CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr Chase В NAME Date Received SUFFIX NICKNAME Head RECEIVED 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE #: STATE; ZIP CODE **OFFICEHOLDER** TX 79424 Lubbock APR 2 9 2022 MAILING **ADDRESS** OFFICE OF THE CITY SECRETARY Change of Address LUBBOCK, TEXAS PHONE NUMBER 5 CANDIDATE/ AREA CODE EXTENSION **OFFICEHOLDER** PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR MI TREASURER Shonna K Mrs Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Cannaday STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE: ZIP CODE 7 CAMPAIGN TREASURER Lubbock TX 79423 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Year Year Month COVERED 27 22 4 29 3 22 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Day Description General Special 5 22 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE City Council, District 5 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE Chase Head Campaign GENERAL Lubbock TX 79424 Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC Shonna Cannaday MITTEE CAMPAIGN TREASURER ADDRESS Lubbock TX 79423 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

2. TOTAL POLITICAL CONTRIBUTIONS SP, 250.00 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informa required to be reported by me under Title 15, Election Code. Please complete either option below: SHONNAK CANNADAY My Notary ID # 125842613	15 C/OH NAME Chase Head		16 File	er ID (Ethics	s Commission Filers)
EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 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 B SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informa required to be reported by me under Title 15. Election Code. Please complete either option below: SHONNAK CANNADAY My Notary ID # 125842613	The state of the s	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	THAN	\$	0.00
4. TOTAL POLITICAL EXPENDITURES \$ 6,869.60 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 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informate required to be reported by me under Title 15, Election Code. Please complete either option below: SHONNA K. CANNADAY My Notary ID # 125842613			ANS)	\$	9,250.00
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 5,987.09 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informate required to be reported by me under Title 15, Election Code. Please complete either option below: SHONNAK. CANNADAY My Notary ID # 125842613		TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.0
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informa required to be reported by me under Title 15, Election Code. Please complete either option below: SHONNA K. CANNADAY My Notary ID # 125842613		4. TOTAL POLITICAL EXPENDITURES		\$	6,869.60
Is signature of Candidate or Officeholder LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all informa required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: SHONNA K. CANNADAY My Notary ID # 125842613			E LAST DAY	\$	5,987.09
Please complete either option below: SHONNA K. CANNADAY My Notary ID # 125842613			AS OF THE	\$	5,000.00
				e or Officeh	nolder
		Please complete either option be	elow:	ONINA K. CA	WNADAY 125842613
	NOTARY STAMP/SEA	Please complete either option be	elow: SH My N Ex	ONINA K. CA Notary ID # 1 pires March	NNADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the this	NOTARY STAMP/SEA	Please complete either option be likely before me by	elow: SH My N Ex	ONINA K. CA Notary ID # 1 pires March	NNADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the this the day ofApril and this the this the this the day of April and this the day of and day of and this the day of and day of and day of	NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either option be before me by	elow: SH My N Ex	ONNA K. CA Notary ID # 1 pires March	NNADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the this the day of April 20 7, to certify which, witness my hand and seal of office. Shanna Kcamaday Shanna Cannaday Notary	NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either option be before me by	elow: SH My N Ex	ONNA K. CA Notary ID # 1 pires March	WINADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the this the day of April 20 7, to certify which, witness my hand and seal of office. Shanna Kcamaday Shanna Cannaday Notary	NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	Please complete either option be before me by	elow: SH My N Ex	ONNA K. CA Notary ID # 1 pires March	WINADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the	NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer	Please complete either option be before me by	elow: SH My N Ex	ONNA K. CA Notary ID # 1 pires March	WINADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the this the day of April	NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration	Please complete either option be before me by	elow: SHOW: My N Exp	ONINA K. CA Notary ID # 1 pires March day of	WNADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the day of April	NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administer (2) Unsworn Declaration My name is	Please complete either option be before me by	elow: SHOW: My N Exp	ONINA K. CA Notary ID # 1 pires March day of	WNADAY 125842613 24, 2023
Sworn to and subscribed before me by Chase Head this the this the this the this the the certify which, witness my hand and seal of office. Shana Cannada	Sworn to and subscribed 20	Please complete either option be before me by	sthe 29	ONINA K. CA Notary ID #1 pires March day of	NNADAY 125842613 24, 2023

