CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SIMON	мі В	OFFICE USE ONLY	
TV-TVIL	NICKNAME LAST CHAMAKAI	SUFFIX	RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ITY; STATE, ZIP CODE	APR 2 6 2024 CITY SECRETARY CARROLLTON, TX	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 385 1015	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Simon	MI	Receipt # Amount S . Date Processed	
	CHAMAK!	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SU 2509 MELBOURNO		STATE: ZIP CODE LTON, Tx - 75006	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 381-1015			
9 REPORT TYPE	January 15 30th day before electric day befor	-	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)	
10 PERIOD COVERED	Month Day Year H / H / 2024	Month THROUGH	Day Year	
11 ELECTION	Month Day Year Primary 05 / 04 / 2024 A General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF known CAKROLLTOW	CITY COUNCIL PLACE-7	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
COMMITTEE CAMPAIGN TREASURER ADDRESS				
	GO TO F	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	THE DESIGN ACCOUNT STATES AND IS SHOWN AS SELECTION OF SE	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 195.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 210
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	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and c quired to be reported by me under Title 15, Election Code.	orrect and includes all information
	\wedge .	10
	A harra	1
	Signature of Candidate	or Officeholder
	Please complete either option below:	
year		
(1) Affidavit	GRACE CURRIE Notary ID #134589578 My Commission Expires October 4, 2027	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by <u>SMDN (MaMakala</u> this the <u>AU</u>	day of April,
20 <u>24</u> , to certify	which, witness my hand and seal of office.	
MAD DAMAS	1 Grace Currie Assist	ant to the city Manager
Signature of officer administe		Title of officer administering oath
S.g. acar S. Smoot daministr		
	OR	2007年1月1日日日日日
(2) Unsworn Declarat	on	
My name is	, and my date of birth is	
iviy address is	(atata)	/rin anda)
		(zip code) (country)
Executed in	County, State of , on the day of(month)	, 20
	(month)	(year)
	Signature of Candidate/Of	ficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	LER NAME 20 Filer ID (Ethics Cor		nmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			195.70
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			210
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	2. 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	Simon Chamakala		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
	4/9/24	BILL J Bexley 6 Contributor address; City; 2932 Cambridge Shire Da Carri	100			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ons)		
	Date		(ID#:)	Amount of contribution (\$)		
	4/16/24	Johny MATHEW Contributor address; City: 617 WINE hand St Lewisville	State; Zip Code	95.70		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ions)		
	Date	Full name of contributor out-of-state PAC Contributor address; City;	(ID#) State; Zip Code	Amount of contribution (\$)		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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Revised 1/1/2024

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orders extension until listed phone)

Credit Card Payment	Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) ard Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	ta/9	3 Filer ID (Ethics Commission Filers)	
4 Date 4 12 24	5 Payee name T Emb911 20 Cay and	Motie		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.10	106 Seva Ct	laiving	Tx	75061
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Political Shist	T-shints	Ś	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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