CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

OFFICIAL RECORD FORM C/OH

FORM C/OH

		OII SEUREIA	KA.
The C/OH Instruction	Guide explains how to complete this form.	1 Filer D (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME CHRIS	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	STATE; ZIP CODE	RECEIVED APR - 4 2019
Change of Address	FORT WORT	H TX 76119	CITY OF FORT WORTH CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) 791 - 6671	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	мі	Receipt # Amount \$
NAME	SHAKIA NICKNAME LAST		Date Processed
	NETLES	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI 1121 E. BOL FORT WORTH		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 874-4574	EXTENSION	
9 REPORT TYPE	January 15 July 15 Sth day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12 / 7 / 18	THROUGH 3	Day Year 25/19
II 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)	HOW!
	FORT WORTH	FORT WORT	The second secon
	FORT WORTH CITY COUNCIL #8	CITY Count	4L DISTRICT 8
*	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			AND SUN WE PERSON DECK SIX US. MAR SI
14 C/OH NAME	CHRIS	NETILES	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	
TOTALO	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ED T
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,875.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,656.27
CONTRIBUTION BALANCE	Q 10 V 20 1 TO A STORY CO. Y	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 6,656.27 \$7,422.02
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	(842)
18 AFFIDAVIT			
1 NP RO	DNALD P. GONZALES	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
	ID #10520616	the the	(en)
M.	y Commission Expires May 17, 2020		lidate or Officeholder
AFFIX NOTARY STAMI	P/SEALABOVE		
Sworn to and subscr	ibed before me. h	y the said Chris Nettles	, this the
day of April	19	o certify which, witness my hand and seal of office.	
[Cmald].	Congl	- Konald P. Gionzales	notary
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	CHRIS NETTLES	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$18,875.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$18,875.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$6,656.27
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$

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 NETLES 7 Amount of contribution (\$) 4 Date \$50.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID#:_ Date Amount of contribution (\$) 3401 Fair meadow W Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:____ Amount of contribution (\$) \$200.00 500 Samuels Ave #2000 FTW To The No Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) Odreine Terrence Contributor address; City; State; Zip Code \$ 50.00 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

W-175-W-101-12-12-12-12-12-12-12-12-12-12-12-12-12		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	CHRIS NETILES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Adriane Dixon 6 Contributor address; City; State; Zip Code 9332 Qubree Cf. FTW TX Xolyo	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
Date Palal18	Full name of contributor out-of-state PAC (ID#:) Carol Bassett Contributor address; City; State; Zip Code 9348 Goldview Dr. FTW Tx 76244	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 18	Full name of contributor out-of-state PAC (ID#:) Jacque Rockwell Contributor address; City; State; Zip Code 9348 Coldenview Dr. FTW 76244	Amount of contribution (\$) \$\\delta 250.\column\$
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Brodrick Rockwell Contributor address; City; State; Zip Code 11 21 E. Bowle FTW Tx 76104	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)
		ž

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 THE CHRIS NETTLES A Date 5 Full name of contributor | out-of-state PAC (IDII: _______ Delicia Kennard 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) \$ 20.00 3401 Fairme adow LN FTW TX 76123 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) \$ 200.00 8105 mount shasta Cir. FTW TX 76137 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Jasun Smith Contributor address; City; State; Zip Code \$ 100,00 2200 alston are Fort Worth To 76110 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:___ Amount of contribution (\$) Marilyn Terrell Contributor address; City; State; Zip Code \$100.00 1/21/19 LOODLE Chesapeake Pl #4 FTW TX 76132 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

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
CHRIS NETTLES	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Tonya Carter 6 Contributor address; City; State; Zip Code 5608 Diaz Ave FTW Tx 76187	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (IDII: 1/23/19 Jazzme Tate Contributor address; City; State; Zip Code 2504 Ke Hun St. FTW Tx 76/133	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (IDII:) 1/24/19 Carol Bassett Contributor address; City; State; Zip Code 9348 Colderview Dr. FTW TATLOCH	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)

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 7 Amount of contribution (\$) 4 Date \$ 150.00 1901 Everman PKWI Everman Tx 76/40 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) Xavier Sanders Contributor address; City; State; Zip Code 5501 Burton Ave FTW TX 76119 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Full name of contributor Date Amount of contribution (\$) Clyde Kennedy Contributor address; City; State; Zip Code \$ 100.00 8368 Blue Periwinkle LU FW TX71003 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) Charles Strand Contributor address; City; State; Zip Code \$5,000.00 FTW TX 76140 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 CHRIS NETTLES 5 Full name of contributor out-of-state PAC (ID#: 2 2 2 3 1 9 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) \$1,000.00 2401 Scott Ave FTW Tx 76103 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Date Amount of contribution (\$) alaalia Gerald alley contributor address; City: State; Zip Code 606 Loch Chalet Ct. Arlington To 76012 \$ 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$ 5,600.00 467 Bruen are FTW TX 76/04 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_____ Michael Bell Contributor address; City; State; Zip Code 7809 Whitney W FTW Tx 70112 \$ 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

