CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FT. WORTH, TX COVER SHEET PG 1 FORM C/OH

		, , , , ,	
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 FIRST CHRIS NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received
	NETTLES		137
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE	RECEIVED APR 2 6 2019 CITY OF FORT WORTH CITY SECRETARY
Change of Address	Fort Worth,	Tx 74119	CITY OF FORT WORK
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 791 - 6676	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount S
NAME	NICKNAME LAST	SUFFIX	Date Processed
	NETTLES	33.7.1	Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 874- 4574	EXTENSION	
9 REPORT TYPE	July 15 Sth day before elections and state of the state o		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year 3 / 26 / 19	THROUGH 4	Day Year
1 ELECTION	ELECTION DATE Month Day Year Primary 5 / 4 / 19 General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		FORT WOR	3
		City cou	NCIC DISTRICT 8
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,027.00	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$	
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 9,866.85	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DIRTING PERIOD	\$ 6,049.85	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	HE \$	
18 AFFIDAVIT				
			rjury, that the accompanying report is mation required to be reported by me	
RONALD P. GONZALES ID #10520616 My Commission Expires Signature of Candidate or Officeholder				
1	May 17, 2020	Oignature of Suna.		
Sworn to and subscribed before me, by the said this netter this the 26th				
day of April	10	certify which, witness my hand and seal of office.	Notary	
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer administering oath	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candiac/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/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

Date 1/24 Amount (\$)	Date 4/24	CHRIS NETILE	c	3 Filer ID (Ethics Commission Filer
Date	4/24		,	
FOH Worth, Tx PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Supplies Complete ONLY if direct expenditure to benefit C/OH Payee name Purpose Office Sought Candidate / Officeholder name Office sought Office held Office held Office sought Office held Office held Office sought Office held Office held Office held Office sought Office held Office hel	Amount (\$)			
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Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense		(a) Category (See Categories listed at the top of this schedule)		
Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address: City: State: Zip Code Buss. Collins St FTW Tx 76014 Category (see Categories listed at the top of this schedule) Puppose of Expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee address: City: State: Zip Code Adversing Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Puppose of Expenditure Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this schedule)				
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PURPOSE OF EXPENDITURE Adventsing Expense Complete ONLY if direct expenditure to benefit C/OH Payee name HIT Banken Payee address; City; State; Zip Code ### ### ############################	\$435.00	2357 S. Collins Si	+ FTW 7	76014
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OF EXPENDITURE advensing Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME CHRIS NETTLES 4 Date 5 Payee name 4118 Commark Direct 7 Payee address; 6 Amount (\$) \$1200,00 507 S. Main St FTW TX 76104 (a) Category (See Categories listed at the top of this schedule) mailing Expense Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Office Depot Amount (\$) Payee address; FTW, TX 8860.34 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE advertising OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; \$ 43.80 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CHRIS NET	3 Filer ID (Ethics Commission Filers)	
4 Date 4 10	5 Payee name Anthow Dein 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code	3	
\$ 200.00	3001 S. University	DR. FTW. TR 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expere	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4/18	Ride share		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 333.00	Dallas, Tx		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/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

Amount (\$) 7 Payee address; City; State; Zip Code FTW, Tx	3 Filer ID (Ethics Commission Filers (Vi deo)
Date 418 Amount (\$) 7 Payee address; City; State; Zip Code # 325.00 FTW: Tx (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Camplete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name KHVN Radio Amount (\$) Payee address; City; State; Zip Code # 400.00 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	(vi deo)
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PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advar hising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Payee name KH VN Radio Amount (\$) Payee address; City; State; Zip Code Oallas, Tx Category (See Categories listed at the top of this schedule)	b) Description
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name KH VN Radio Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule)	b) Description
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HIII KH VN Radio Amount (\$) Payee address; City; State; Zip Code \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	Office sought Office held
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Category (See Categories listed at the top of this schedule)	
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Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought Office held
Date Payee name	
4/12 Comark Direct	
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OF EXPENDITURE Mailing EXPUSE EXPUSE	Check if Austin, 1A, difficencider living expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	2 FILER NAME CHRIS NETL	ES	3 Filer ID (Ethics Commission Filers
Date 4	5 Payee name Dewaye	(video)	
Amount (\$)	7 Payee address; City; State; Zip Code	0.430)	300000000000000000000000000000000000000
\$ 325.00	FTW, TX		
8.00	(a) Category (See Categories listed at the top of this schedule)	(b) Description	A
PURPOSE	1 1:00		utside of Texas. Complete Schedule T.
OF EXPENDITURE	advertising	Check if Austin	n, TX, officeholder living expense
	advertising		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/3	usps		
Amount (\$)	Payee address; City; State; Zip Code	1 (3 () ()	
\$ 27500	Fort Worth, 7	× 76119	
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Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code		
B 39.90	FTW, Tx	70119	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Mass S		tside of Texas. Complete Schedule T.
EXPENDITURE	Experse	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CHRIS NE	TIES 3 Filer ID (Ethics Commission Filers)	
4 Date 3 27	5 Payee name Metro PCS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$120.00	FTW, TR 7	4165	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Phone Bank Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code		
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4/1	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 53.00	FORT WORTH,	Tx 76119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mailing Expuse	Description 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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4 Date Randolph Norris 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date 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 Amount of contribution (\$) out-of-state PAC (ID#:____ City; State; Zip Code Contributor address; 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CHRIS NETTLES 4 Date 7 Amount of contribution (\$) Kathy Rock-Gee 6 Contributor address; City; State; Zip Code \$ 1,000.00 TW Tx 76123 tructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Post L Group, UC Contributor address; City; State; Zip Code \$ 500.00 6015 Havris Plany FTW To Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code \$ 500.00 Love weh Chalet Ct Arlington Tx Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Jim Hustin Contributor address; City; State; Zip Code \$ 1,000.00 2401 Scott Ave FTW Tx 76103 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) Marla Mosby 6 Contributor address; City; State; Zip Code 70.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) \$ 70.00 Forest Hill, Tx Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Charles Strand Contributor address; City; State; Zip Code \$ 2,000.00 467 Bryon Ave FTW TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Contributor address; City: State: 7in Code \$ 42.00 Fort Worth, TR 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME CHRIS NETTLES 4 Date 7 Amount of contribution (\$) Brodrick Rockwell 6 Contributor address; City; State; Zip Code Q0.001 \$ FTW (Tk 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Brian Dixon Contributor address; City; State; Zip Code FTW, TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Van Alexander Contributor address; City; State; Zip Code \$ 70.00 4/13 FTW, TX 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date Greg Hughes 6 Contributor address; City; State; Zip Code \$ 250.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Darra Keyes Contributor address; City; State; Zip Code \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_____ Full name of contributor Amount of contribution (\$) Walter Williams Contributor address; City; State; Zip Code FTW, 及 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Elri tha Rogers Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor out-of-state PAC (ID#: Jennifer Shults 6 Contributor address; City; State; Zip Code FTW TX 7 Amount of contribution (\$) \$ 25.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) Andrew Sims 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 (\$) Gerald Alley Contributor address; City; State; Zip Code \$ 500.00 bole Loch Chalet Ct FIX Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Full name of contributor | out-of-state PAC (ID#:_____) Edy May field Contributor address; City; State; Zip Code Date Amount of contribution (\$) \$ 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.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics 0	Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8027.00
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	\$ 9,866.85
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	\$