



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                 |   |  |
|---------------------------------|---|--|
| 15 C/OH NAME<br>Chawn Gilliland |   | 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)  | \$ 450.00                              |
| EXPENDITURE TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                                 | 4. TOTAL POLITICAL EXPENDITURES   | \$                                     |
| CONTRIBUTION BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 450.00                              |
| 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 CHAWN GILLILAND, and my date of birth is 2-1-1967.  
 My address is 1420 SADDLE COURT, WILLOW PARK TX, 76087, USA.  
(street) (city) (state) (zip code) (country)  
 Executed in PARKER County, State of TEXAS, on the 10 day of FEB, 2026.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |  |  |
|---|--|--|
| 19 FILER NAME                             |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                     |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 450.00                              |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | SCHEDULE E: LOANS  | \$                                     |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | 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>1</b>                         |
| 2 FILER NAME<br><b>CHAWN GILLILAND</b>   |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>2-3-26</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>RAY LACY</b>  | 7 Amount of contribution (\$)<br><br><b>250.00</b>          |
| 6 Contributor address; City; State; Zip Code<br><b>PO BOX 85 ALEDO TX 76008</b>        |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>POLICE OFFICER</b>         |  | 9 Employer (See Instructions)<br><b>CITY OF WILLOW PARK</b> |
| Date<br><b>1-29-26</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>SCOTT JONES</b> | Amount of contribution (\$)<br><br><b>200.00</b>            |
| Contributor address; City; State; Zip Code<br><b>407 HILLSIDE DRIVE ALEDO TX 76008</b> |  |   |
| Principal occupation / Job title (See Instructions)<br><b>POLICE OFFICER</b>           |  | Employer (See Instructions)<br><b>PARKER COUNTY</b>         |
| 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)                                 |
| 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.