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 C	FILER NAME hase Head	20 Filer ID (Ethics Con	nmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,650.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,600.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	5,000.00
4.	SCHEDULE E: LOANS		\$	5,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	6,869.60
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 FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

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		
² FILER NAME Chase He	ad				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Doug & Marlene Hutton	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
04/01/2022	6 Contributor address;	city; Lubbock	State;	Zip Code 79423	400.00		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	lions)		
Date	Full name of contributor Travis Barnett	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/12/2022	Contributor address;	city;	State;	, i	250.00		
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#) South Plains Holdings LLC		Amount of contribution (\$)				
04/12/2022	Contributor address;	city: ubbock		79423	1,000.00		
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)		
Date	Full name of contributor Marc McDougal	out-of-state PAC	(ID#:		Amount of contribution (\$)		
04/19/2022	Contributor address;	city:		Zip Code 79423	1,000.00		
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)		
	ATTACH ADDITIO						

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 co	mplete this	form.	1 Total pages Schedule A1: 2			
² FILER NAME Chase He	ad			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ou Lubbock Chamber of Comm	BPAC	7 Amount of contribution (\$)				
04/20/2022	6 Contributor address; C	2,000.00					
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)			
Date	Full name of contributor ou George McMahan	it-of-state PAC	C (ID#:)	Amount of contribution (\$)			
04/25/2022	Contributor address; C	_ubboc	State; Zip Code	1,000.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	Full name of contributor ou	ut-of-state PAC	C (ID#)	Amount of contribution (\$)			
	Contributor address; C	City;	State; Zip Code				
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)			
Date	Full name of contributor ou	ut-of-state PAG	C (ID#:)	Amount of contribution (\$)			
	Contributor address; C		State; Zip Code				
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:			
² FILER NAME Chase He			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: His Harvest Ventures, Inc	8 Amount of 9 In-kind contribution Contribution \$ description 3,600.00 Digital Board Advertising-				
04/01/2022		Contributor address: City; State; Zip Code Lubbock TX 79424				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	outor's job title (FOR JUDICIAL)(See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	Zip Code	Amount of I In-kind contribution Contribution \$ I description I I I I I I I I I			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n 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 T	HIS SCHED	ULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the reques	sted information is not applicable, DO NOT include this page	in the report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedu	ule B: 1
2 FILER NAME	1000 CO	3 Filer ID (Ethics Co	ommission Filers)
Chase He	ad		
4 TOTAL OF	UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
	Lubbock Association of Realtors		
04/29/2022	7 Pledgor address; City; State; Zip Code	5,000.00	
	Lubbock TX	Check if travel outsi	 de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions) 11 Employer (See		and an indicate of the control of th
		,	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outsi	l de of Texas. Complete Schedule T.
Deinsing!	pation / Job title (See Instructions) Employer (See	l .	de of fexas. Complete Schedule 1.
Principal occup	pation / Job title (See Instructions) Employer (See	manuchona)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution
		Tieuge \$	description
	Pledgor address; City; State; Zip Code		
		Check if travel outsi	I ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of pledgor	Amount of	In-kind contribution
Date		Pledge \$	description
	Pledgor address; City; State; Zip Code		
<u> </u>	pation / Job title (See Instructions) Employer (See		ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (See	instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU		
į lf	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 h	now to comp	olete this form.		1 Total pages Schedule E:
					<u>'</u>
Chase Head					3 Filer ID (Ethics Commission File
лаѕе пеац					
TOTAL OF UN	IITEMIZED LOANS				\$
Date of loan	7 Name of lender	out-of-state	PAC (ID#:)	9 Loan Amount (\$)
01/01/2022	Chase Head				5,000.00
Is lender	8 Lender address;	City;	State;	Zip Code	10 Interest rate
a financial Institution?		Lubbo	ock TX	79424	0.00
YN					11 Maturity date
Principal occupation	on / Job title (See Instructions)		13 Employer (See	e Instructions)	
Description of Coll	atoral		15		
none .	aterai		Check	if personal fur nt (See Instruc	nds were deposited into political ctions)
GUARANTOR INFORMATION	17 Name of guarantor	uarantor			19 Amount Guaranteed (\$)
	18 Guarantor address;	City;	State;	Zip Code	
not applicable					
Principal Occupat	tion (See Instructions)		21 Employer (See	e Instructions)	
Date of loan	Name of lender	out-of-stat	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address;	City;	State;	Zip Code	Interest rate
Institution?					Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (Se	e Instructions)	
Description of Coll	ateral		Check	c if personal fu	nds were deposited into political
none			accou	int (See Instru	ctions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable					
Principal Occupati	ion (See Instructions)		Employer (Se	e Instructions)	

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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Chase Head		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
03/29/2022	Vista Print			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
146.63		Lubbock	TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Door Hangers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Chase Head	Office sought City Council, Distric	st 5	Office held
Date	Payee name			
03/29/2022	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
66.04		Lubbock	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Social Media		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	¹ Chase Head	City Council, Distric	ot 5	
Date	Payee name			
03/30/2022	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00		Lubbock	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Social Media		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX. officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	["] Chase Head	City Council, District	t 5	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED	

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 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) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Chase Head 4 Date 5 Payee name 04/01/2022 Facebook 6 Amount (\$) City: 7 Payee address; State: Zip Code Lubbock TX 125.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Advertising Expense Social Media **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Chase Head City Council, District 5 Payee name Date His Harvest Ventures, Inc. 04/01/2022 Amount (\$) City: State: Zip Code Payee address; Lubbock TX 3.600.00 Description Category (See Categories listed at the top of this schedule) Advertising Expense Digital Board Advertising- 2 Platinum Packages **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Chase Head City Council, District 5 Payee name Date 04/11/2022 Kirk Mitchell Amount (\$) Payee address; City: State; Zip Code Lubbock TX 200.00 Category (See Categories listed at the top of this schedule) Description Advertising Expense Video Production **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Chase Head City Council, District 5

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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Chase Head		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		77.71	
04/17/2022	Facebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
175.00		Lubbock	TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Social Media		
OF EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1 Chase Head	City Council, Distric	et 5	
Date	Payee name			
04/18/2022	KRFE			
Amount (\$)	Payee address;	City;	State;	Zip Code
750.00		Lubbock	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Radio Advertis	sing	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ Chase Head	City Council, Distric	ot 5	
Date	Payee name			
04/22/2022	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
422.27		Lubbock	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Social Media		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	¹ Chase Head	City Council, District	t 5	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEE	DED	

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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	·	•
1 Total pages Schedule F1:	2 FILER NAME Chase Head		3 Filer ID (Ethic	s Commission Filers)
4 Date 04/25/2022	5 Payee name Office Depot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
66.66		Lubbock	TX	
8	(a) Category (See Categories listed at the top of this schedulo)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Flyers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Chase Head	Office sought City Council, Distric	et 5	Office held
Date	Payee name			
04/27/2022	Fox 34			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00		Lubbock	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	TV Advertisem	nent	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Or	¹ Chase Head	City Council, Distric	et 5	
Date	Payee name			******
04/27/2022	The Cakery			
Amount (\$)	Payee address;	City;	State;	Zip Code
243.00		Lubbock	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Cookies for Ca	mpaign Eve	nt
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oł	¹ Chase Head	City Council, District	t 5	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED	