

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Ms</u> FIRST: <u>Tanya</u> MI: <u>D</u> NICKNAME: _____      LAST: <u>Chambers</u> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: <u>PO Box 29</u> APT / SUITE #: _____      CITY: <u>Port Aransas TX</u> STATE: _____      ZIP CODE: <u>78373</u>	Date Received  <b>RECEIVED</b> APR 29 2022	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>510-1975</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Ms</u> FIRST: <u>Tanya</u> MI: <u>D</u> NICKNAME: _____      LAST: <u>Chambers</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): <u>PO Box 29</u> APT / SUITE #: _____      CITY: <u>Port Aransas TX</u> STATE: _____      ZIP CODE: <u>78373</u>	Date Processed	<u>4-29-2022</u>
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>510-1975</u> EXTENSION: _____	Date Imaged	<u>4-29-2022</u>
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <u>03/29/2022</u> <u>04/29/2022</u>		
11 ELECTION	ELECTION DATE:      ELECTION TYPE: Month      Day      Year      Primary      Runoff      Other Description <u>05/07/2022</u> <u>General</u> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>City Council Place 4</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Tanya D Chambers</u>		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)	\$ <u>6560.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4834.80</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1725.20</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Tanya D Chambers, and my date of birth is 11-6-1962.  
 My address is 507 Sea Bats Dr, Port A, TX, 78373 USA  
(street) (city) (state) (zip code) (country)  
 Executed in Wheeler County, State of TX, on the 29 day of April, 20 22.  
(month) (year)  
Tanya Chambers  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Tanya Chambers</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6560.00</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	SCHEDULE E: LOANS	\$ <i>0</i>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del> <i>0</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>4834.80</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# 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:

6

2 FILER NAME

Tanya D Chambers

3 Filer ID (Ethics Commission Filers)

4 Date

3-31-22

5 Full name of contributor

Stephen Roberts

out-of-state PAC (ID#:

7 Amount of contribution (\$)

500.00

6 Contributor address;

26307 Kingsgate Ln Katy TX 77494

City:

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-22

Full name of contributor

Riverside Powers

out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

4734 Gemini CE TR 78405

City:

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-22

Full name of contributor

Harry Adams

out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address;

2319 Fountain way TX 78248

City:

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-22

Full name of contributor

Lee Burke

out-of-state PAC (ID#:

Amount of contribution (\$)

50.00

Contributor address;

542 Randa Brk Boerhoo TX 78015

City:

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tanya D Chambers

3 Filer ID (Ethics Commission Filers)

4 Date

3-31-22

5 Full name of contributor

Romie Kerr

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

250.00

6 Contributor address;

2133 Meadowgrove Ct 78414

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-31-22

Full name of contributor

Drew Hagens

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

7822 Krypton Dr Ct 78414

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-22

Full name of contributor

Adrianna Carter

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

14902 Aquarius St Ct TX 78418

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-22

Full name of contributor

Pat Ben Wallace

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address;

234 Chenoweth Ct TX 78404

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

4-8-27

Wendy Moore

6 Contributor address;

City;

State; Zip Code

604 Shoreline Port A TX 78373

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Alex Harris

Contributor address;

City;

State; Zip Code

2136 Hwy 586 CC TX 78373

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4-8-27

Daniel Johnson

Contributor address;

City;

State; Zip Code

673 marion Port A TX 78373

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4-8-21

Peter Young

Contributor address;

City;

State; Zip Code

502 Light house Port A TX 78373

3000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#)

7 Amount of contribution (\$)

3-31-22

DCTH Painting

6 Contributor address;

City;

State; Zip Code

1326 Ross Ave Port A TX 78373

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

4-8-22

Tara Grambles

Contributor address;

City;

State; Zip Code

Port A TX 78373

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

4-8-22

Kathie Durbin

Contributor address;

City;

State; Zip Code

San Antonio TX 78

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

Cancer Center

Contributor address;

City;

State; Zip Code

Po Box 1638 Port A TX 78373

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Tanya Chambers</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-30-22</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Gregory Carr</i>	7 Amount of contribution (\$) <i>200.00</i>
	6 Contributor address; City; State; Zip Code <i>Port Aransas TX 78373</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-8-22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tiffany Zuniga</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>Port A TX 78373</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-31-22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>my fun port A</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>Po Box Port A TX 78373</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-31-22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jim Urban</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>2725 Swannher CE TX 78404</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Tanya Cerambers

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-22

5 Full name of contributor

Lafon enterprises LLC

out-of-state PAC (ID#)

7 Amount of contribution (\$)

6 Contributor address;

27225 Ranceland Rd Boerne TX

City;

State; Zip Code

78046

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-22

Full name of contributor

KLS Const LLC

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

814 Miramar

City;

State; Zip Code

Port A TX 78373

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-22

Full name of contributor

Rob Clark

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

PO Box 1699

City;

State; Zip Code

Port A TX 78373

60.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <i>Tanya Chambers</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>4-4-22</i>	<b>6</b> Payee name <i>Sarah Ziegler <del>Costa</del> Sweets Bakers</i>	
<b>7</b> Amount (\$) <i>197.87</i>	<b>8</b> Payee address; City; State; Zip Code <i>Port A TX 78373</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food</i>	<b>(b)</b> Description <i>food for campaign meet greet</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Tanya Chambers Place #CityCo</i>	Office sought Office held
Date <i>4-7-22</i>	Payee name <i>next day Flyers Inc</i>	
Amount (\$) <i>224.33</i>	Payee address; City; State; Zip Code <i>PO Box 419709 Dallas TX</i>	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Campaign Banner</i>	Description <i>political B Banner</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Tanya Chambers Place #CityCo</i>	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>4</b>	2 FILER NAME <b>Tanya A Chambers</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>4/9/22</b>	6 Payee name <b>Ace Hardware</b>	
7 Amount (\$) <b>68.15</b>	8 Payee address; City; State; Zip Code <b>2217 St 301 Port H TX 78373</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<b>ad expense</b>	<b>For signs</b>
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Tanya Chambers</b>	Office sought <b>Place 4 City Council</b>
		Office held <b>not</b>
Date <b>4-25-22</b>	Payee name <b>Dreamers &amp; Walkers Consulting</b>	
Amount (\$) <b>750.00</b>	Payee address; City; State; Zip Code <b>1033 Cornerstone CA TX 78418</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<b>advertising</b>	<b>ads &amp; design</b>
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Tanya Chambers</b>	Office sought <b>Place 4 City Co.</b>
		Office held <b>not</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Tanya D Chambers</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4-25-22</i>	6 Payee name <i>Kingmaker Data</i>	
7 Amount (\$) <i>1500.00</i>	8 Payee address; City; State; Zip Code <i>1033 Cornerstone Dr CC TX 78418</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Consulting ex feese</i>	
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Tanya Chambers</i>	Office sought / Office held <i>Place 4 City Cd</i>
Date <i>4-28-22</i>	Payee name <i>Palmilla</i>	
Amount (\$) <i>572.51</i>	Payee address; City; State; Zip Code <i>132 Palmilla Bend Dr Port A TX 78373</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Food/Beverage exp. meet &amp; greet Food &amp; Beverage</i>	
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Tanya Chambers</i>	Office sought / Office held <i>Place 4 City Cd</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Tanya D Chambers</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4-13-22</i>	6 Payee name <i>South Jersey Newspaper</i>	
7 Amount (\$) <i>582.14</i>	8 Payee address; City; State; Zip Code <i>PO Box 1117 Port Aransas TX 78373</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>advertising expense</i>	<i>ad in paper</i>
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Tanya Chambers Place 4 Cityld</i>	
Date <i>4-11-22</i>	Payee name <i>tx Sign Express</i>	
Amount (\$) <i>937.78</i>	Payee address; City; State; Zip Code <i>PO Box 1741 Port A TX 78373</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Printing expense</i>	<i>Signs</i>
(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Tanya Chambers Place 4 Cityld</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED