

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

13 882

3 COMMITTEE NAME

SUPPORT TERM LIMITS AMENDMENT

OFFICE USE ONLY

Date Received

RECEIVED
CITY OF ALLEN

OCT 25 2021

OFFICE OF
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS ☒ MR

FIRST

MI

GEORGE

F

NICKNAME

LAST

SUFFIX

CHRISMAN

6 CAMPAIGN
TREASURER
STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7 CAMPAIGN
TREASURER
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

SAME AS ABOVE

☐ Change of Address

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Exceeded Modified Reporting Limit

☐ July 15

☒ 8th day before election

☐ Dissolution Report (Attached PAC-FR)

☐ Runoff

☐ 10th day after campaign treasurer termination

10 PERIOD
COVERED

Month Day Year

9 / 30 / 21

THROUGH

Month Day Year

10 / 23 / 21

11 ELECTION

ELECTION DATE

Month Day Year

11 / 2 / 21

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☒ Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

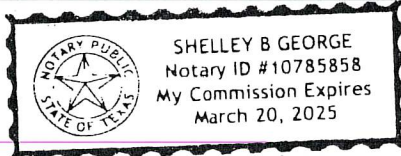
FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME SUPPORT TERM LIMITS AMENDMENT 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
		ELECTION DATE Month Day Year <u>CHARTER AMENDMENT ELECTION 11/2/2021</u> DESCRIPTION <u>PROPOSITION AND PROPOSITION B ON TERM LIMITS</u>

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,790.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,560.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,034.24

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



George F. Chrisman
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George F. Chrisman, this the 25 day of October, 20 21, to certify which, witness my hand and seal of office.

Shelley B. George Shelley B. George Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) (zip code)(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME SUPPORT TERM LIMITS AMENDMENT		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3251.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,100.00
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,084.20
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,790.08
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,034.24
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME GEORGE F CHRISMAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/21	5 Full name of contributor [REDACTED] <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/11/21	Full name of contributor EILEEN TOLLETT <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 404 WATSON DR ALLEN TX 75002	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/12/21	Full name of contributor ROSS K BENNETT <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 924 SCOTIA DR ALLEN TX 75013	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Rio Pippin Productions
Date 10/15/21	Full name of contributor DEBRA STOUT <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1113 SHADETREE LN ALLEN TX 75013	
Principal occupation / Job title (See Instructions) DIRECTOR, COMMUNITY OUTREACH		Employer (See Instructions) ALLEN COMMUNITY OUTREACH
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME GEORGE F CHRISMAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID R HICKS	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 401 WOODLAKE DR ALLEN TX 75013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JON PHILIP BREWER CAMPAIGN ACCOUNT	Amount of contribution (\$) 1,400.00
Contributor address; City; State; Zip Code 879 STARCREEK PKWY ALLEN TX 75013		
Principal occupation / Job title (See Instructions) VICE PRESIDENT RETAIL BANKING		Employer (See Instructions) COMERICA BANK
Date 10/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBIN L SEDLACEK	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 640 AUTUMN OAKS DR ALLEN TX 75002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORJEAN MONTGOMERY	Amount of contribution (\$)
Contributor address; City; State; Zip Code 607 GRIMSWORTH CT ALLEN TX 75002		
Principal occupation / Job title (See Instructions) ENGINEERING OPERATIONS SPECIALIST		Employer (See Instructions) RAYTHEON
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME GEORGE F CHRISMAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH M FULK	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) PRINCIPAL CONSULTING ENGINEER		9 Employer (See Instructions) RWB CONSULTING ENGINEERS
Date 10/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DWIGHT BURNS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) PUBLIC FINANCE/TREASURER		Employer (See Instructions) DART
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>GEORGE F CHRISMAN</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>10.00</u>	
5 Date <u>10/14/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MATTHEW FOSTER</u>	8 Amount of Contribution \$ <u>10.00</u>	9 In-kind contribution description <u>WEB DOMAIN REGISTRATION</u>
7 Contributor address; City; State; Zip Code <u>[REDACTED]</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>COMMUNICATIONS</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>SELF EMPLOYED</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 1
2 FILER NAME GEORGE F CHRISMAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/21	5 Corporation / Labor Organization name MOKA TX LLC	7 Amount of contribution (\$) 100.00
	6 Corporation / Labor Organization address; City; State; Zip Code 806 BANDERA DR ALLEN TX 75013	
Date 10/12/21	Corporation / Labor Organization name JARYCO DEVELOPMENT LLC	Amount of contribution (\$) 1,000.00
	Corporation / Labor Organization address; City; State; Zip Code 714 S GREENVILLE AVE SUITE 120 ALLEN, TX 75002	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME GEORGE F CHRISMAN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 4,084.20
5 Date of loan 10/8/21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE	9 Loan Amount (\$) 740.13
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code [REDACTED]	10 Interest rate 0.00
		11 Maturity date 12/30/21
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions) RETIRED
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10/15/21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTORIA SURETTE	Loan Amount (\$) 1,309.83
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code 1227 PALO DORO ALLEN TX 75013	Interest rate 0.00
		Maturity date 12/30/21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME GEORGE F CHRISMAN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 4,084.20
5 Date of loan 10/15/21	7 Name of lender MOKA TX LLC <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 2,034.24
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 806 BANDERA AVE TX 75013	10 Interest rate 0.00
		11 Maturity date 12/30/21
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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.

1 Total pages Schedule F1: 2	2 FILER NAME GEORGE F CHRISMAN	3 Filer ID (Ethics Commission Filers)
4 Date 10/8/21	5 Payee name FIRST GRAPHIC SERVICES, INC	
6 Amount (\$) 740.13	7 Payee address; 229 GARVON ST	City; State; Zip Code GARLAND TX 75040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 10/15/21	Payee name FIRST GRAPHIC SERVICES INC		
Amount (\$) 740.12	Payee address; 229 GARVON ST	City; State; Zip Code GARLAND TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description SIGNS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date 10/15/21	Payee name EXECUTIVE PRESS, INC		
Amount (\$) 1,309.83	Payee address; 1400 PRESIDENTIAL DR #110	City; State; Zip Code RICHARDSON TX 75081	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	Description POSTCARDS & HANDOUT CARDS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME GEORGE F CHRISMAN	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/21	5 Payee name HomeTown Lists Direct Mail	
6 Amount (\$) 2,034.24	7 Payee address; City; State; Zip Code 931 CUSTER ROAD SUITE #A RICHARSON TX 75080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description DIRECT MAILING OF POST CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 10/18/21	Payee name VICTORIA SUBLETTE		
Amount (\$) 1,309.83	Payee address; City; State; Zip Code 1227 PALO DORO AUSTIN TX 75013		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description PRINTING COSTS POSTCARDS & HANDOUTS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 10/20/21	Payee name		
Amount (\$) 740.13	Payee address; City; State; Zip Code [REDACTED]		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description ADVERTISING EXPENSES SIGNS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME GEORGE F CHRISMAN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 2,034.24

5 Date 10/15/21	6 Payee name MOKA TX LLC		
7 Amount (\$) 2,034.24	8 Payee address; 806 BANDERA DR	City; AUSTIN	State; TX
Zip Code 78743			
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description ADVERTISING EXPENSES - POSTAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED