

**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION  
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

| APPLICATION FOR A PLACE ON THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                   | COPPELL ISD                            |                                                                      |                                                                                                                  | GENERAL ELECTION BALLOT                                                                      |                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|----------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------|--|
| TO: City Secretary/Secretary of Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                   |                                        |                                                                      |                                                                                                                  | (name of election)                                                                           |                         |  |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)<br>COPPELL ISD BOARD OF TRUSTEES, PLACE 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                        |                                                                      |                                                                                                                  | INDICATE TERM<br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |                         |  |
| FULL NAME (First, Middle, Last)<br>KEVIN CRAIG CHAKA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                   |                                        |                                                                      | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*<br>KEVIN CHAKA                                                |                                                                                              |                         |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)<br>830 GREENWAY DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                   |                                        |                                                                      | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) |                                                                                              |                         |  |
| CITY<br>COPPELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | STATE<br>TX                       | ZIP<br>75019                           | CITY                                                                 |                                                                                                                  | STATE                                                                                        | ZIP                     |  |
| PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)<br>KEVIN.CHAKA.CISD@GMAIL.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                   | OCCUPATION (Do not leave blank)<br>CFO |                                                                      | DATE OF BIRTH                                                                                                    |                                                                                              | VOTER REGISTRATION VUID |  |
| TELEPHONE CONTACT INFORMATION (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| Home:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                   | Office:                                |                                                                      |                                                                                                                  | Cell:                                                                                        |                         |  |
| FELONY CONVICTION STATUS (You MUST check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                   |                                        | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN |                                                                                                                  |                                                                                              |                         |  |
| <input checked="" type="checkbox"/> I have not been finally convicted of a felony.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                   |                                        | IN THE STATE OF TEXAS                                                |                                                                                                                  | IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED                       |                         |  |
| <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                   |                                        | 13 year(s)<br>7 month(s)                                             |                                                                                                                  | 9 year(s)<br>9 month(s)                                                                      |                         |  |
| This Box Must ONLY be Completed by Candidates for School District Board of Trustees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| Check the Box Below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| <input checked="" type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| *If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>KEVIN CHAKA</u> , who being by me here and now duly sworn, upon oath says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| "I, (name of candidate) <u>KEVIN CHAKA</u> , of <u>DALLAS</u> County, Texas, Being a candidate for the office of <u>CISD BOARD OF TRUSTEES PLACE 5</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct. |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                        |                                                                      |                                                                                                                  | X <u>[Signature]</u><br>SIGNATURE OF CANDIDATE                                               |                         |  |
| Sworn to and subscribed before me this the <u>13</u> day of <u>January</u> , <u>2026</u> , by <u>Kevin Chaka</u><br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| Signature of Officer Authorized to Administer Oath<br><u>[Signature]</u><br>Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                   |                                        |                                                                      |                                                                                                                  | Name of Officer Authorized to Administer Oath<br><u>Xhitlaly Delacerda</u>                   |                         |  |
| Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:<br><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                   |                                        |                                                                      |                                                                                                                  |                                                                                              |                         |  |
| This document and \$_____ filing fee or a nominating petition of _____ pages received.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                   |                                        |                                                                      |                                                                                                                  | <input checked="" type="checkbox"/> Voter Registration Status Verified                       |                         |  |
| <u>1/14/2026</u><br>Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <u>1/14/2026</u><br>Date Accepted |                                        | (See Section 1.007) _____<br>Signature of Filing Officer or Designee |                                                                                                                  |                                                                                              |                         |  |

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |                      |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------|---------|
| See CTA Instruction Guide for detailed instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              | 1 Total pages filed: |         |
| 2 CANDIDATE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MS / MRS / MR<br>MR                                                                          | FIRST<br>KEVIN       | MI<br>C |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NICKNAME                                                                                     | LAST<br>CHAKA        | SUFFIX  |
| 3 CANDIDATE<br>MAILING<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>830 GREENWAY DR, COPPELL, TX 75019 |                      |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 CANDIDATE<br>PHONE                                                                         |                      |         |
| 5 OFFICE<br>HELD<br>(if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AREA CODE PHONE NUMBER EXTENSION<br>( 972 ) 928-2012                                         |                      |         |
| 6 OFFICE<br>SOUGHT<br>(if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COPPELL ISD BOARD OF TRUSTEES, PLACE 5                                                       |                      |         |
| 7 CAMPAIGN<br>TREASURER<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MS/MRS/MR<br>MR                                                                              | FIRST<br>KEVIN       | MI<br>C |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NICKNAME<br>CHAKA                                                                            | LAST                 | SUFFIX  |
| 8 CAMPAIGN<br>TREASURER<br>STREET<br>ADDRESS<br>(residence or business)                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE<br>830 GREENWAY DR, COPPELL, TX 75019   |                      |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 CAMPAIGN<br>TREASURER<br>PHONE                                                             |                      |         |
| 10 CANDIDATE<br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AREA CODE PHONE NUMBER EXTENSION<br>( 972 ) 928-2012                                         |                      |         |
| <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><br/>Signature of Candidate</p> <p><u>1/13/2026</u><br/>Date Signed</p> |                                                                                              |                      |         |
| GO TO PAGE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                      |         |

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

*mailed*

JAN 14 2026

*C. Smith*

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

**1 ACCOUNT NUMBER**  
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE ☒

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.*

*If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MR

KEVIN

C

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

CHAKA

**4 TELEPHONE NUMBER  
OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

928-2012

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE

ZIP CODE

830 GREENWAY DR, COPPELL, TX 75019

**6 OFFICE SOUGHT  
BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

COPPELL ISD BOARD OF TRUSTEES, PLACE 5

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN  
TREASURER**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MR

KEVIN

C

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

CHAKA

**GO TO PAGE 2**

## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold. In order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

# 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:

20

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR

FIRST

KEVIN

MI

C

NICKNAME

LAST

CHAKA

SUFFIX

OFFICE USE ONLY

RECEIVED  
APR 07 2026  
BY: C. Snowden

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

830 GREENWAY DR, COPPELL, TX 75019

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

928-2012

Date Hand-delivered or Date Postmarked

4.2.26

Receipt #

Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MR

FIRST

KEVIN

MI

C

NICKNAME

LAST

CHAKA

SUFFIX

Date Processed

4.7.26

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

830 GREENWAY DR, COPPELL, TX 75019

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

928-2012

9 REPORT TYPE

☐ 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)

10 PERIOD  
COVERED

Month

Day

Year

01

14

2026

THROUGH

Month

Day

Year

03

31

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

05

02

2026

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COPPELL ISD BOARD OF TRUSTEES, PLACE 5

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                    |                                                                                                                                       |                                               |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br>KEVIN CHAKA |                                                                                                                                       | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>      | 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)                                                  | \$ 10,280.00                                  |
| <b>EXPENDITURE TOTALS</b>          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                            |
|                                    | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 8,077.80                                   |
| <b>CONTRIBUTION BALANCE</b>        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 2,202.20                                   |
| <b>OUTSTANDING LOAN TOTALS</b>     | 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

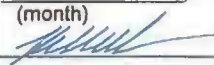
Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Kevin Chaka, and my date of birth is November 7, 1983.  
My address is 830 Greenway Dr, Coppell, TX, 75019, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Dallas County, State of Texas, on the 2 day of April, 20 26.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****KEVIN CHAKA****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                                     |                                                                                    |              |
|-----|-------------------------------------|------------------------------------------------------------------------------------|--------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 10,280.00 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$           |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$           |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$           |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 8,077.80  |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$           |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$           |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$           |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$           |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$           |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$           |
| 12. | <input type="checkbox"/>            | 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: **11**

2 FILER NAME **KEVIN CHAKA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**02/13/2026**

5 Full name of contributor  
**DAVID BARRY**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**100**

6 Contributor address;  
**415 S CORONA ST**

City;  
**DENVER**

State;  
**CO**

Zip Code  
**80209**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**02/18/2026**

Full name of contributor  
**JEFFREY BENAVIDEZ**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**600**

Contributor address;  
**108 CEDAR CREST CT**

City;  
**COPPELL**

State;  
**TX**

Zip Code  
**75019**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**03/03/2026**

Full name of contributor  
**HANNAH BENNING**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**25**

Contributor address;  
**109 DEANN DRIVE**

City;  
**COPPELL**

State;  
**TX**

Zip Code  
**75019**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**03/02/2026**

Full name of contributor  
**TRINA BIVENS**

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**50**

Contributor address;  
**814 MALLARD DR**

City;  
**COPPELL**

State;  
**TX**

Zip Code  
**75019**

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: <b>11</b>     |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                                 | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>02/18/2026</b>                                                                                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHRISTOPHER BLANTON</b> | 7 Amount of contribution (\$) <b>600</b> |
| 6 Contributor address; City; State; Zip Code<br><b>108 TRAILWOOD LN COPPELL TX 75019</b>                                                                       |                                                                                                                 |                                          |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                 | 9 Employer (See Instructions)            |
| Date<br><b>02/28/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHRIS BOYD</b>            | Amount of contribution (\$) <b>50</b>    |
| Contributor address; City; State; Zip Code<br><b>346 PECAN HOLLOW DR COPPELL TX 75019</b>                                                                      |                                                                                                                 |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                 | Employer (See Instructions)              |
| Date<br><b>02/18/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHRISTOPHER BRYAN</b>     | Amount of contribution (\$) <b>600</b>   |
| Contributor address; City; State; Zip Code<br><b>227 SLEEPY HOLLOW LN COPPELL TX 75019</b>                                                                     |                                                                                                                 |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                 | Employer (See Instructions)              |
| Date<br><b>02/11/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CLAUDIA BUTTERFIELD</b>   | Amount of contribution (\$) <b>50</b>    |
| Contributor address; City; State; Zip Code<br><b>7026 SOUTHAMPTON LN WEST CHESTER OH 45069</b>                                                                 |                                                                                                                 |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                 | Employer (See Instructions)              |
|                                                                                                                                                                |                                                                                                                 |                                          |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                 |                                          |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|                                                                                                                                                                |                                                                                                         |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                         | 1 Total pages Schedule A1: <b>11</b>     |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                         | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>02/11/2026</b>                                                                                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JASON CHAKA</b> | 7 Amount of contribution (\$) <b>100</b> |
| 6 Contributor address; City; State; Zip Code<br><b>1602 BRENDON TRAIL LN SPRING TX 77386</b>                                                                   |                                                                                                         |                                          |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                         | 9 Employer (See Instructions)            |
| Date<br><b>02/11/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KEVIN CHAKA</b>   | Amount of contribution (\$) <b>1000</b>  |
| Contributor address; City; State; Zip Code<br><b>830 GREENWAY DR COPPELL TX 75019</b>                                                                          |                                                                                                         |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                         | Employer (See Instructions)              |
| Date<br><b>02/24/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KEVIN CHAKA</b>   | Amount of contribution (\$) <b>1000</b>  |
| Contributor address; City; State; Zip Code<br><b>830 GREENWAY DR COPPELL TX 75019</b>                                                                          |                                                                                                         |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                         | Employer (See Instructions)              |
| Date<br><b>02/24/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>SIDNEY CHAKA</b>  | Amount of contribution (\$) <b>1000</b>  |
| Contributor address; City; State; Zip Code<br><b>4803 CLARIDGE PARK LN KATY TX 77494</b>                                                                       |                                                                                                         |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                         | Employer (See Instructions)              |
|                                                                                                                                                                |                                                                                                         |                                          |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: **11****2** FILER NAME **KEVIN CHAKA****3** Filer ID (Ethics Commission Filers)**4** Date  
**02/12/2026****5** Full name of contributor  
**MICHAEL COX**☐ out-of-state PAC (ID#: \_\_\_\_\_)**7** Amount of contribution (\$)**100****6** Contributor address;  
**18391 W 93RD PL**City;  
**ARVADA**State;  
**CO**Zip Code  
**80007****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
**02/25/2026**Full name of contributor  
**DUSTIN DEGROFF**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**600**

Contributor address;

**200 RUSTIC MEADOW WAY**

City;

**COPPELL**

State;

**TX**

Zip Code

**75019**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**03/02/2026**Full name of contributor  
**JENYA FELDER**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100**

Contributor address;

**3209 SWEETBRIAR LANE**

City;

**FORT WORTH TX**

State;

Zip Code

**76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**03/13/2026**Full name of contributor  
**FREDERICK FORD**☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**250**

Contributor address;

**231 SLEEPY HOLLOW LN**

City;

**COPPELL**

State;

**TX**

Zip Code

**75019**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|                                                                                                                                                                |                                                                                                              |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                              | 1 Total pages Schedule A1: <b>11</b>     |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                              | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>02/13/2026</b>                                                                                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KATHERINE FRENCH</b> | 7 Amount of contribution (\$) <b>100</b> |
| 6 Contributor address; City; State; Zip Code<br><b>2116 BLUE SAGE DR FLOWER MOUND TX 75028</b>                                                                 |                                                                                                              |                                          |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                              | 9 Employer (See Instructions)            |
| Date<br><b>03/03/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>FRANK GASPARRO</b>     | Amount of contribution (\$) <b>100</b>   |
| Contributor address; City; State; Zip Code<br><b>338 CROOKED TREE CT COPPELL TX 75019</b>                                                                      |                                                                                                              |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                              | Employer (See Instructions)              |
| Date<br><b>02/11/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DENNIS HAMILTON</b>    | Amount of contribution (\$) <b>200</b>   |
| Contributor address; City; State; Zip Code<br><b>5003 ELSBY AVE DALLAS TX 75209</b>                                                                            |                                                                                                              |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                              | Employer (See Instructions)              |
| Date<br><b>02/20/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>PAUL HEEG</b>          | Amount of contribution (\$) <b>250</b>   |
| Contributor address; City; State; Zip Code<br><b>220 BEECHWOOD LANE COPPELL TX 75019</b>                                                                       |                                                                                                              |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                              | Employer (See Instructions)              |
|                                                                                                                                                                |                                                                                                              |                                          |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|                                                                                                                                                                |  |                                                                                                              |                               |                                         |  |
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| The Instruction Guide explains how to complete this form.                                                                                                      |  |                                                                                                              |                               | 1 Total pages Schedule A1: <b>11</b>    |  |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |  |                                                                                                              |                               | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><b>03/19/2026</b>                                                                                                                                    |  | 5 Full name of contributor<br><b>KATHLEEN LAMBERT</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) |                               | 7 Amount of contribution (\$) <b>25</b> |  |
|                                                                                                                                                                |  | 6 Contributor address; City; State; Zip Code<br><b>328 PARK VALLEY DR COPPELL TX 75019</b>                   |                               |                                         |  |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |  |                                                                                                              | 9 Employer (See Instructions) |                                         |  |
| Date<br><b>02/11/2026</b>                                                                                                                                      |  | Full name of contributor<br><b>KAYLE LEIBOLD</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)      |                               | Amount of contribution (\$) <b>50</b>   |  |
|                                                                                                                                                                |  | Contributor address; City; State; Zip Code<br><b>320 WILMA CIR RIVIERA BEACH FL 33404</b>                    |                               |                                         |  |
| Principal occupation / Job title (See Instructions)                                                                                                            |  |                                                                                                              | Employer (See Instructions)   |                                         |  |
| Date<br><b>02/18/2026</b>                                                                                                                                      |  | Full name of contributor<br><b>NIKO LEINONEN</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)      |                               | Amount of contribution (\$) <b>600</b>  |  |
|                                                                                                                                                                |  | Contributor address; City; State; Zip Code<br><b>341 KYLE DR COPPELL TX 75019</b>                            |                               |                                         |  |
| Principal occupation / Job title (See Instructions)                                                                                                            |  |                                                                                                              | Employer (See Instructions)   |                                         |  |
| Date<br><b>02/11/2026</b>                                                                                                                                      |  | Full name of contributor<br><b>JOHN MONTGOMERY</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)    |                               | Amount of contribution (\$) <b>50</b>   |  |
|                                                                                                                                                                |  | Contributor address; City; State; Zip Code<br><b>4627 FAIRFAX AVENUE DALLAS TX 75209</b>                     |                               |                                         |  |
| Principal occupation / Job title (See Instructions)                                                                                                            |  |                                                                                                              | Employer (See Instructions)   |                                         |  |
|                                                                                                                                                                |  |                                                                                                              |                               |                                         |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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.                                                                                                             |                                                                                                                  |  |                                      | <b>1</b> Total pages Schedule A1: <b>11</b>      |  |
| <b>2</b> FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                                  |  |                                      | <b>3</b> Filer ID (Ethics Commission Filers)     |  |
| <b>4</b> Date<br><b>02/11/2026</b>                                                                                                                                    | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KARLA MOOG</b>    |  |                                      | <b>7</b> Amount of contribution (\$) <b>25</b>   |  |
|                                                                                                                                                                       | <b>6</b> Contributor address; City; State; Zip Code<br><b>109 SUNRISE DR COPPELL TX 75019</b>                    |  |                                      |                                                  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                  |  | <b>9</b> Employer (See Instructions) |                                                  |  |
| <b>Date</b><br><b>02/11/2026</b>                                                                                                                                      | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>RYAN NELSON</b>     |  |                                      | <b>Amount of contribution (\$)</b><br><b>100</b> |  |
|                                                                                                                                                                       | <b>Contributor address; City; State; Zip Code</b><br><b>4260 E HOUSTON AVE GILBERT AZ 85234</b>                  |  |                                      |                                                  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                  |  | <b>Employer (See Instructions)</b>   |                                                  |  |
| <b>Date</b><br><b>02/18/2026</b>                                                                                                                                      | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>DOMINIC NEVAREZ</b> |  |                                      | <b>Amount of contribution (\$)</b><br><b>600</b> |  |
|                                                                                                                                                                       | <b>Contributor address; City; State; Zip Code</b><br><b>292 PARK VALLEY DR COPPELL TX 75019</b>                  |  |                                      |                                                  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                  |  | <b>Employer (See Instructions)</b>   |                                                  |  |
| <b>Date</b><br><b>02/11/2026</b>                                                                                                                                      | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LAURA NEVAREZ</b>   |  |                                      | <b>Amount of contribution (\$)</b><br><b>25</b>  |  |
|                                                                                                                                                                       | <b>Contributor address; City; State; Zip Code</b><br><b>292 PARK VALLEY DR COPPELL TX 75019</b>                  |  |                                      |                                                  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                  |  | <b>Employer (See Instructions)</b>   |                                                  |  |
|                                                                                                                                                                       |                                                                                                                  |  |                                      |                                                  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                  |  |                                      |                                                  |  |

## SCHEDULE A1

|                                                                                                                                                                |  |                                                                                              |                               |                                       |  |
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| The Instruction Guide explains how to complete this form.                                                                                                      |  |                                                                                              |                               | 1 Total pages Schedule A1: 11         |  |
| 2 FILER NAME KEVIN CHAKA                                                                                                                                       |  |                                                                                              |                               | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>03/30/2026                                                                                                                                           |  | 5 Full name of contributor<br>EMILY NICKEL                                                   |                               | 7 Amount of contribution (\$) 25      |  |
|                                                                                                                                                                |  | <input type="checkbox"/> out-of-state PAC (ID#: _____)                                       |                               |                                       |  |
|                                                                                                                                                                |  | 6 Contributor address; City; State; Zip Code<br>14918 WOODTHORPE LN HOUSTON TX 77079         |                               |                                       |  |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |  |                                                                                              | 9 Employer (See Instructions) |                                       |  |
| Date<br>03/05/2026                                                                                                                                             |  | Full name of contributor<br>RAMON OCHOA                                                      |                               | Amount of contribution (\$) 50        |  |
|                                                                                                                                                                |  | <input type="checkbox"/> out-of-state PAC (ID#: _____)                                       |                               |                                       |  |
|                                                                                                                                                                |  | Contributor address; City; State; Zip Code<br>222 FLAGSTONE LN COPPELL TX 75019              |                               |                                       |  |
| Principal occupation / Job title (See Instructions)                                                                                                            |  |                                                                                              | Employer (See Instructions)   |                                       |  |
| Date<br>03/30/2026                                                                                                                                             |  | Full name of contributor<br>KATIE PAULSEN                                                    |                               | Amount of contribution (\$) 50        |  |
|                                                                                                                                                                |  | <input type="checkbox"/> out-of-state PAC (ID#: _____)                                       |                               |                                       |  |
|                                                                                                                                                                |  | Contributor address; City; State; Zip Code<br>811 THICKET LN HOUSTON TX 77079                |                               |                                       |  |
| Principal occupation / Job title (See Instructions)                                                                                                            |  |                                                                                              | Employer (See Instructions)   |                                       |  |
| Date<br>02/11/2026                                                                                                                                             |  | Full name of contributor<br>ARIELLE PECNIK                                                   |                               | Amount of contribution (\$) 25        |  |
|                                                                                                                                                                |  | <input type="checkbox"/> out-of-state PAC (ID#: _____)                                       |                               |                                       |  |
|                                                                                                                                                                |  | Contributor address; City; State; Zip Code<br>2351 PARKWAY BLVD UNIT 59 COQUITLAM BC V3E 3P2 |                               |                                       |  |
| Principal occupation / Job title (See Instructions)                                                                                                            |  |                                                                                              | Employer (See Instructions)   |                                       |  |
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## SCHEDULE A1

|                                                           |                                                                                                      |                                       |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form. |                                                                                                      | 1 Total pages Schedule A1: 11         |
| 2 FILER NAME KEVIN CHAKA                                  |                                                                                                      | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>02/11/2026                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>JOSEPH PLUNKETT | 7 Amount of contribution (\$) 50      |
|                                                           | 6 Contributor address; City; State; Zip Code<br>3333 HARRY HINES BLVD #4108 DALLAS TX 75201          |                                       |

|                                                              |                                      |
|--------------------------------------------------------------|--------------------------------------|
| <b>8</b> Principal occupation / Job title (See Instructions) | <b>9</b> Employer (See Instructions) |
|--------------------------------------------------------------|--------------------------------------|

|                      |                          |                                                        |                             |
|----------------------|--------------------------|--------------------------------------------------------|-----------------------------|
| Date                 | Full name of contributor | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| 02/18/2026           | ARUN PRASATH             |                                                        | 600                         |
| <hr/>                |                          |                                                        |                             |
| Contributor address; |                          | City;                                                  | State; Zip Code             |
| 200 SLEEPY HOLLOW LN |                          | COPPELL                                                | TX 75019                    |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|
|                                                     |                             |

|                                                                                        |                                               |                                                        |                                              |
|----------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| Date<br><b>02/16/2026</b>                                                              | Full name of contributor<br><b>RAM PRUSTY</b> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$)<br><br><b>50</b> |
| Contributor address; City; State; Zip Code<br><b>101 KIMBEL COURT COPPELL TX 75019</b> |                                               |                                                        |                                              |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|
|                                                     |                             |

|                                                                                         |                                                    |                                                        |                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------|
| Date<br><b>02/19/2026</b>                                                               | Full name of contributor<br><b>LESLIE SCHRODER</b> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$)<br><b>25</b> |
| Contributor address; City; State; Zip Code<br><b>1818 TANNEHILL DR HOUSTON TX 77008</b> |                                                    |                                                        |                                          |

|                                                     |                             |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

