CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	lete this form.	1 Filer ID (Ethics Commis 00090478	sion Filers)	2 Total pages fil	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST David		MI	OFFICE U	JSE ONLY
NAME		David			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2021	
		Chincanchan				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	4908 Parell Path				Receipt #	Amount
Change of Address	Austin, TX 78744					
	Additi, 1X 10144				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>. L</u>	
TREASURER NAME		Laura				
	NICKNAME	LAST		SUFFIX		
	TVIOTATO TWIE	Hernandez		301117		
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	6000 Lonesome Valley Tr	·l				
(Residence or Business)	Austin, TX 78731					
	Austin, 1X 70731					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(512) 920-4626					
THONE						
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car	mnaign treasurer
					appointment (office	
	July 15	8th day before 6	election	Exceeded \$500 limit	Final Report (Atta	ich C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/25/2020	TH	IROUGH	12/31/202	0	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/03/2020	XG	eneral	Special		
		-		_		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT		
				Council Member	, District 2	
	1			l		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 22

10.0/01111111	01: 1 5 :1		44 51- 10	/Ethin - O	:: =:I\						
13 C / OH NAME	Chincanchan, David		14 Filer ID 00090478	(Ethics Comm	ission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to dofficeholders are required to report this information	the candidate's or office	eholder's know	ledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME									
/ Additional Fages	X GENERAL	Workers Defense Action Fund									
	-	COMMITTEE ADDRESS									
	SPECIFIC PO Box 143001										
		Austin, TX 78714									
		COMMITTEE CAMPAIGN TREASURER NAME									
		Ruiz, Emma									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS								
		PO Box 143001	-								
		Austin, TX 78714									
16 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	0.00						
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	6)	\$	1,059.58						
EXPENDITURE TOTALS	3. TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$	8.16						
	4. TOTAL POLITION	CAL EXPENDITURES		\$	26,499.40						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	\$	18,008.94						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	0.00						
17 AFFADAVIT	•										
		l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.									
		Dav	rid Chincanchan								
		Signature of	Candidate or Officeho	lder							
AFFIX NO	TARY STAMP / SEAL AB	OVE									
Sworn to and subs	cribed before me, by the s	said	, this the		day						
		ertify which, witness my hand and seal of office.									
Signature of office	cer administering	Printed name of officer administering	Title of office	r administerinç	g oath						
<u> </u>	J	S		•	-						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 22							
18 FILER NA	AME chan, David	19 Filer ID 00090478	(Ethics Commiss	sion Filers)					
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	26,499.40					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/22	
2	FILER NAME Chincanchar	n, David		3	Filer ID (Ethics Commission 00090478	n Filers)
4	Date 10/25/2020	 Full name of contributor out-of-state PAC (ID#:_Austin Environmental Democrats Contributor address; City; State; Zip Code 1908 Barton Pkwy)	7	Amount of Contribution (\$)	\$105.58
		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/26/2020	Full name of contributor out-of-state PAC (ID#:_ Barrett, Tina Contributor address; City; State; Zip Code 4700 Hilwin Cir)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real estate	Full name of contributor	Self	_		
	Date 10/27/2020			Amount of Contribution (\$)	\$200.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	·, 		
	Principal Arc		Black + Vernooy	',		
	Date 10/30/2020	Full name of contributor out-of-state PAC (ID#:_Blanton, Chris Contributor address; City; State; Zip Code 7309 S Glenn St		Amount of Contribution (\$)	\$26.63	
		Austin, TX 78744				
	Principal occu Office Manag	pation / Job title (See Instructions) ger	Employer (See Instructions AFSCME Local 1624	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/28/2020	Cowper, Wade Contributor address; City; State; Zip Code 4075 Via Zorro Unit A Santa Barbara, CA 93110				\$10.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Political Con	sultant	Self			

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/22		
2	FILER NAME Chincanchar	ı, David		3	Filer ID (Ethics Commission Filers) 00090478		
4		 Full name of contributor out-of-state PAC (ID#:_Flores, Yvonne Contributor address; City; State; Zip Code 5511 #A Cork Path 	7	Amount of Contribution (\$)	\$31.89		
