

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |                             |
|--|---|---|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:        |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST   | MI                          |
|  | NICKNAME  | LAST  | SUFFIX                      |
| Greg Chapin K  |   |   |                             |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;   | APT / SUITE #;  | CITY; STATE; ZIP CODE       |
|  | 611 ACR 110 Eckhart TX 75839  |   |                             |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                   |
|  | (903)   | 724-5414  |                             |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI                          |
|  | NICKNAME  | LAST  | SUFFIX                      |
| Greg Chapin K  |   |   |                             |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;  | CITY; STATE; ZIP CODE       |
|  | 611 ACR 110 Eckhart TX 75839  |   |                             |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                   |
|  | (903)   | 724-3154  |                             |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  |   |                             |
|  | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)   |   |                             |
| 10 PERIOD COVERED  | Month   | Day   | Year                        |
|  | 1-16-2024   |   |                             |
| 2-5-2024   |   |   |                             |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE               |
|  | Month   | Day   | Year                        |
| 3-5-2024   |   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                             |
| 12 OFFICE  | OFFICE HELD (if any)  |   | 13 OFFICE SOUGHT (if known) |
|  | Commissioner Pet 1  |   | Commissioner Pet 1          |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |   |                             |
|  | COMMITTEE TYPE  | COMMITTEE NAME  |                             |
| <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS   |   |                             |
| <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME   |   |                             |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |                             |

OFFICE USE ONLY

Date Received

Filed For Record

Time 8:55am

FEB 05 2024

Casey Brown  
Elections Administrator  
By [Signature] deputy

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Date Hand-delivered or Date Postmarked

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Receipt #      Amount \$

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Date Processed


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Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers)   |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$   |

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL


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

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

OR

(2) Unsworn Declaration

My name is Greg Chapin, and my date of birth is 6-10-64  
 My address is 611 ACR 110, EUKHART, TX, 75839, ANDERSON  
 (street) (city) (state) (zip code) (country)  
 Executed in ANDERSON County, State of TEXAS, on the 5 day of 2, 2024  
 (month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |   |
|---|---|---|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers)  |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT  |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">0</span> |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |                       |
|--|---|--|-----------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="radio"/>  | FIRST<br><b>Grea</b>   | MI<br><b>K</b>        |
|  | NICKNAME  | LAST<br><b>Chapin</b>  | SUFFIX                |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:   | APT / SUITE #:   | CITY: STATE: ZIP CODE |
|  | <b>611 ACR 110 ELKHART TX 75839</b>   |  |                       |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER   | EXTENSION             |
|  | <b>(903)</b>  | <b>724-5414</b>  |                       |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST<br><b>Grea</b>   | MI<br><b>K</b>        |
|  | NICKNAME  | LAST<br><b>Chapin</b>  | SUFFIX                |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:   |  | CITY: STATE: ZIP CODE |
|  | <b>611 ACR 110 ELKHART TX 75839</b>   |  |                       |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER   | EXTENSION             |
|  | <b>(903)</b>  | <b>724 5414</b>  |                       |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  |  |                       |
|  | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)  |  |                       |
| 10 PERIOD COVERED  | Month Day Year  | THROUGH  | Month Day Year        |
|  | <b>2 / 8 / 24</b>   |  | <b>2 / 24 / 24</b>    |
| 11 ELECTION  | ELECTION DATE   |  | ELECTION TYPE         |
|  | Month Day Year  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description |                       |
|  | <b>3 / 5 / 24</b>   | <input type="checkbox"/> General <input type="checkbox"/> Special  |                       |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)  |                       |
|  | <b>Commissioner Ptl</b>   | <b>Commissioner Ptl</b>  |                       |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |                       |
|  | COMMITTEE TYPE  | COMMITTEE NAME   |                       |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS  |                       |
|  | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME  |                       |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                       |

**OFFICE USE ONLY**

Date Received  
**Filed For Record**  
Time **11:45 a.m.**  
**FEB 26 2024**  
Casey Brown  
Elections Administrator  
By **NR** Deputy

Date Hand-delivered or Date Postmarked

|           |           |
|-----------|-----------|
| Receipt # | Amount \$ |
|           |           |

Date Processed

Date Imaged


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>6,072</u>                        |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$                                     |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

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

  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

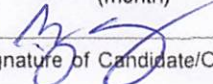
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

**(2) Unsworn Declaration**

My name is Greg Chapin, and my date of birth is 6-10-64.  
 My address is 611 ACR 110 (street), \_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip code), \_\_\_\_\_ (country).  
 Executed in ANDERSON County, State of TEXAS, on the 24 day of 2, 2021 (month) (year).

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 6,072 <sup>00</sup>                 |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <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:            |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                               | 7 Amount of contribution (\$)         |
| 2/25  | Steve Presley<br>6 Contributor address; City; State; Zip Code<br>211 Richard DR Palestine TX 75801              | 250 <sup>00</sup>                     |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)         |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                                 | Amount of contribution (\$)           |
| 2/25  | Richard Terry<br>Contributor address; City; State; Zip Code<br>111 DEER RUN ST. Palestine TX 75801              | 100. <sup>00</sup>                    |
| 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 (\$)           |
| 2/25  | Emerg ElectRICTy, LLC<br>Contributor address; City; State; Zip Code<br>289 ANDERSON CO. RD 172 EUKHART TX 75839 | 300 <sup>00</sup>                     |
| 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 (\$)           |
| 2/25  | Ricky Smith<br>Contributor address; City; State; Zip Code<br>5531 FM322 Palestine TX 75801                      | 100 <sup>00</sup>                     |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)           |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.                            |  | 1 Total pages Schedule A1:                           |
| 2 FILER NAME   |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>James Sockwell</u> | 7 Amount of contribution (\$) <u>30<sup>00</sup></u> |
| 6 Contributor address; City; State; Zip Code<br><u>7670 FM 2419 ECKHART TX 75839</u> |  |  |
| 8 Principal occupation / Job title (See Instructions)                                |  | 9 Employer (See Instructions)                        |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>NAT COLEMAN</u>      | Amount of contribution (\$) <u>250<sup>00</sup></u>  |
| Contributor address; City; State; Zip Code<br><u>4500 FM 2419 PALESTINE TX 75801</u> |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                          |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                            | Amount of contribution (\$)                          |
| Contributor address; City; State; Zip Code   |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                          |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                            | Amount of contribution (\$)                          |
| Contributor address; City; State; Zip Code   |  |  |
| Principal occupation / Job title (See Instructions)                                  |  | Employer (See Instructions)                          |

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