

# 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>		<b>1</b> Filer ID (Ethics Commission Filers) 00090478	<b>2</b> Total pages filed: 30		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 10/26/2020	
		David			
	NICKNAME	LAST	SUFFIX		
		Chincanchan			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4908 Parell Path  Austin, TX 78744			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		Laura			
	NICKNAME	LAST	SUFFIX		
		Hernandez			
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6000 Lonesome Valley Trl  Austin, TX 78731				
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	920-4626			
<b>8</b> 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	09/25/2020				10/24/2020
<b>10</b> ELECTION	ELECTION DATE Month Day Year 11/03/2020			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known)	
<b>GO TO PAGE 2</b>					

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 30

<b>13 C / OH NAME</b> Chincanchan, David	<b>14 Filer ID</b> (Ethics Commission Filers) 00090478
--	---

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	338.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,102.11
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	325.62
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	39,373.37
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	59,434.92
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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.

\_\_\_\_\_  
 David Chincanchan  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
 Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

3 of 30

<b>18 FILER NAME</b> Chincanchan, David		<b>19 Filer ID</b> 00090478	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	12,102.11
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	39,373.37
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/30
2 FILER NAME Chincanchan, David		3 Filer ID (Ethics Commission Filers) 00090478
4 Date 10/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arndt, Timothy	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code 3915 Becker Ave  Austin, TX 78751	
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) 360
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin Firefighters Association	Amount of Contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code 7537 Cameron Rd  Austin, TX 78752	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bope, Flannery	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 604 N Bluff Dr #231  Austin, TX 78745	
Principal occupation / Job title (See Instructions) Senior Digital Marketing Manager		Employer (See Instructions) Concierge Auctions
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bukowski, Sean	Amount of Contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code 1601 Rio Grande Suite 300A  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Bukowski Law Firm
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chaney, Marvin	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 7220 Brick Slope Path  Austin, TX 78744	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/30
2 FILER NAME Chincanchan, David		3 Filer ID (Ethics Commission Filers) 00090478
4 Date 10/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Miri	7 Amount of Contribution (\$)  \$400.00
	6 Contributor address; City; State; Zip Code 6500 Lost Horizon Drive  Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) University of Texas
Date 09/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coon, Samuel	Amount of Contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code 3939 Bee Caves Road Ste C100  West Lake Hills, TX 78746-6429	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Southern Methodist University
Date 10/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Yaman	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 2660 N Haskell Ave, Apt. 3161  Dallas, TX 75204	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Lynn Pinker Hurst Schwegmann
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deshotel, Joe	Amount of Contribution (\$)  \$105.58
	Contributor address; City; State; Zip Code 1206 A Maple  AUSTIN, TX 78702	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) VoteMAP
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Mark	Amount of Contribution (\$)  \$800.00
	Contributor address; City; State; Zip Code 3702 Holland Avenue  Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/30
2 FILER NAME Chincanchan, David		3 Filer ID (Ethics Commission Filers) 00090478
4 Date 10/09/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Cid	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 411 Brazos St, Ste 99  Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 09/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garibay, Montserrat	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1401 cripple creek  Austin, TX 78758	
Principal occupation / Job title (See Instructions) Secretary-Treasurer		Employer (See Instructions) Texas AFLCIO
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, John	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 6438 Stefani Dr  Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Co-CEO		Employer (See Instructions) Presidium
Date 10/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HBA HOME PAC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 8140 Exchange Dr  Austin, TX 78754	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, BENJAMIN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 928, North Cherry St  SAN ANTONIO, TX 78202	
Principal occupation / Job title (See Instructions) Chef		Employer (See Instructions) Club at Sonterra

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/30
2 FILER NAME Chincanchan, David		3 Filer ID (Ethics Commission Filers) 00090478
4 Date 10/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haenschen, Katherine	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code 1850 Beacon Street, Apt 501  Brookline, MA 02445	
8 Principal occupation / Job title (See Instructions) ASSISTANT PROFESSOR		9 Employer (See Instructions) NORTHEASTERN UNIV>\
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Rashed	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code 11901 Palisades Pkwy  Austin, TX 78732	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) HDR
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jung, Richard	Amount of Contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code 6500 Lost Horizon Drive  Austin, TX 78759	
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) Tso Delivery, Inc.
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khataw, Ali	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code 7914 Bee Caves Rd  Austin, TX 78746	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Encotech
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Paul	Amount of Contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code 10524 Roy Butler Dr  Austin, TX 78717	
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) ATX Environmental Solutions

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/10 Rpt: 8/30
<b>2</b> FILER NAME Chincanchan, David		<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/12/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code 98 San Jacinto Blvd Fsr unit 2903 Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Pearlstone partners
Date 10/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liberal Austin Democrats <hr/> Contributor address; City; State; Zip Code PO Box 49712 Austin, TX 49712	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lorenz, Perry <hr/> Contributor address; City; State; Zip Code 1311-a East 6th st Austin, TX 78702	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) Self
Date 10/15/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lubomudrov, Andrei <hr/> Contributor address; City; State; Zip Code 5607 Westminster Dr Austin, TX 78723	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) City of Austin
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Matthew <hr/> Contributor address; City; State; Zip Code 6810 Deatonhill Dr Austin, TX 78745	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Jane Byrd Properties International LLC



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/10 Rpt: 9/30
<b>2</b> FILER NAME Chincanchan, David		<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/08/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGlashan, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code 401 Guadalupe Street  AUSTIN, TX 78701	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Vice President		<b>9</b> Employer (See Instructions) Karlin Real Estate
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meza, Matthew <hr/> Contributor address; City; State; Zip Code 1601 Rio Grande St., 300  Austin, TX 78701	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Presidium
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moceri, Cross <hr/> Contributor address; City; State; Zip Code 1601 Rio Grande St. Suite 300  Austin, TX 78701	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) self
Date 10/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moceri, Susan <hr/> Contributor address; City; State; Zip Code 1601 Rio Grande St. Suite 300  Austin, TX 78701	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moledina, Ahmed <hr/> Contributor address; City; State; Zip Code 9802 Patrice Dr  Austin, TX 78750	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) SOAL Technologies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/30
2 FILER NAME Chincanchan, David		3 Filer ID (Ethics Commission Filers) 00090478
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mussey, Sarah	7 Amount of Contribution (\$)  \$400.00
	6 Contributor address; City; State; Zip Code 6810 Deatonhill Dr  Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) None
Date 10/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mustafa, Muhammad	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 10016 Lavon Bend  Austin, TX 78717	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) HVJ South Central Texas - M&J, Inc.
Date 10/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pompa, Phillip	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code 8113 Amelia Cove  Austin, TX 78750	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Work4Workers.com
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Billy	Amount of Contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code 7301 Burleson Rd  Ausitn, TX 78744	
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) RNA
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Graham	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code 3010 E 14th 1/2 St  Austin, TX 78702	
Principal occupation / Job title (See Instructions) Composer-Bandleader		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/10 Rpt: 11/30
<b>2</b> FILER NAME Chincanchan, David		<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 09/25/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rooney, John	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code 312 E 43rd St, Apt 103  Austin, TX 78751		
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager		<b>9</b> Employer (See Instructions) Hill Country Alliance
Date 10/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stone, Rachel	Amount of Contribution (\$)  \$400.00
Contributor address; City; State; Zip Code 913 NILE ST  AUSTIN, TX 78702		
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) GNDC
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stonewall Democrats of Austin PAC	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code PO Box 40898  Austin, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, David	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 1710 WATERSTON AVE  AUSTIN, TX 78703		
Principal occupation / Job title (See Instructions) Research Associate		Employer (See Instructions) The University of Texas at Austin
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tabrizi, Dona	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 1102 Claire Ave  Austin, TX 78703		
Principal occupation / Job title (See Instructions) N/a		Employer (See Instructions) N/a

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/30
2 FILER NAME Chincanchan, David		3 Filer ID (Ethics Commission Filers) 00090478
4 Date 09/25/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Working Families PAC	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code 2850 Massachusetts Ave  Metairie, TX 70003	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Scott	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3201 Sunny Ln  Austin, TX 78731	
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) self
Date 10/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Heyden	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 6006 Cary Dr  Austin, TX 78757	
Principal occupation / Job title (See Instructions) Director of Planning		Employer (See Instructions) Black + Vernooy
Date 10/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Talley	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 8209 Dark Ridge CV  Austin, TX 78737	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Metcalfe Wolff Stuart & Williams
Date 10/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zapata, Luis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 630 kingfisher creek dr  Austin, TX 78748	
Principal occupation / Job title (See Instructions) Music producer		Employer (See Instructions) Specialeventslive.com

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/10 Rpt: 13/30
<b>2</b> FILER NAME Chincanchan, David		<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/21/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) comstock, veronica	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code 3103 Loyola Lane  Austin, TX 78723	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) espinoza, edward	Amount of Contribution (\$)  \$400.00
	Contributor address; City; State; Zip Code PO Box 160233  Austin, TX 78716	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Progress Texas

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 14/30

2 FILER NAME  
Chincanchan, David

3 Filer ID (Ethics Commission Filers)  
00090478

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 15/30
<b>2</b> FILER NAME Chincanchan, David		<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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: Sch: 1/15 Rpt: 16/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 09/30/2020	<b>5</b> Payee name A+G Digital	
<b>6</b> Amount (\$) \$3,500.00	<b>7</b> Payee address; City; State; Zip Code 1318 Minerva Rd  Ann Arbor, MI 48104	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2020	Payee name A+G Digital	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1318 Minerva Rd  Ann Arbor, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2020	Payee name A+G Digital	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1318 Minerva Rd  Ann Arbor, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/15 Rpt: 17/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/18/2020	<b>5</b> Payee name Bray, Timothy	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 4801 Placid Pl  Austin, TX 78731	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Project
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2020	Payee name Cascino, Joseph	
Amount (\$) \$720.00	Payee address; City; State; Zip Code 2505 Longview St Apt 412 D Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name Cascino, Joseph	
Amount (\$) \$420.00	Payee address; City; State; Zip Code 2505 Longview St Apt 412 D Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b>	Total pages Schedule F1: Sch: 3/15 Rpt: 18/30	<b>2</b>	FILER NAME Chincanchan, David	<b>3</b>	Filer ID (Ethics Commission Filers) 00090478
<b>4</b>	Date 10/23/2020	<b>5</b>	Payee name Coon, Jonathan		
<b>6</b>	Amount (\$) \$400.00	<b>7</b>	Payee address; City; State; Zip Code 3939 Bee Caves Road C100  Austin, TX 78746		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund - Exceeded max contribution		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/23/2020		Payee name Coon, Kirsten		
	Amount (\$) \$400.00		Payee address; City; State; Zip Code 3939 Bee Caves Road C100  Austin, TX 78746		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund - Exceeded max contribution		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/22/2020		Payee name Davis, Jordan		
	Amount (\$) \$165.00		Payee address; City; State; Zip Code 9507 Mankay Lane  Houston, TX 77070		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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: Sch: 4/15 Rpt: 19/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/08/2020	<b>5</b> Payee name Davis, Jordan	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 9507 Mankay Lane  Houston, TX 77070	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/22/2020	Payee name Eldaour, Omar	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1302 Terrace View Dr  Sugar Land, TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/22/2020	Payee name Figueroa, Iliana	
Amount (\$) \$135.00	Payee address; City; State; Zip Code 2608 Shear Water Ct  League City, TX 77573	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 5/15 Rpt: 20/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/08/2020	<b>5</b> Payee name Figueroa, Iliana	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 2608 Shear Water Ct  League City, TX 77573	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name Gardner, Darnell	
Amount (\$) \$1,308.64	Payee address; City; State; Zip Code 3406 Oakdale  Houston, TX 77004	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2020	Payee name Gardner, Darnell	
Amount (\$) \$1,446.85	Payee address; City; State; Zip Code 3406 Oakdale  Houston, TX 77004	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/15 Rpt: 21/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/09/2020	<b>5</b> Payee name Gusto	
<b>6</b> Amount (\$) \$969.08	<b>7</b> Payee address; City; State; Zip Code 525 20th Street  San Fransisco, CA 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2020	Payee name Gusto	
Amount (\$) \$969.33	Payee address; City; State; Zip Code 525 20th Street  San Fransisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2020	Payee name Horizon Printing	
Amount (\$) \$744.76	Payee address; City; State; Zip Code 2111 Grand Ave Pkwy  Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/15 Rpt: 22/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/07/2020	<b>5</b> Payee name Horizon Printing	
<b>6</b> Amount (\$) \$744.76	<b>7</b> Payee address; City; State; Zip Code 2111 Grand Ave Pkwy  Austin, TX 78728	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2020	Payee name Horizon Printing	
Amount (\$) \$589.96	Payee address; City; State; Zip Code 2111 Grand Ave Pkwy  Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2020	Payee name Horizon Printing	
Amount (\$) \$205.68	Payee address; City; State; Zip Code 2111 Grand Ave Pkwy  Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 8/15 Rpt: 23/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/08/2020	<b>5</b> Payee name Horizon Printing	
<b>6</b> Amount (\$) \$143.97	<b>7</b> Payee address; City; State; Zip Code 2111 Grand Ave Pkwy  Austin, TX 78728	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2020	Payee name Ibarra, Maria	
Amount (\$) \$1,727.95	Payee address; City; State; Zip Code 9809 Chuckar Circle  Austin, TX 78758	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2020	Payee name Ibarra, Maria	
Amount (\$) \$1,727.96	Payee address; City; State; Zip Code 9809 Chuckar Circle  Austin, TX 78758	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 9/15 Rpt: 24/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/14/2020	<b>5</b> Payee name Kelly Graphics	
<b>6</b> Amount (\$) \$3,424.00	<b>7</b> Payee address; City; State; Zip Code 1409 Quaker Ridge  Austin, TX 78746	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing, Mail, Postage
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2020	Payee name Kelly Graphics	
Amount (\$) \$7,111.08	Payee address; City; State; Zip Code 1409 Quaker Ridge  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing, Mail, Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2020	Payee name Kelly Graphics	
Amount (\$) \$7,111.08	Payee address; City; State; Zip Code 1409 Quaker Ridge  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing, Mail, Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 10/15 Rpt: 25/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/01/2020	<b>5</b> Payee name Numero	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 200 Spectrum Center Drive Suite 300 Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2020	Payee name Office Depot	
Amount (\$) \$206.27	Payee address; City; State; Zip Code 816 Tirado St  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2020	Payee name Office Depot	
Amount (\$) \$44.10	Payee address; City; State; Zip Code 816 Tirado St  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 11/15 Rpt: 26/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 09/25/2020	<b>5</b> Payee name Ramirez, Jill	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 5309 Presidio Rd  Austin, TX 78745	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund - Exceeded max contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2020	Payee name Ranes, Jim	
Amount (\$) \$787.28	Payee address; City; State; Zip Code 1501 Barton Springs Rd. #233  Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2020	Payee name Rodriguez Romero, Laura	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 520 Woodward St Apt 214 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 12/15 Rpt: 27/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/08/2020	<b>5</b> Payee name Rodriguez Romero, Laura	
<b>6</b> Amount (\$) \$60.00	<b>7</b> Payee address; City; State; Zip Code 520 Woodward St Apt 214 Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2020	Payee name Sapien, Juan-Carlos	
Amount (\$) \$165.00	Payee address; City; State; Zip Code 364 Silver Star  El Paso, TX 79912	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name Sapien, Juan-Carlos	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 364 Silver Star  El Paso, TX 79912	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 13/15 Rpt: 28/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/23/2020	<b>5</b> Payee name Schoenbaum, Alan	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3112 Windsor Rd. Ste A 525  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund - Exceeded max contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2020	Payee name Shafi, Yusuf	
Amount (\$) \$210.00	Payee address; City; State; Zip Code 2434 Cloud Peak Lane  Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2020	Payee name Shafi, Yusuf	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2434 Cloud Peak Lane  Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contractor Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 14/15 Rpt: 29/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 10/23/2020	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address; City; State; Zip Code 4516 Burleson Rd  Austin, TX 78744	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/27/2020	Payee name USPS	
Amount (\$) \$935.00	Payee address; City; State; Zip Code 4516 Burleson Rd  Austin, TX 78744	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/17/2020	Payee name USPS	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 4516 Burleson Rd  Austin, TX 78744	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 15/15 Rpt: 30/30	<b>2</b> FILER NAME Chincanchan, David	<b>3</b> Filer ID (Ethics Commission Filers) 00090478
<b>4</b> Date 09/25/2020	<b>5</b> Payee name Workers Defense Project	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 5604 Manor Rd  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Contribution
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate/Officeholder name _____ Office sought _____ Office held _____		