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME	CHRIS NETILES	3 Filer ID (Ethics Commission Filers)	
4 Date	Kathy Rockwell 6 Contributor address; City; State 1285 Kieder Cir F		7 Amount of contribution (\$) 2,500.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	elions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	c (ID#:)	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		c (ID#:) c; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
			£
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

1			,
The Ins	struction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAME	HRIS NETILES	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2700.00
1/21/19 7	Full name of contributor out-of-state PAC (ID#: Tim Austin Contributor address; City; State; Zip Coc AUO Scott Aye FTW Tx		8 Amount of Solution \$ 9 In-kind contribution description 1,200.00 Venue Check if travel outside of Texas, Complete Schedule T.
10 Principal occupation	on / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's princi	Pal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's emplo	oyer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a cl	hild, law firm of parent(s) (if any) (FOR JUDICIAL)		
1/21/19	Fort Worth Tx 76193		Amount of Contribution \$ In-kind contribution description 500.00 Decore Check if travel outside of Texas. Complete Schedule T.
Contributor's princip	pal occupation (FOB JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's emplo	yer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a ch	ild, law firm of parent(s) (If any) (FOR JUDICIAL)		
If contrib	ATTACH ADDITIONAL COPIES OF TH outor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services 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 5 Payee name 4 Date State; 7 Payee address; 6 Amount (\$) \$ 557.15 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Event ☐ Check if Austin, TX, officeholder living expense OF EXPENDITURE Expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Lone Star Printing / Rudy \$ 500.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Irving FTW TX 70132 \$97.58 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE advertising Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

N		EXPENDITURE CAL	EGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ove Polling Ex Printing E: Salaries/W	xpense Vages/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 duide expr	ams now to c	complete tina termi.	,		
1 Total pages Schedule F1:	2 FILER N	CHRIS NE	ETTUES	5	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payeena	1 1 1	rth N	BPW Clu	b		
6 Amount (\$)	7 Payee ac	ddress; City; State;	Zip Code				
\$90.00	N. Compatibility V.A.	Fort Wo	rth	灰			
8	(a) Category	(See Categories listed at the top of th	is schedule)	(b) Description			
PURPOSE	Section 15	1		Check if travel ou	utside of Texas. Complete Schedule T.		
OF	EVE	nt Expense		Check if Austin	n, TX, officeholder living expense		
EXPENDITURE		Franke					
		Capo		1			
		Name and the second second		C#ing novelet	Office hold		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	72)	ate / Officeholder name		Office sought	Office held		
expenditure to benefit C/OF	1						
Date	Payee na	me					
1/201.0	-	1 11 11	2.0				
1/24/19	ac	H Blue Tex	100				
Amount (\$)	Payee ad	dress; City; State;	Zip Code				
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\$153.33		Fort Wo	orth,	1x			
	Category	(See Categories listed at the top of this	s schedule)	Description			
250 WHEN WHEN Y		The second secon			side of Texas. Complete Schedule T.		
PURPOSE OF	R	enting	1		nangan pangangan ang Masan na pongonia		
EXPENDITURE	Reporting Check if Austin, TX, officeholder living expense Expense						
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		CAT					
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	Office held		
Date	Payee na	me					
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1/10/19		Square space	- inc	٥,			
Amount (\$)	Payee add	iress: City; State;	Zin Code				
Amount (4)	, ayeo ade	noss, only, state,					
自 233.82		_					
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE		11-0		Check if travel outs	side of Texas. Complete Schedule T,		
OF	we	osite		Check if Austin,	TX, officeholder living expense		
EXPENDITURE	0000	bsite Expense					
	Condida	te / Officeholder name		Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH	Candida	e / Onicendider name		Onice addgin	Office field		
experience to contain or are							
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDIII E AS NEET	DED		
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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 Credit Card Payment		Legal Service	ge Expense Memorials Expense es	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense pense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.		Transportation E Travel In Distric Travel Out Of D		
1 Total pages Schedule F1	hedule F1: 2 FILER NAME AFTIES AFTIES 3 Filer ID (Ethics Commission Filers)							thics Commission Filers)
4 Date 2 119	5 Payee na	Lone	Star	Print	ing			
6 Amount (\$)	7 Payee ad	ddress;	City; State;	Zip Code				
\$664.00	1714	Sour	th main	57.	FTW	Tx	70110	
8 PURPOSE OF EXPENDITURE	2.5	dvers	s listed at the top of this Horng Lpense	schedule)		ck if travel ou	itside of Texas, Compl , TX, officeholder li	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeho	older name		Office so	ought		Office held
Date	Payee na	me						
2/4/19	a	thony	Deini Deini	nger	.,			
Amount (\$)	Payee ad	dress;	City; State; Z	Zip Code				
\$ 120.00	320	1 5	. Unive	rsity	DR.	FTu	1, TX	70109
PURPOSE OF EXPENDITURE	^	(See Categories	isted at the top of this:	schedule)		k if travel outs	side of Texas. Complet	2000 100 Web AMPAN
Complete ONLY if direct expenditure to benefit C/OH	(1500m) 150m(150m)	te / Officehol	der name		Office so	ught		Office held
Date	Payee na	me					*	
alulia	I	m	Terre 11	alc	umni.			
Amount (\$)	Payee add	dress;	City; State; Z	ip Code				
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PURPOSE OF EXPENDITURE		(See Categories	isted at the top of this s	chedule)		If travel outsi	ide of Texas, Complete	\$869-000 374E-760-7551 (C20)
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officehol	der name		Office so	ught		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 I Candidate/Officeholder/Politic Credit Card Payment		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.				
1 Total pages Schedule F1		TILES	3 Filer ID (Ethics Commission Filers)			
4 Date 2/7/19	5 Payee name Bankem Prin	ting				
6 Amount (\$)	7 Payee address; City; State; Zip	Code				
\$ 85.00	2357 s. Collins	St Arlington	Tx 76014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Printing Expense	Check if travel ou	ulside of Texas, Complete Schedule T. I, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date ,	Payee name					
2/16/19	Banken Printing	5				
Amount (\$)	Payee address; City; State; Zip	Code				
\$ 170.00	2357 S. Collins	St. Arling	Tx 76014			
PURPOSE OF EXPENDITURE	Printing Expense	The second secon	side of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2/18/19	Cone Star Pri	inting				
Amount (\$)	Payee address; City; State; Zip C	Oode				
\$ 632.50	1716 Sout Main S	t. Fort Worth	h to 7010			
PURPOSE OF EXPENDITURE	adyer tising Expense	Check if travel outsi	ide of Texas. Complete Schedule T. 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						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Polling Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 IRIS NETILĖS 5 Payee name 4 Date 6 Amount (\$) 7 Payee address; 900 Renaissance Square FTW TX 76105 \$410.22 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** material Check if Austin, TX, officeholder living expense EXPENDITURE Experse Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name auto ZONE City; State; Zip Code Amount (\$) \$ 21.64 FORT WORTH, Tx 76105 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE material Check if Austin, TX, officeholder living expense OF EXPENDITURE Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Poly Hardware City; State; Zip Code Amount (\$) Payee address; Vaugha Blid FTW Tx 76105 \$30.07 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** materia OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 NETILES 5 Payee name 7 Payee address; \$ 153.33 WORTH TX (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Reportino Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name anthony Deininge City; State; Zip Code Amount (\$) 3201 S. University DR. FTW TX \$ 350,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Consilting Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code FTW TX 76105 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 5 Payee name 7 Payee address; 6 Amount (\$) 4485 Bryant living FTW TX 76132 \$ 33.12 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE adjectising Check if Austin, TX, officeholder living expense EXPENDITURE Expuse Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name USPS Amount (\$) Pavee address: City; State; Zip Code \$550.00 Wichita FTES TX 7015 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** mailins OF Check if Austin, TX, officeholder living expense EXPENDITURE Experse Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date valmart Amount (\$) Pavee address: Square FIW TX \$50.13 2900 Renaissance Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Materia OF Check if Austin, TX, officeholder living expense EXPENDITURE Experse Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District 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) 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 NETILES 5 Payee name 6 Amount (\$) 7 Payee address; 2357 S. Collins St. Arlington (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing Check if Austin, TX, officeholder living expense EXPENDITURE EXPESC Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name FEDEX OFFICE City; State; Zip Cod Amount (\$) Payee address; \$ 122.18 4485 Bryant lrung FTW Tx 76132 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; 3201 S. University DR +TU TX 761089 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 WETILES 5 Payee name City; State; Zip Code 6 Amount 7 Payee address; FORT WOKTH, TX 76119 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. "meeting" **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Tean Snack Expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Lone Star Printing Amount (\$) Pavee address: \$1,132.50 Me South Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code \$120,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Printing OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense **Event Expense** Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Contributions/Donations Made By Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 CHIRIS NETILES 5 Payee name 6 Amount (\$ 7 Payee address; \$ 153.33 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Reporting Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name \$ 200.00 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 OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED