

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	2 Total pages filed: 8		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST Christopher	MI		
	NICKNAME <i>Chris</i>	LAST Bowen	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1703 Creekbend Dr. Lewisville, TX 75067		ZIP CODE	
		Date Received <i>Received</i> <i>JAN 12 2021</i> <i>LISD / Stpt Ofc</i>		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount		Date Processed
		Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Christopher</i>	MI		
	NICKNAME <i>Chris</i>	LAST <i>Bowen</i>	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <i>1703 Creekbend Dr.</i>		APT / SUITE #;	CITY; <i>Lewisville</i>	
			STATE; <i>TX</i>	ZIP CODE <i>75067</i>	
7 CAMPAIGN TREASURER PHONE	AREA CODE <i>214</i>	PHONE NUMBER <i>770</i>	EXTENSION <i>1999</i>		
	8 REPORT TYPE				
<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED		Month Day Year 10/14/2021	THROUGH	Month Day Year 12/31/2021	
10 ELECTION		ELECTION DATE Month Day Year 05/07/2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special <i>LISD Board</i>		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) <i>LISD Board of Trustees Place 5</i>		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

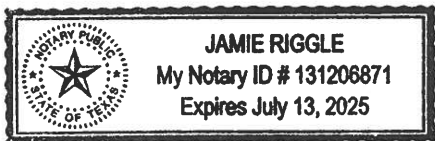
**FORM C/OH
COVER SHEET PG 2**
2 of 8

13 C / OH NAME Bowen, Christopher	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,820.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	7,076.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,620.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Bowen, this the 12th day of January, 20 22, to certify which, witness my hand and seal of office.

 _____ Signature of officer administering	<u>Jamie Riggle</u> _____ Printed name of officer administering	<u>Notary Public</u> _____ Title of officer administering oath
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SUBTOTALS - C/OH

18 FILER NAME Bowen, Christopher		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,820.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,076.63
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Bowen, Christopher		3 Filer ID
4 Date 11/02/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Traci	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 8804 Albero Ln. Flower Mound, TX 75022		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumgarner, Ben	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5150 Kensington Ct. Flower Mound, TX 75022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donham, Justin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Coppell, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy, Highduke	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3159 Almond Dr. Flower Mound, TX 75028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Denton, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Bowen, Christopher		3 Filer ID
4 Date 11/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Schreiber	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Pheonix, AZ	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy, Bishop	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 4034 Raintree Dr. Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/8
2 FILER NAME Bowen, Christopher		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/16/2021	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Christopher	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 1703 Creekbend Dr. Lewisville, TX 75067	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 7/8	2 FILER NAME Bowen, Christopher	3 Filer ID
4 Date 12/29/2021	5 Payee name Edit This	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 6001 Thistle Hill Denton, TX 76210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 11/02/2021	Payee name Murray Media Group	
Amount (\$) \$4,296.00	Payee address; City; State; Zip Code 3513 Yucca Dr. Flower Mound, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design and Implementation
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 11/02/2021	Payee name Murray Media Group	
Amount (\$) \$1,670.32	Payee address; City; State; Zip Code 3513 Yucca Dr. Flower Mound, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 8/8	2 FILER NAME Bowen, Christopher	3 Filer ID
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4 Date 12/21/2021	5 Payee name Murray Media Group
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6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 3513 Yucca Dr. Flower Mound, TX 75028
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2021	Payee name Your Candid Memories
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Amount (\$) \$135.31	Payee address; City; State; Zip Code 189 Elm St. Suite 108 Lewisville, TX 75057
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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