8	Principal occu Administrato		Employer (See Instructions Travis County	5)			
	Date 10/26/2020	Full name of contributor out-of-state PAC (ID#:_Garvey, Jerome Contributor address; City; State; Zip Code PO Box 327 Manchaca, TX 78652)		Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)			
	Date 10/30/2020	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Marina Contributor address; City; State; Zip Code 450 Massachusetts Ave NW #1301 Washington, DC 20001			Amount of Contribution (\$)	\$21.37	
		pation / Job title (See Instructions) Fundraising Assistant	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#: 10/28/2020 International Brotherhood of Electrical Workers Contributor address; City; State; Zip Code 4818 E Ben White Blvd Austin, TX 78741		BEW)		Amount of Contribution (\$)	\$400.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/28/2020	Full name of contributor out-of-state PAC (ID#:_Marks, Scott Contributor address; City; State; Zip Code 1600 County Road 128 Burnet, TX 78611			Amount of Contribution (\$)	\$105.58	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Coats Rose, P.C.	5)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/22	
2	FILER NAME Chincanchar			3 Filer ID (Ethics Commission F 00090478	ilers)
4	Date 10/31/2020	 Full name of contributor out-of-state PAC (ID#: Mejia, Alberto Contributor address; City; State; Zip Code 5402 Lurlyne CT Austin, TX 78701 	7 Amount of Contribution (\$)	\$25.00	
8	Principal occu Deputy Direc	pation / Job title (See Instructions)	s) Latino Arts and Cultures		
	Date 10/30/2020	Full name of contributor out-of-state PAC (ID#: Opp, Kevin Contributor address; City; State; Zip Code 2901 Barton Skyway 3006 Austin, TX 78746		Amount of Contribution (\$)	\$21.37
	Principal occu Account Exe	pation / Job title (See Instructions) ecutive	Employer (See Instructions MAP)	
	Date Full name of contributor out-of-state PAC (ID#: 10/28/2020 Pantell, Susan Contributor address; City; State; Zip Code 1016 Camino La Costa, #1008 Austin, TX 78752			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	Date Full name of contributor out-of-state PAC (ID: 10/28/2020 Price, Zachary Contributor address; City; State; Zip Code 7007 Reese Lane Austin, TX 78757			Amount of Contribution (\$)	\$37.16
	Principal occu Organizer	pation / Job title (See Instructions)	Employer (See Instructions Campus Vote Project	()	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 7/22	Chincanchan, David		00090478
4	Date	5 Payee name		•
	10/29/2020	A+G Digital		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$862.50	1318 Minerva Rd		
		Ann Arbor, MI 48104		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense	, ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	- '		Check if Austin, TX, officeholder living expense
				Digital advertising
_	0 1: 01:14 7 7 1			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	·			
	Date	Payee name		
	11/02/2020	A+G Digital		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$250.00	1318 Minerva Rd		
		Ann Arbor, MI 48104		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Digital advertising
				Digital devoluting
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		5	
	Date	Payee name		
	11/13/2020	Alvarez, Daniel		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$300.00	1013 W 23rd St 203	uc	
	φοσο.σσ	1010 W 2014 Ot 200		
		Austin, TX 78705		
	DUDDOOF		71-1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/wages/Coritiact Labor		Check if Austin, TX, officeholder living expense
				Contractor fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to comp		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 8/22	Chincanchan, David		00090478
4	Date	5 Payee name		•
	11/19/2020	Brown, April		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>	
	\$1,000.00	1500 Crossing Place Apt 115		
		Austin, TX 78741		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule))	Description
	OF EXPENDITURE	Consulting Expense	[Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		[Check if Austin, TX, officeholder living expense
			(Consulting
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t	Office held
	Date	Payee name		
	10/30/2020	CallHub		
	Amount (\$)	Payee address; City; State; Zip Code)	
	\$250.00	340 S Lemon Ave #7468		
		Walnut, CA 91789		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b))	Description
	OF EXPENDITURE	Fees	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Online software
				onine solware
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office held
	expenditure to benefit C/OI			Cinide Held
	Date	Doving name		
	12/02/2020	Payee name CallHub		
	Amount (\$)	Payee address; City; State; Zip Code 340 S Lemon Ave #7468	!	
	\$25.00	340 S Leffior Ave #7408		
		N. I 04 04 700		
		Walnut, CA 91789		
	PURPOSE OF	, ,) (Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	ļ	Check if travel outside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
			L	Online software
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office held
	expenditure to benefit C/OI			
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

l	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 9/22	Chincanchan, David	00090478
4	Date	5 Payee name	
	11/25/2020	Civic Party Software LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode
	\$713.00	1304 Berkshire Dr	
		Austin, TX 78723	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			Web development
_	Complete ONL V if direct	Candidate/Officeholder name Office sou	ght Office held
9	Complete ONLY if direct expenditure to benefit C/OH		gnit Office field
_			
	Date	Payee name	
	11/16/2020	Davis, Jordan	
	Amount (\$)	Payee address; City; State; Zip Co	ode
	\$45.00	9507 Mankay Lane	
		Houston, TX 77070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Contractor fee
l			Contractor lee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	
	expenditure to benefit C/O	1	
	expenditure to benefit C/Ol	Payee name	
	expenditure to benefit C/OFDate 10/31/2020	Payee name DonateWay	ght Office held
	Date 10/31/2020 Amount (\$)	Payee name DonateWay Payee address; City; State; Zip Co	ght Office held
_	expenditure to benefit C/OFDate 10/31/2020	Payee name DonateWay	ght Office held
_	Date 10/31/2020 Amount (\$)	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267	ght Office held
	Date 10/31/2020 Amount (\$) \$29.88	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703	ight Office held
	Date 10/31/2020 Amount (\$) PURPOSE	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule)	ght Office held ode (b) Description
	Date 10/31/2020 Amount (\$) \$29.88	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703	ght Office held ode (b) Description Check if travel outside of Texas. Complete Schedule T.
	Date 10/31/2020 Amount (\$) PURPOSE OF	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule)	ght Office held ode (b) Description
	Date 10/31/2020 Amount (\$) PURPOSE OF	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule)	ght Office held ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 10/31/2020 Amount (\$) PURPOSE OF	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule)	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees
	Date 10/31/2020 Amount (\$) PURPOSE OF EXPENDITURE	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sour	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees
	Date 10/31/2020 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sour	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees
	Date 10/31/2020 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name DonateWay Payee address; City; State; Zip Co P.O. Box 301267 Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sour	ght Office held Ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee I	Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/16 Rpt: 10/22	Chincanchai	n, David					00090478	
4	Date	5 Payee name							
	11/16/2020	Eldaour, Om	ar						
6	Amount (\$)	7 Payee addres	s; City;	State; Zip C	ode				
	\$195.00	1302 Terrac	e View Dr						
		Sugar Land,	TX 77479						
8	PURPOSE OF		e Categories listed at the top		(b)	Description			
	EXPENDITURE	Salaries/Wa	ges/Contract Labor	r		_		de of Texas. Com officeholder living	
						Contractor fe			,
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	11/16/2020	Figueroa, Ilia	ana						
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$195.00	2608 Shear	Water Ct						
		League City	TX 77573						
	PURPOSE OF		e Categories listed at the top		(b)	Description			
	EXPENDITURE	Salaries/Wa	ges/Contract Labor	r		=		de of Texas. Com officeholder living	
						Contractor Fe			, - , -
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	-							
	Date	Payee name							
	11/13/2020	Garcia, Ruth							
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$740.00	2401 Aldrich	St Apt 344						
		Austin, TX 7	8723				_		
	PURPOSE	(a) Category (See	e Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wa	ges/Contract Labor	r				de of Texas. Com	
						Contractor fee		officeholder living	j experise
						2011.140101 101	J		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O				J				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/16 Rpt: 11/22 Chincanchan, David 00090478 4 Date Payee name 11/06/2020 Gardner, Darnell 6 Amount (\$) Payee address; City; State; Zip Code \$1,446.85 3406 Oakdale Houston, TX 77004 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/19/2020 Gardner, Darnell Amount (\$) Payee address; City; State; Zip Code \$1,446.85 3406 Oakdale Houston, TX 77004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/07/2020 Gardner, Darnell Amount (\$) Payee address: City; State; Zip Code \$1,446.85 3406 Oakdale Houston, TX 77004 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/16 Rpt: 12/22	Chincanchan, David 00090478
4	Date	5 Payee name
	11/17/2020	George Morales Dove Springs Rec Center Advisory Board
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5106 Village Square Drive Dr
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI ENDITORE	Candidate/Officeholder/Political Committee
		Contribution to Dove Springs Community Thanksgiving Dinner Delivery
_	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2020	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$969.35	525 20th Street
		San Fransisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	Date	Payee name
	11/19/2020	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$969.33	525 20th Street
		San Fransisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPERIGITATE TO DEFICIT C/OI	'

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Expendence/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Commi	ttee L	-ood/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission F	ilers)