Revised 1/1/2024

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------------------------------------------------|--|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                   |  |                                      | <b>1</b> Total pages Schedule A1: <b>11</b>      |  |
| <b>2</b> FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                                   |  |                                      | <b>3</b> Filer ID (Ethics Commission Filers)     |  |
| <b>4</b> Date<br><b>02/18/2026</b>                                                                                                                                    | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LUI TAI</b>        |  |                                      | <b>7</b> Amount of contribution (\$) <b>600</b>  |  |
|                                                                                                                                                                       | <b>6</b> Contributor address; City; State; Zip Code<br><b>121 DICKENS DR COPPELL TX 75019</b>                     |  |                                      |                                                  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                   |  | <b>9</b> Employer (See Instructions) |                                                  |  |
| <b>Date</b><br><b>02/10/2026</b>                                                                                                                                      | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>TIFFANY TAI</b>      |  |                                      | <b>Amount of contribution (\$)</b><br><b>200</b> |  |
|                                                                                                                                                                       | <b>Contributor address; City; State; Zip Code</b><br><b>121 DICKENS DR COPPELL TX 75019</b>                       |  |                                      |                                                  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                   |  | <b>Employer (See Instructions)</b>   |                                                  |  |
| <b>Date</b><br><b>02/25/2026</b>                                                                                                                                      | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BRANDON WAGSTAFF</b> |  |                                      | <b>Amount of contribution (\$)</b><br><b>25</b>  |  |
|                                                                                                                                                                       | <b>Contributor address; City; State; Zip Code</b><br><b>1009 N 1150 E AMERICAN FORK UT 84003</b>                  |  |                                      |                                                  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                   |  | <b>Employer (See Instructions)</b>   |                                                  |  |
| <b>Date</b><br><b>02/19/2026</b>                                                                                                                                      | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JASON WILCOX</b>     |  |                                      | <b>Amount of contribution (\$)</b><br><b>100</b> |  |
|                                                                                                                                                                       | <b>Contributor address; City; State; Zip Code</b><br><b>711 BURNET ST COPPELL TX 75019</b>                        |  |                                      |                                                  |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                   |  | <b>Employer (See Instructions)</b>   |                                                  |  |
|                                                                                                                                                                       |                                                                                                                   |  |                                      |                                                  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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: <b>11</b>   |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                          | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>02/11/2026</b>                                                                                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>STEVEN WILKE</b> | 7 Amount of contribution (\$) <b>5</b> |
| 6 Contributor address; City; State; Zip Code<br><b>5872 S HOMESTEAD CT MURRAY UT 84107</b>                                                                     |                                                                                                          |                                        |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                          | 9 Employer (See Instructions)          |
| Date<br><b>03/27/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JEFFREY WU</b>     | Amount of contribution (\$) <b>100</b> |
| Contributor address; City; State; Zip Code<br><b>50 RIVERSIDE BLVD 15D NEW YORK NY 10069</b>                                                                   |                                                                                                          |                                        |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                          | Employer (See Instructions)            |
| Date<br><b>02/11/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CASEY YATES</b>    | Amount of contribution (\$) <b>25</b>  |
| Contributor address; City; State; Zip Code<br><b>2307 SHELL MIDLAND TX 79705</b>                                                                               |                                                                                                          |                                        |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                          | Employer (See Instructions)            |
| Date                                                                                                                                                           | Full name of contributor <input type="checkbox"/> 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<br>If contributor 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.

|                                                                     |                                                                                                                                                                      |  |                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br><b>6</b>                       | <b>2</b> FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>01/26/2026</b>                                  | <b>5</b> Payee name<br><b>GODADDY</b>                                                                                                                                |  |                                              |
| <b>6</b> Amount (\$)<br><b>440.91</b>                               | <b>7</b> Payee address; City; State; Zip Code                                                                                                                        |  |                                              |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                |  | <b>(b)</b> Description<br><b>WEBSITE</b>     |
|                                                                     | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                                      |  |                                              |
| Candidate / Officeholder name Office sought Office held             |                                                                                                                                                                      |  |                                              |
| Date<br><b>01/30/2026</b>                                           | Payee name<br><b>EXACTMETRICS</b>                                                                                                                                    |  |                                              |
| Amount (\$)<br><b>99.50</b>                                         | Payee address; City; State; Zip Code                                                                                                                                 |  |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                           |  | Description<br><b>WEBSITE</b>                |
|                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>02/11/2026</b>                                           | Payee name<br><b>SUPER CHEAP SIGNS</b>                                                                                                                               |  |                                              |
| Amount (\$)<br><b>1,547.31</b>                                      | Payee address; City; State; Zip Code                                                                                                                                 |  |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                           |  | Description<br><b>SIGNS</b>                  |
|                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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:<br><b>6</b>                       | 2 FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>02/19/2026</b>                                  | 5 Payee name<br><b>GOOGLE</b>                                                                                                                                 |                                       |
| 6 Amount (\$)<br><b>160.00</b>                               | 7 Payee address; City; State; Zip Code                                                                                                                        |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>GOOGLE ADS</b>  |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>02/20/2026</b>                                    | Payee name<br><b>CUSTOM INK</b>                                                                                                                               |                                       |
| Amount (\$)<br><b>877.48</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>CAMPAIGN SHIRTS</b> |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>02/22/2026</b>                                    | Payee name<br><b>FEDEX OFFICE</b>                                                                                                                             |                                       |
| Amount (\$)<br><b>95.25</b>                                  | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>HANDOUTS</b>        |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |                                                                                                                                                               |                                       |

# 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:<br><b>6</b>                       | 2 FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>02/24/2026</b>                                  | 5 Payee name<br><b>EVERYTHING BRANDED</b>                                                                                                                     |                                          |
| 6 Amount (\$)<br><b>403.50</b>                               | 7 Payee address; City; State; Zip Code                                                                                                                        |                                          |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>GIVEAWAY ITEMS</b> |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>02/27/2026</b>                                    | Payee name<br><b>META</b>                                                                                                                                     |                                          |
| Amount (\$)<br><b>715.09</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                          |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>SOCIAL MEDIA ADS</b>   |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>03/02/2026</b>                                    | Payee name<br><b>GOOGLE</b>                                                                                                                                   |                                          |
| Amount (\$)<br><b>212.91</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                          |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>GOOGLE ADS</b>         |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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:<br><b>6</b>                       | 2 FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>03/06/2026</b>                                  | 5 Payee name<br><b>AMAZON.COM</b>                                                                                                                             |                                          |
| 6 Amount (\$)<br><b>53.52</b>                                | 7 Payee address; City; State; Zip Code                                                                                                                        |                                          |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>GIVEAWAY ITEMS</b> |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>03/10/2026</b>                                    | Payee name<br><b>EVERYTHING BRANDED</b>                                                                                                                       |                                          |
| Amount (\$)<br><b>781.20</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                          |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>GIVEAWAY ITEMS</b>     |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>03/12/2026</b>                                    | Payee name<br><b>AMAZON.COM</b>                                                                                                                               |                                          |
| Amount (\$)<br><b>178.40</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                          |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>GIVEAWAY ITEMS</b>     |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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:<br><b>6</b>                       | 2 FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>03/13/2026</b>                                  | 5 Payee name<br><b>AMAZON.COM</b>                                                                                                                             |                                          |
| 6 Amount (\$)<br><b>116.84</b>                               | 7 Payee address; City; State; Zip Code                                                                                                                        |                                          |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>GIVEAWAY ITEMS</b> |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>03/24/2026</b>                                    | Payee name<br><b>JPS BOOKS AND LOGISTICS</b>                                                                                                                  |                                          |
| Amount (\$)<br><b>1,085.96</b>                               | Payee address; City; State; Zip Code                                                                                                                          |                                          |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>SIGNS</b>              |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>03/26/2026</b>                                    | Payee name<br><b>AMAZON.COM</b>                                                                                                                               |                                          |
| Amount (\$)<br><b>151.60</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                          |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>GIVEAWAY ITEMS</b>     |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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                |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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:<br><b>6</b>                       | 2 FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>03/29/2026</b>                                  | 5 Payee name<br><b>CANVA</b>                                                                                                                                  |                                        |
| 6 Amount (\$)<br><b>89.30</b>                                | 7 Payee address; City; State; Zip Code                                                                                                                        |                                        |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>HANDOUTS</b>     |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>03/29/2026</b>                                    | Payee name<br><b>META</b>                                                                                                                                     |                                        |
| Amount (\$)<br><b>1,069.03</b>                               | Payee address; City; State; Zip Code                                                                                                                          |                                        |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>SOCIAL MEDIA ADS</b> |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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                                                         | Payee name                                                                                                                                                    |                                        |
| Amount (\$)                                                  | Payee address; City; State; Zip Code                                                                                                                          |                                        |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)                                                                                                  | Description                            |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# 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:

11

## OFFICE USE ONLY

Date Received

**RECEIVED**  
APR 24 2026  
BY: C. Snowden

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR

FIRST

KEVIN

MI

C

NICKNAME

LAST

CHAKA

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

830 GREENWAY DR, COPPELL, TX 75019

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

928-2012

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MR

FIRST

KEVIN

MI

C

NICKNAME

LAST

CHAKA

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

830 GREENWAY DR, COPPELL, TX 75019

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 972 )

928-2012

9 REPORT TYPE

☐

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)

10 PERIOD  
COVERED

Month

Day

Year

04

01

2026

THROUGH

Month

Day

Year

04

21

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

05

02

2026

☐

Primary

☐

Runoff

☐

ELECTION TYPE

Other

Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COPPELL ISD BOARD OF TRUSTEES, PLACE 5

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

KEVIN CHAKA

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)

\$ 4,760.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,918.01

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 44.19

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 Kevin Chaka, and my date of birth is November 7, 1983

My address is 830 Greenway Dr, Coppell, TX, 75019, USA

Executed in Dallas (street) County, State of Texas (city), on the 24 (state) day of April (zip code), 20 26 (country) (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****KEVIN CHAKA****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                                     |                                                                                    |             |
|-----|-------------------------------------|------------------------------------------------------------------------------------|-------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 4,760.00 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$          |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$          |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 6,918.01 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$          |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$          |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$          |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/>            | 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: <b>5</b>      |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>04/09/2026</b>                                                                                                                                    | 5 Full name of contributor <b>JEFFREY BENAVIDEZ</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>6 Contributor address; City; State; Zip Code<br><b>108 CEDAR CREST CT COPPELL TX 75019</b>    | 7 Amount of contribution (\$) <b>400</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                 | 9 Employer (See Instructions)            |
| Date<br><b>04/08/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>MEGAN BLANTON</b><br><br>Contributor address; City; State; Zip Code<br><b>108 TRAILWOOD LN COPPELL TX 75019</b>           | Amount of contribution (\$) <b>400</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                 | Employer (See Instructions)              |
| Date<br><b>04/09/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHRISTOPHER BRYAN</b><br><br>Contributor address; City; State; Zip Code<br><b>227 SLEEPY HOLLOW LANE COPPELL TX 75019</b> | Amount of contribution (\$) <b>400</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                 | Employer (See Instructions)              |
| Date<br><b>04/09/2026</b>                                                                                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>EMILY CANTU</b><br><br>Contributor address; City; State; Zip Code<br><b>270 SUZANNE WAY COPPELL TX 75019</b>              | Amount of contribution (\$) <b>25</b>    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                 | Employer (See Instructions)              |
|                                                                                                                                                                |                                                                                                                                                                                                                 |                                          |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: <b>5</b>      |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                               | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>04/09/2026</b>                                                                                                                                    | 5 Full name of contributor<br><b>DUSTIN DEGROFF</b><br><input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) <b>400</b> |
| 6 Contributor address; City; State; Zip Code<br><b>200 RUSTIC MEADOW WAY COPPELL TX 75019</b>                                                                  |                                                                                                               |                                          |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                               | 9 Employer (See Instructions)            |
| Date<br><b>04/09/2026</b>                                                                                                                                      | Full name of contributor<br><b>FREDERICK FORD</b><br><input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$) <b>750</b>   |
| Contributor address; City; State; Zip Code<br><b>231 SLEEPY HOLLOW LN COPPELL TX 75019</b>                                                                     |                                                                                                               |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                               | Employer (See Instructions)              |
| Date<br><b>04/14/2026</b>                                                                                                                                      | Full name of contributor<br><b>JOHN GESEK</b><br><input type="checkbox"/> out-of-state PAC (ID#: _____)       | Amount of contribution (\$) <b>250</b>   |
| Contributor address; City; State; Zip Code<br><b>105 SAND POINT CT. COPPELL TX 75019</b>                                                                       |                                                                                                               |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                               | Employer (See Instructions)              |
| Date<br><b>04/20/2026</b>                                                                                                                                      | Full name of contributor<br><b>CHERYL HERREID</b><br><input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of contribution (\$) <b>250</b>   |
| Contributor address; City; State; Zip Code<br><b>183 CHINABERRY WAY COPPELL TX 75019</b>                                                                       |                                                                                                               |                                          |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                               | Employer (See Instructions)              |
|                                                                                                                                                                |                                                                                                               |                                          |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: **5**

2 FILER NAME **KEVIN CHAKA**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/18/2026**

5 Full name of contributor  
**LYNN KEEFE**

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**25**

6 Contributor address;  
**631 GLEN LAKES DR**

City;  
**COPPELL**

State;  
**TX**

Zip Code  
**75019**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**04/08/2026**

Full name of contributor  
**NIKO LEINONEN**

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**400**

Contributor address;  
**341 KYLE DR**

City;  
**COPPELL**

State;  
**TX**

Zip Code  
**75019**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/10/2026**

Full name of contributor  
**DOMINIC NEVAREZ**

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**400**

Contributor address;  
**292 PARK VALLEY DR**

City;  
**COPPELL**

State;  
**TX**

Zip Code  
**75019**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**04/09/2026**

