

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: **22**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 4/26/2024 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	Mrs	Terri	J	
NICKNAME LAST SUFFIX				
Chidgey				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 24710 Garden Way, San Antonio, TX, 78260			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	260-5278		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Mr	Joseph	J	
NICKNAME LAST SUFFIX				
Joe Chidgey				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 24710 Garden Way, San Antonio, TX, 78260			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	365-6995		
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 Month Day Year 3 / 26 / 24 THROUGH 4 / 24 / 24			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other Description
	5 / 4 / 24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) NEISD School Board District 6	
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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		


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)	\$ 755.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,879.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,596.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,549.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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

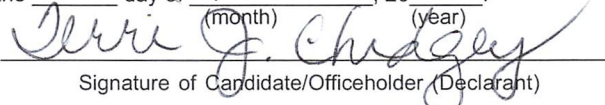
OR

(2) Unsworn Declaration

My name is Terri J. Chidgey, and my date of birth is 09/26/1955.

My address is 24710 Garden Way, San Antonio, TX, 78260, USA.
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 25th day of April, 2024.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Terri J. Chidgey

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,879.05
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 755.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 2,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,596.17
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

Reset Form

Reset Page

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: **9****2** FILER NAME

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)**4** Date

03/27/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Robert Comeaux

7 Amount of contribution (\$)**50.00****6** Contributor address;

City;

State;

Zip Code

1810 Oakline Dr., San Antonio, TX 78232

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/27/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Thomas Cummins

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

5923 Woodridge Rock, San Antonio, TX 78249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Bexar County Federation of Teachers

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

10615 Perrin Beitel Rd, STE 203, San Antonio, TX 78217

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Cathy Reed

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

24506 Arrow Canyon, San Antonio, TX 78258

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

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)**4** Date

03/29/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Courtney Jensen

7 Amount of contribution (\$)

10.00

6 Contributor address;

City;

State;

Zip Code

3074 Newcastle Dr., Dallas, TX 75220

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/29/2024

Full name of contributor

out-of-state PAC (ID#: _____)

James Stem, Jr

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

9405 Carlswood Court, Raleigh, NC 27613-1504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Laura Lantz

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

514 Heavenly Sky, San Antonio, TX 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Marc Wietzke

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1205 Franklin Avenue 370, Garden City, NY 11530

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

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Patrick Kenedy

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

1161 North Humboldt Street, Denver, CO 80218

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/30/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Roberta Closner

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

203 Tranquil Oak, San Antonio, TX 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Fiona Pich

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3150 Falling Brook, San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Jeffrey Chod

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

9694 E 60th Place, Denver, CO 80238

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

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)**4** Date

04/01/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lesley Oberlin

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State; Zip Code

38 Vienna, San Antonio, TX 78258

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/01/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Lindsey LeBlanc

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State; Zip Code

1219 Delmont Court, San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Debra Guest

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

502 Reenie Way, San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/02/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Jennifer Dorazio

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

966 Riverstone Drive

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.

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1 Total pages Schedule A1:**2** FILER NAME

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)**4** Date

04/03/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Dr. Gerry Greenfield

6 Contributor address;

City;

State;

Zip Code

12 Remington Run, San Antonio, TX 78258

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/04/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Kelly Armstrong

Contributor address;

City;

State;

Zip Code

24910 Birdie Ridge, San Antonio, TX 78260

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Jo-Anne Herbold

Contributor address;

City;

State;

Zip Code

21203 Harvest HLS, San Antonio, TX 78258

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/05/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Lawrence Mann

Contributor address;

City;

State;

Zip Code

9205 Redwood Ave, Bethesda, MD 20817-2142

Amount of contribution (\$)

100.00

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

Terri Chidgey

3 Filer ID (Ethics Commission Filers)**4** Date

04/05/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Daniel and Edna Cruz

6 Contributor address;

City;

State;

Zip Code

507 Canyon Rise, San Antonio, TX 79258

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/05/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Martha Scholz

Contributor address;

City;

State;

Zip Code

1905 Alpine West, San Antonio, TX 78258

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/05/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Claudia Angulo-Pope

Contributor address;

City;

State;

Zip Code

24823 Player Oaks, San Antonio, TX 78260

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/06/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Debra Morris

Contributor address;

City;

State;

Zip Code

19207 Gentle Oak Cove, San Antonio, TX 78258

Amount of contribution (\$)

500.00

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

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)

4 Date

04/09/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Larry and Carol Vervack

6 Contributor address;

City;

State;

Zip Code

255 Garden Hill, San Antonio, TX 78260

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/10/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Keith and Sandra Hughey

Contributor address;

City;

State;

Zip Code

3430 Hunters Stand St., San Antonio, TX 78230

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Linda Comeaux

Contributor address;

City;

State;

Zip Code

3185 Morning Crk, San Antonio, TX 78247

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/12/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Christine Dohoney

Contributor address;

City;

State;

Zip Code

15114 Grayoak Forest, San Antonio, TX 78248

Amount of contribution (\$)

750.00

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

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)**4** Date

04/13/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Steven Palafox

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

25106 Summit Creek, San Antonio, TX 78258

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/14/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Victoria Henderson

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

23815 Riata Canyon, San Antonio, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Royal and Diane Cammack

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

24706 Garden Way, San Antonio, TX 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/16/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Lorin Llamas

Amount of contribution (\$)

19.05

Contributor address;

City;

State;

Zip Code

932 Hedgestone Drive, San Antonio, TX 78258

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

Terri J. Chidgey

3 Filer ID (Ethics Commission Filers)

4 Date

04/18/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Christopher Shadrock

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State; Zip Code

1107 Paniolo Drive, Boerne, TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/24/2024

Full name of contributor

out-of-state PAC (ID#: _____)

Martin Koeppe

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

1159 Hedgestone Dr., San Antonio, TX 78258

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 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 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.