L	Sch: 7/16 Rpt: 13/22	CI	hincanchar	n, David						00090478		
4	Date	5 Pa	ayee name									
	12/07/2020	G	usto									
6	Amount (\$)	7 Pa	ayee addres	s; City;	State;	Zip Co	de					
	\$960.78	52	25 20th Str	eet								
		Sa	an Fransiso	co, CA 94107								
8	PURPOSE	(a) Ca	ategory (See	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract Lal		,		=			plete Schedule T.	
	EM LINDITURE							—	, TX,	officeholder living	expense	
								Payroll taxes				
_	Complete ONLY if direct	Ca	adidate/Off:-	oholder name		office as:	abt			Office	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		iuiuate/Offic	eholder name		Office sou	yııı			Office he	eiu	
	Date	Pa	ayee name									
	10/30/2020	G	usto									
	Amount (\$)	Pa	ayee addres	s; City;	State;	Zip Co	de					
	\$99.13	52	25 20th Str	eet								
		Sa	an Fransiso	co, CA 94107								
	PURPOSE	(a) Ca	ategory (See	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	ı	ees	<u> </u>		,		—			plete Schedule T.	
	EM EMBITORE							_		officeholder living		
								Online softwa	แย่	anu process	sing iees	
	Complete ONLY if direct		ndidata/Off: -	oholder nama		Office com	ah+			Office he	7ld	
	Complete ONLY if direct expenditure to benefit C/OH		iuiuate/Offic	eholder name	C	Office sou	ynı			Office no	eiu	
	Data	Ī										
	Date	l	ayee name									
	11/30/2020		usto									
	Amount (\$)	l	ayee addres		State;	Zip Co	de					
	\$124.73	52	25 20th Str	eet								
		 Sa	an Fransiso	co, CA 94107								
	PURPOSE			e Categories listed at the	ton of this solv	adula)	(b)	Description				
	OF	l	ees	oategories listeu at life	top of this SCHE	cuui c)			outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	``						_		officeholder living		
								Online softwa	re a	and process	sing fees	
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Offic	eholder name	С	Office sou	ght			Office he	eld	
	onponditure to beliefft G/Of	•										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 14/22		Chincanchan, David		00090478
4	Date	5	Payee name		·
	12/31/2020		Gusto		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$41.57		525 20th Street		
			San Fransisco, CA 94107		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Online software and processing fees
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıgnı	Office field
_		_			
	Date		Payee name		
	11/03/2020		Horizon Printing		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$309.60		2111 Grand Ave Pkwy		
			Austin, TX 78728		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Printing
					• •
	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>I</u> ıght	Office held
	expenditure to benefit C/OI	Н			
_	Date	Г	Payee name		
	11/06/2020		Ibarra, Maria		
	Amount (\$)	H	Payee address; City; State; Zip Co	ode	
	\$1,727.95		9809 Chuckar Circle		
	, ,				
			Austin, TX 78758		
	PURPOSE	(2)		(h)) Description
	OF	(۵)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Calaries, Wages, Contract Labor		Check if Austin, TX, officeholder living expense
					Salary
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	17			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 15/22	Chincanchan, David	00090478
4	Date	5 Payee name	•
	11/19/2020	Ibarra, Maria	
6	Amount (\$) \$1,727.96	7 Payee address; City; State; Zip Code 9809 Chuckar Circle	
		Austin, TX 78758	
8	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/07/2020	Ibarra, Maria	
	Amount (\$) \$1,727.95	Payee address; City; State; Zip Code 9809 Chuckar Circle	
		Austin, TX 78758	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/29/2020	Payee name La Prensa Newspaper	
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 1704 East 5th Street, Suite 103	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print advertisement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comp	nplete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 16/22	Chincanchan, David		00090478
4	Date	5 Payee name		•
	10/31/2020	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Code	de	
	\$53.29	675 Ponce De Leon Ave NE E178		
		Atlanta, GA 30308		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	(b) D	Description
	EXPENDITURE	Fees	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			E	Email software
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	jht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	12/01/2020	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$55.42	675 Ponce De Leon Ave NE E178		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
	OF EXPENDITURE	Fees	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			E	Email software
	Complete ONLY if direct	Candidate/Officeholder name Office sough	jht	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	12/31/2020	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$55.42	675 Ponce De Leon Ave NE E178		
		Atlanta, GA 30308		
	PURPOSE OF	, ,	(b) D	Description
	EXPENDITURE	Fees	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			E	Email software
	Complete ONLY if direct	Candidate/Officeholder name Office sough	jht	Office held
L	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 17/22	Chincanchan, David 00090478
4	Date	5 Payee name
	11/16/2020	Martinez, Jannet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	PO Box 220
		La Blanca, TX 78558
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contractor fee
		Contractor ree
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2020	Numero
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	200 Spectrum Center Drive
		Suite 300
		Irvine, CA 92618
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Online software and processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	11/01/2020	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.05	816 Tirado St
	Φ21.05	oto filado St
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 12/16 Rpt: 18/22	Chincanchan, David 00090478	
4	Date	5 Payee name	
	11/13/2020	Ramirez, Keyla	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$780.00	2011 E. 6th St. Apt. 1204	
		Austin, TX 78702	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contractor fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	11/14/2020	Ramirez, Keyla	
		·	
	Amount (\$) \$780.00	Payee address; City; State; Zip Code 2011 E. 6th St. Apt. 1204	
	Φ100.00	2011 E. 6(II St. Apt. 1204	
		Austin, TX 78702	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Contractor fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<u> </u>	
	Date	Payee name	
	11/19/2020	Ramirez, Veronica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	9308 S 1st St 1521	
		Austin, TX 78748	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Digital design	
	Complete ONLY if direct	Condidate/Officeholder name Office country Office hold	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 19/22	Chincanchan, David 00090478
4	Date	5 Payee name
	11/30/2020	Ramos, Jennifer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	1730 E Oltorf Apt 401
		Austin, TX 78742
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Data analysis, video production, design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	f .
	Date	Payee name
	11/16/2020	Rodriguez Romero, Laura
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	520 Woodward St
		Apt 214
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contractor fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	ł
	Date	Payee name
	11/13/2020	Sanchez, Ana
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,560.00	505 Maple Run
		Austin, TX 78664
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contractor fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 20/22	Chincanchan, David	00090478
4	Date	5 Payee name	
	11/16/2020	Sapien, Juan-Carlos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	364 Silver Star	
		El Paso, TX 79912	
_	DUDD005		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	d autoide of Toyan Complete Cohodule T
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Contractor f	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	11/16/2020	Shafi, Yusuf	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$165.00	2434 Cloud Peak Lane	
		Round Rock, TX 78681	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/ Wages/Cornilact Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Contractor f	
		Contractor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	D-4-		
	Date 11/22/2020	Payee name	
		Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.98	8 Clarkson St	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense
		Web hosting	3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 15/16 Rpt: 21/22	Chincanchan, David		00090478
4	Date	5 Payee name		<u> </u>
l	12/03/2020	Squarespace		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$155.88	8 Clarkson St		
l				
l		New York, NY 10014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	()	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Web hosting and services
L			Ļ	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office held
┕				
l	Date	Payee name		
L	12/22/2020	Squarespace		
l	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$25.98	8 Clarkson St		
l				
l		New York, NY 10014		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Web hosting
l				West needing
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
l	expenditure to benefit C/OI		g	
H	Date	Payee name		
l	11/20/2020	Walker, Brittne		
┝	Amount (\$)	Payee address; City; State; Zip Ci	ode	
l	\$780.00	3014 W William Cannon	ouc	
l	Ψ100.00	3014 W William Carliforn		
l		Austin, TX 78745		
┡	DUDDOCE		(6)	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Consulting Expense		Check if Austin, TX, officeholder living expense
l				Finance compliance
L				
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
L	expenditure to benefit C/OI	1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/16 Rpt: 22/22	Chincanchan, David 00090478
4	Date	5 Payee name
	10/25/2020	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.98	55 Almaden Boulevard, 6th Floor
		San Jose, CA 95113
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online software
		Chimic continue
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	11/25/2020	Zoom
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	55 Almaden Boulevard, 6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online software
		Offine Software
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Para and a second secon
	Date 12/25/2020	Payee name
L		Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	55 Almaden Boulevard, 6th Floor
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online software
		Offine Software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		