

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: 4												
3 CANDIDATE / OFFICEHOLDER NAME	<small>MS / MRS / MR FIRST MI</small> Mrs Terri J		OFFICE USE ONLY Date Received 1/12/2024 Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged							
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Date Imaged															
<small>NICKNAME LAST SUFFIX</small> Chidgey															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<small>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</small> 24710 Garden Way, San Antonio, TX, 78260														
5 CANDIDATE/ OFFICEHOLDER PHONE	<small>AREA CODE PHONE NUMBER EXTENSION</small> (210) 260-5278														
6 CAMPAIGN TREASURER NAME	<small>MS / MRS / MR FIRST MI</small> Mr Joseph J														
	<small>NICKNAME LAST SUFFIX</small> Chidgey														
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</small> 24710 Garden Way, San Antonio, TX, 78260														
8 CAMPAIGN TREASURER PHONE	<small>AREA CODE PHONE NUMBER EXTENSION</small> (210) 365-6995														
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input checked="" type="checkbox"/> January 15</td> <td style="width: 25%;">30th day before election</td> <td style="width: 25%;">Runoff</td> <td style="width: 25%;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>July 15</td> <td>8th day before election</td> <td>Exceeded Modified Reporting Limit</td> <td>Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><small>Month Day Year</small></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;"><small>Month Day Year</small></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">12 / 16 / 23</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">12 / 31 / 23</td> <td></td> </tr> </table>			<small>Month Day Year</small>		<small>Month Day Year</small>		12 / 16 / 23	THROUGH	12 / 31 / 23					
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><small>ELECTION DATE</small></td> <td style="width: 60%;"><small>ELECTION TYPE</small></td> </tr> <tr> <td style="text-align: center;"><small>Month Day Year</small></td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Primary</td> <td style="width: 33%;">Runoff</td> <td style="width: 33%;">Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td>Special</td> <td></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;">5 / 4 / 24</td> <td></td> </tr> </table>			<small>ELECTION DATE</small>	<small>ELECTION TYPE</small>	<small>Month Day Year</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Primary</td> <td style="width: 33%;">Runoff</td> <td style="width: 33%;">Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td>Special</td> <td></td> </tr> </table>	Primary	Runoff	Other Description	<input checked="" type="checkbox"/> General	Special		5 / 4 / 24	
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14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>														
Additional Pages	<small>COMMITTEE TYPE</small>	<small>COMMITTEE NAME</small>													
	<small>GENERAL</small>	<small>COMMITTEE ADDRESS</small>													
	<small>SPECIFIC</small>	<small>COMMITTEE CAMPAIGN TREASURER NAME</small>													
		<small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small>													

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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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 309.60
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 Terri J. Chidgey, and my date of birth is 09/26/1955.

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

Executed in Bexar County, State of Texas, on the 12 day of January, 2024.
(month) (year)

Terri J. Chidgey
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. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
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		\$ 309.60
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Terri J. Chidgey	3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2023	5 Payee name InMotion Hosting	
6 Amount (\$) 187.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 555S Independence Blvd., Virginia Beach, VA 23452	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website: web hosting, domain name & privacy Subscriptions
	(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 11/30/2023	Payee name WP TOOLS GRAVITY FORMS	
Amount (\$) 79.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Freemius, Inc., 4023 Kennett Pike, Wilmington, DE 19807	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website: Gravity Forms DIVI Module Subscription
	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 12/18/2023	Payee name Paddle.com Inc	
Amount (\$) 42.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3811 Ditmars Blvd #1071 , New York, 11105-1803	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website: Divi Flash
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED