CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Douglas	IM L	OFFICE USE ONLY		
NAME	NICKNAME	LAST Chadwick	SUFFIX	7/10/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Chadwick ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE redacted for web posting 7/ 10/ 2024 4:250 15/ 2024					
5 CANDIDATE/ OFFICEHOLDER PHONE	(reda)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Nancy	мі J	Date Processed		
NAME	NICKNAME LAST SUFFIX Murphy-Chadwick			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE redacted for web					
(Residence or Business)	(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (redac)					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)			treasurer appointment		
	July 15	8th day before el	Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day Year / 15 / 24	THROUGH 7			
11 ELECTION	Month Day Year Primary Runoff Other Description General Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		D.	
15 C/OH NAME Douglas J. Chadwick		16 Filer ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	300.00
	4. TOTAL POLITICAL EXPENDITURES	\$	300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	F THE \$	0.00
40.01011471107	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and incl	udes all information
	uired to be reported by me under Title 15, Election Code.		THE R. D. C. CO. S.
160	\sim	0119	
	redacted for	web posting	
	Signature of C	andidate or Officehold	er
	Olgrigation of the		
	Please complete either option below	w:	
	OBSTU		
(1) Affidavit	EMILY E SMITH Notary Public, State of Taxas Notary Public, State of Taxas		
	My Commission 2024		
	NOTARY ID 13260323-5		
NOTARY STAMP/SEA			0.00
Sworn to and subscribed	before me by Douglas J. Chadwick this the	day of	July
	which, witness my hand and seal of office.		,
0 /00	· # = 1 = c .h	Alaber	V
redacted for we	b posting	Title of office	administering oath
Olgitatare of Spices autimited	OR:		
(2) Unsworn Declarati	on		
My name is	, and my date of birth i	s	·
My address is	·		(country)
	(511001)	(state) (zip code)	(country)
Executed in	County, State of, on the day of (mon	th) 20(year)	_
	Signature of Cano	lidate/Officeholder (Dec	clarant)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 I:	2 FILER NAME Douglas J. Chadwick		3 Filer ID	(Ethics C	Commission Filers)
4 Date 05/31/2024	5 Payee name First United Methodist Church				
6 Amount (\$)	7 Payee address;	City	70004	State	Zip Code
1,635.18	201 South Locust St.	Denton, Texas 76201			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)			
OF EXPENDITURE	Contribution/Donation	Charitable gift to the ministry of the church			
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions rega	rding type	of information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Serequired.)	e instructions rega	arding type	of information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	arding type	of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	Complete only if "Report Type" on page 1 is marked "Final Report"						
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)				
D	ouala	as J. Chadwick					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Tedacted for web posting. Signature of Candidate / Officeholder						
4	FILER	WHO IS NOT AN OFFICEHOLDER					
	· Com	plete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	k only one:					
	1	I do not have unexpended contributions or unexpended interest or income earned fr	rom political contributions.				
	To a second	I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended political contributions or income earned on political contributions in accordance with the requirement.	contributions and that I may not retain tributions longer than six years after ical contributions and unexpended				
	B.	ASSETS					
	Check only one:						
	✓	I do not retain assets purchased with political contributions or interest or other income	ne from political contributions.				
			ier income from political continuations to				
5	OFFIC	EHOLDER Inplete this section only if you are an officeholder ••					
	✓	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions in an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as				