S Spring St, APT 4B Los Angeles CA 90014</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leah Ann Robertson</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>8308 Novaro Dr Plano TX 75025</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nell Pearce</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>3304 Wolfe Court Plano TX 75025</b>		
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.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1-4

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jeri Chambers		3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Luton	7 Amount of contribution (\$) \$52.23
6 Contributor address; City; State; Zip Code 1516 Timber Edge Dr McKinney TX 75070		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Hamilton	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6613 Oceanview Drive Plano TX 75074		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Kolb	Amount of contribution (\$) \$104.15
Contributor address; City; State; Zip Code 3521 Louis Drive Plano TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary McRae	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4612 Bush Drive Plano Tx 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1-5**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Jeri Chambers		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/7/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Hartman <hr/> <b>6</b> Contributor address; City; State; Zip Code 3608 Salford Drive Plano TX 75025	<b>7</b> Amount of contribution (\$) <b>\$100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 4/7/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Adair <hr/> <b>Contributor address;</b> City; State; Zip Code 1001 14th Street, Suite #112 Plano TX 75074	<b>Amount of contribution (\$)</b> <b>\$52.23</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/9/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowell Hill <hr/> <b>Contributor address;</b> City; State; Zip Code 1500 HEARTHSTONE DR. Plano TX 75023	<b>Amount of contribution (\$)</b> <b>\$75.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 4/9/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Matthews <hr/> <b>Contributor address;</b> City; State; Zip Code 3917 Montrose Dr Plano TX 75025	<b>Amount of contribution (\$)</b> <b>\$31.46</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</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

SCHEDULE **A1**-6

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jeri Chambers		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Hughes 6 Contributor address; City; State; Zip Code 3420 Eisenhower Lane Plano TX 75023	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Williams Contributor address; City; State; Zip Code 4012 Kite Meadow Dr. Plano TX 75074	Amount of contribution (\$) \$78.19
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcee Kniery Contributor address; City; State; Zip Code 2105 Argyle Dr Plano TX 75023	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca McCaffrey Contributor address; City; State; Zip Code 4004, Madison Circle PLANO TX 75023	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1-7**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Jeri Chambers</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/15/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Blythe Ann Johnson</b>	7 Amount of contribution (\$) <b>\$52.23</b>
6 Contributor address; City; State; Zip Code <b>639 S Spring St, APT 4B Los Angeles CA 90014</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Florence Shapiro</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>2156 Fawnwood Plano TX 75093</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1-1**

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jeri Chambers	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/31/2021	<b>5</b> Payee name Heritage Farmstead Museum	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 1900 W. 15th Street Plano TX 75075	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Facility Rental
	<b>(c)</b> <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
<b>Date</b> 4/3/2021	<b>Payee name</b> Quiggle Consulting Group	
<b>Amount (\$)</b> \$1,118.14	<b>Payee address; City; State; Zip Code</b> 4117 Waskom Dr. Plano TX 75024	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Digital marketing consulting
	<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
<b>Date</b> 4/7/2021	<b>Payee name</b> Dallas Chinese Newspaper	
<b>Amount (\$)</b> \$340.00	<b>Payee address; City; State; Zip Code</b> 2000 S. Interurban Richardson TX 75081	
<b>PURPOSE OF EXPENDITURE</b>	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 POLITICAL CONTRIBUTIONS

SCHEDULE F1-2

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jeri Chambers	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/13/2021	<b>5</b> Payee name Executive Press	
<b>6</b> Amount (\$) \$315.92	<b>7</b> Payee address; City; State; Zip Code 1400 Presidential Dr. #110 Richardson TX 75081	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Campaign Shirts
	<b>(c)</b> <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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