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: 1	
2 FILER NAME Terri J. Chidgey						3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 755.00	
5 Date		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:_____) 7 Contributor address; City; State; Zip Code				8 Amount of Contribution \$ 9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)				11 Employer (FOR NON-JUDICIAL)(See Instructions)			
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#:_____) Contributor address; City; State; Zip Code				Amount of Contribution \$ In-kind contribution description Check if travel outside of Texas. Complete Schedule T.	
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.							

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: 1
2 FILER NAME Terri J. Chidgey		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/10/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Terri J. Chidgey	9 Loan Amount (\$) 2,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 24710 Garden Way, San Antonio, TX 78260	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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
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.

1 Total pages Schedule F1: 8	2 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2024	5 Payee name TDP	
6 Amount (\$) 560.00	7 Payee address; City; State; Zip Code 314 E Highland Blvd, Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description DATA
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/27/2024	Payee name Tracie Shelton	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 119 Sheila Dr., San Antonio, TX 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description campaign contribution
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tracie Shelton	Office sought Office held NEISD School Board District 2
Date 03/27/2024	Payee name Norton Lewis Printing	
Amount (\$) 1,901.62	Payee address; City; State; Zip Code 12106 Valliant, San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing / Advertising	Description rack cards, magnets, signs, note cards
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2024	5 Payee name Amazon	
6 Amount (\$) 30.28	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description zip ties for signage
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/30/2024	Payee name Bill Millers	
Amount (\$) 34.42	Payee address; City; State; Zip Code 1616 N. FM 1604 East, San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Tacos for block walkers
	Check if travel outside of Texas. Complete Schedule T. 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 03/30/2024	Payee name Lowe's	
Amount (\$) 41.48	Payee address; City; State; Zip Code 1200 NORTH F.M. 1604 WEST, San Antonio, TX 78248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Wood Sign Bracing
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Payee name Darren Meritz	
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 11405 Whisper Valley, San Antonio, TX 78230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Data Consultant
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/03/2024	Payee name Norton Lewis Printing	
Amount (\$) 416.76	Payee address; City; State; Zip Code 12106 Valliant, San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing / Advertising	Description Signs 4x4
	Check if travel outside of Texas. Complete Schedule T. 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 04/03/2024	Payee name HEB	
Amount (\$) 14.04	Payee address; City; State; Zip Code 23635 Wilderness Oak, San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Juice and pastries for block walkers
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Payee name Constant Contact	
6 Amount (\$) 12.79	7 Payee address; City; State; Zip Code 1601 Trapelo Road, Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Email Advertising Service
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/11/2024	Payee name Norton Lewis Printing	
Amount (\$) 1,854.11	Payee address; City; State; Zip Code 12106 Valliant, San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing / Advertising	Description Signs / Yard and 2x4
	Check if travel outside of Texas. Complete Schedule T. 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 04/11/2024	Payee name USPS	
Amount (\$) 68.00	Payee address; City; State; Zip Code 10250 John Saunders Rd., San Antonio, TX 78246	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Postage stamps
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Payee name Amazon	
6 Amount (\$) 92.52	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 36" Wooden Stakes
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/13/2024	Payee name Amazon	
Amount (\$) 61.72	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 48" Wooden Stakes
	Check if travel outside of Texas. Complete Schedule T. 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 04/14/2024	Payee name Amazon	
Amount (\$) 28.57	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Hammers for sign stakes
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2024	5 Payee name Lowe's	
6 Amount (\$) 62.70	7 Payee address; City; State; Zip Code 1200 North F.H. 1604 West, San Antonio, TX 78248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Staple Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/16/2024	Payee name Valpak of San Antonio	
Amount (\$) 4,345.91	Payee address; City; State; Zip Code 4737 Shavano Oak # 103, San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers Printing
	Check if travel outside of Texas. Complete Schedule T. 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 04/17/2024	Payee name Valpak of San Antonio	
Amount (\$) 2,334.77	Payee address; City; State; Zip Code 4737 Shavano Oak # 103, San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer Postage
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2024	5 Payee name Amazon	
6 Amount (\$) 61.71	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 48" Wooden Stakes
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/20/2024	Payee name Amazon	
Amount (\$) 21.62	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle 98109, WA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description zip ties for signage
	Check if travel outside of Texas. Complete Schedule T. 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 04/21/2024	Payee name Lowe's	
Amount (\$) 262.77	Payee address; City; State; Zip Code 1200 North FM 1604 West, San Antonio, TX 78248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signage post, driver, rock bit
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2024	5 Payee name Claire Barnett	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 2922 Meadow Thrush, San Antonio, TX 78231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Data
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/22/2024	Payee name Lowe's	
Amount (\$) 215.63	Payee address; City; State; Zip Code 1200 North FM 1604 West, San Antonio, TX 78248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signage t-post
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2024	Payee name M5X Designs	
Amount (\$) 324.75	Payee address; City; State; Zip Code 503 Hillside Ct, San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description t-shirts
	Check if travel outside of Texas. Complete Schedule T. 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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