Full name of contributor  
**BAVITHRA PARI**

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**400**

Contributor address;  
**200 SLEEPY HOLLOW LN**

City;  
**COPPELL**

State;  
**TX**

Zip Code  
**75019**

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: <b>5</b>     |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                |                                                                                                                                                                                                                             | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>04/17/2026</b>                                                                                                                                    | 5 Full name of contributor <b>CRISTY RUNYAN</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> 6 Contributor address; <b>744 MARLEE CIRCLE</b> City; <b>COPPELL</b> State; <b>TX</b> Zip Code <b>75019</b> | 7 Amount of contribution (\$) <b>25</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                             | 9 Employer (See Instructions)           |
| Date<br><b>04/06/2026</b>                                                                                                                                      | Full name of contributor <b>BETH RUSSELL</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; <b>7312 SUMMITVIEW DR</b> City; <b>IRVING</b> State; <b>TX</b> Zip Code <b>75063</b>      | Amount of contribution (\$) <b>50</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                             | Employer (See Instructions)             |
| Date<br><b>04/01/2026</b>                                                                                                                                      | Full name of contributor <b>KEN STOKES</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; <b>346 GREENTREE DR.</b> City; <b>COPPELL</b> State; <b>TX</b> Zip Code <b>75019</b>        | Amount of contribution (\$) <b>100</b>  |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                             | Employer (See Instructions)             |
| Date<br><b>04/08/2026</b>                                                                                                                                      | Full name of contributor <b>LUI TAI</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; <b>121 DICKENS DR</b> City; <b>COPPELL</b> State; <b>TX</b> Zip Code <b>75019</b>              | Amount of contribution (\$) <b>400</b>  |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                                                             | Employer (See Instructions)             |
|                                                                                                                                                                |                                                                                                                                                                                                                             |                                         |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: <b>5</b>     |  |
| 2 FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                       |                                                                                                            |  |                               | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><b>04/04/2026</b>                                                                                                                                           | 5 Full name of contributor <b>HOLLY WOODLEY</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)     |  |                               | 7 Amount of contribution (\$) <b>35</b> |  |
|                                                                                                                                                                       | 6 Contributor address; <b>646 ANDOVER LN</b> City; <b>COPPELL</b> State; <b>TX</b> Zip Code <b>75019</b>   |  |                               |                                         |  |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                            |  | 9 Employer (See Instructions) |                                         |  |
| Date<br><b>04/08/2026</b>                                                                                                                                             | Full name of contributor <b>TANYA WVANS</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)         |  |                               | Amount of contribution (\$) <b>50</b>   |  |
|                                                                                                                                                                       | Contributor address; <b>205 MOCKINGBIRD LN</b> City; <b>COPPELL</b> State; <b>TX</b> Zip Code <b>75019</b> |  |                               |                                         |  |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            |  | Employer (See Instructions)   |                                         |  |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)                            |  |                               | Amount of contribution (\$)             |  |
|                                                                                                                                                                       | Contributor address; City; State; Zip Code                                                                 |  |                               |                                         |  |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                            |  | Employer (See Instructions)   |                                         |  |
|                                                                                                                                                                       |                                                                                                            |  |                               |                                         |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor 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:<br><b>3</b>                       | 2 FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br><b>04/17/2026</b>                                  | 5 Payee name<br><b>CUSTOM INK</b>                                                                                                                             |                                           |
| 6 Amount (\$)<br><b>572.01</b>                               | 7 Payee address; City; State; Zip Code                                                                                                                        |                                           |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>CAMPAIGN SHIRTS</b> |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>04/02/2026</b>                                    | Payee name<br><b>GOOGLE</b>                                                                                                                                   |                                           |
| Amount (\$)<br><b>261.00</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                           |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>GOOGLE ADS</b>          |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>04/18/2026</b>                                    | Payee name<br><b>META</b>                                                                                                                                     |                                           |
| Amount (\$)<br><b>312.00</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                           |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>SOCIAL MEDIA ADS</b>    |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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                 |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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:<br><b>3</b>                       | 2 FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>04/10/2026</b>                                  | 5 Payee name<br><b>UPRINTING</b>                                                                                                                              |                                       |
| 6 Amount (\$)<br><b>2,471.20</b>                             | 7 Payee address; City; State; Zip Code                                                                                                                        |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | (b) Description<br><b>MAILERS</b>     |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>04/15/2026</b>                                    | Payee name<br><b>USPS</b>                                                                                                                                     |                                       |
| Amount (\$)<br><b>78.00</b>                                  | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>STAMPS</b>          |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>04/16/2026</b>                                    | Payee name<br><b>USPS</b>                                                                                                                                     |                                       |
| Amount (\$)<br><b>858.00</b>                                 | Payee address; City; State; Zip Code                                                                                                                          |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    | Description<br><b>STAMPS</b>          |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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:<br><b>3</b>                |                                                                                                                                                               | 2 FILER NAME<br><b>KEVIN CHAKA</b>     |                                    | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>04/01/2026</b>                           |                                                                                                                                                               | 5 Payee name<br><b>VISTAPRINT</b>      |                                    |                                       |  |
| 6 Amount (\$)<br><b>702.97</b>                        |                                                                                                                                                               | 7 Payee address; City; State; Zip Code |                                    |                                       |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>            | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                |                                        | (b) Description<br><b>HANDOUTS</b> |                                       |  |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |                                    |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                                                               |                                        |                                    |                                       |  |
| Date<br><b>04/09/2026</b>                             |                                                                                                                                                               | Payee name<br><b>VISTAPRINT</b>        |                                    |                                       |  |
| Amount (\$)<br><b>1,506.83</b>                        |                                                                                                                                                               | Payee address; City; State; Zip Code   |                                    |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                    |                                        | Description<br><b>HANDOUTS</b>     |                                       |  |
|                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                        |                                    |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                                                               |                                        |                                    |                                       |  |
| Date                                                  |                                                                                                                                                               | Payee name                             |                                    |                                       |  |
| Amount (\$)                                           |                                                                                                                                                               | Payee address; City; State; Zip Code   |                                    |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)                                                                                                  |                                        | Description                        |                                       |  |
|                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                        |                                    |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                                                               |                                        |                                    |                                       |  |
| Date                                                  |                                                                                                                                                               | Payee name                             |                                    |                                       |  |
| Amount (\$)                                           |                                                                                                                                                               | Payee address; City; State; Zip Code   |                                    |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                 | Category (See Categories listed at the top of this schedule)                                                                                                  |                                        | Description                        |                                       |  |
|                                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                        |                                    |                                       |  |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                                                               |                                        |                                    |                                       |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |                                                                                                                                                               |                                        |                                    |                                       |  |

# 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:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR

FIRST

KEVIN

MI

C

NICKNAME

LAST

CHAKA

SUFFIX

OFFICE USE ONLY

Date Received  
**RECEIVED**  
JUL 23 2026  
BY: *C. Snowden*

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

830 GREENWAY DR, COPPELL, TX 75019

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

( 972 )

PHONE NUMBER

928-2012

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MR

FIRST

KEVIN

MI

C

NICKNAME

LAST

CHAKA

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

830 GREENWAY DR, COPPELL, TX 75019

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

( 972 )

PHONE NUMBER

928-2012

EXTENSION

9 REPORT TYPE

☐

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)

10 PERIOD  
COVERED

Month

Day

Year

04

22

2026

THROUGH

Month

Day

Year

06

30

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

05

02

2026

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COPPELL ISD BOARD OF TRUSTEES, PLACE 5

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

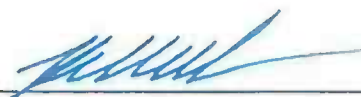
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                    |                                                                                                                                       |                                               |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>16 C/OH NAME</b><br>KEVIN CHAKA |                                                                                                                                       | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>      | 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)                                                  | \$ 2,588.68                                   |
| <b>EXPENDITURE TOTALS</b>          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                            |
|                                    | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 2,632.87                                   |
| <b>CONTRIBUTION BALANCE</b>        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 0.00                                       |
| <b>OUTSTANDING LOAN TOTALS</b>     | 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**

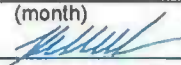
My name is Kevin Chaka, and my date of birth is November 7, 1983

My address is 830 Greenway Dr, Coppell, TX, 75019, USA

(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 23 day of July, 2026

(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****KEVIN CHAKA****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                                     |                                                                                    |             |
|-----|-------------------------------------|------------------------------------------------------------------------------------|-------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 2,588.68 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$          |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$          |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 2,632.87 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$          |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$          |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$          |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/>            | 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.

|                                                                                                                                                                              |                                                                                                                 |  |                                      |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--------------------------------------|-------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                             |                                                                                                                 |  |                                      | <b>1</b> Total pages Schedule A1: <b>1</b>            |
| <b>2</b> FILER NAME <b>KEVIN CHAKA</b>                                                                                                                                       |                                                                                                                 |  |                                      | <b>3</b> Filer ID (Ethics Commission Filers)          |
| <b>4</b> Date<br><b>04/22/2026</b>                                                                                                                                           | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>BRENT BALL</b>   |  |                                      | <b>7</b> Amount of contribution (\$) <b>100</b>       |
|                                                                                                                                                                              | <b>6</b> Contributor address; City; State; Zip Code<br><b>322 DEVON DR COPPELL TX 75019</b>                     |  |                                      |                                                       |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                 |  | <b>9</b> Employer (See Instructions) |                                                       |
| <b>Date</b><br><b>04/22/2026</b>                                                                                                                                             | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>THOMAS BURROWS</b> |  |                                      | <b>Amount of contribution (\$)</b><br><b>100</b>      |
|                                                                                                                                                                              | <b>Contributor address; City; State; Zip Code</b><br><b>138 WYNNPAGE DR COPPELL TX 75019</b>                    |  |                                      |                                                       |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                   |                                                                                                                 |  | <b>Employer (See Instructions)</b>   |                                                       |
| <b>Date</b><br><b>04/24/2026</b>                                                                                                                                             | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>HUMERA HASHMI</b>  |  |                                      | <b>Amount of contribution (\$)</b><br><b>250</b>      |
|                                                                                                                                                                              | <b>Contributor address; City; State; Zip Code</b><br><b>615 WESTHAVEN RD COPPELL TX 75019</b>                   |  |                                      |                                                       |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                   |                                                                                                                 |  | <b>Employer (See Instructions)</b>   |                                                       |
| <b>Date</b><br><b>06/30/2026</b>                                                                                                                                             | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>KEVIN CHAKA</b>    |  |                                      | <b>Amount of contribution (\$)</b><br><b>2,138.68</b> |
|                                                                                                                                                                              | <b>Contributor address; City; State; Zip Code</b><br><b>830 GREENWAY DR COPPELL TX 75019</b>                    |  |                                      |                                                       |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                                   |                                                                                                                 |  | <b>Employer (See Instructions)</b>   |                                                       |
|                                                                                                                                                                              |                                                                                                                 |  |                                      |                                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b> |                                                                                                                 |  |                                      |                                                       |

# 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.

|                                                                                                                                |                                                                                                                                                                      |                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br><b>1</b>                                                                                  | <b>2</b> FILER NAME<br><b>KEVIN CHAKA</b>                                                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>04/28/2026</b>                                                                                             | <b>5</b> Payee name<br><b>JPS BOOKS AND LOGISTICS</b>                                                                                                                |                                              |
| <b>6</b> Amount (\$)<br><b>1,519.51</b>                                                                                        | <b>7</b> Payee address; City; State; Zip Code                                                                                                                        |                                              |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                                                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                | <b>(b)</b> Description<br><b>SIGNS</b>       |
|                                                                                                                                | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                                      |                                              |
| Date<br><b>04/29/2026</b>                                                                                                      | Payee name<br><b>META</b>                                                                                                                                            |                                              |
| Amount (\$)<br><b>624.00</b>                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                 |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                                  | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                           | Description<br><b>SOCIAL MEDIA ADS</b>       |
|                                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                                      |                                              |
| Date<br><b>05/16/2026</b>                                                                                                      | Payee name<br><b>META</b>                                                                                                                                            |                                              |
| Amount (\$)<br><b>489.36</b>                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                 |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                                  | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>                                                                           | Description<br><b>SOCIAL MEDIA ADS</b>       |
|                                                                                                                                | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                                      |                                              |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                                                                     |                                                                                                                                                                      |                                              |