CANDIDAT CAMPAIGI		FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Fil	Prs) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Nettes APT / SUITE #;	CITY; STATE; ZIP CODE	horard
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 91 - UU7U	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Shakia	MI SUFFIX	Receipt # Amount \$
		Nettles	551114	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT /	Worth, TX 76104	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (\$17) 9	37- 7103	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before	election Exceeded Modifie	15th day after campaign treasurer appointment (Officeholder Only) d Final Report (Attach C/OH - FR)
10 PERIOD COVERED	07	Day Year / 2021	Reporting Limit Mod THROUGH	nth Day Year 2012
11 ELECTION	Month Day	Year Primar	Descript	
12 OFFICE	OFFICE HELD (If any)	il District S	FW COUN	il District 8
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. <i>THESE EXPENDITUR</i>	RES MAY HAVE BEEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME	4
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Chris Nettles	16	Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR	\$ O	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	\$ 8,275.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	TURE.	\$ O	
	4. TOTAL POLITICAL EXPENDITURES		\$1,715.45	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	ITAINED AS OF THE LAST DA	* \$14,151.16	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE	\$ ()	
	wear, or affirm, under penalty of perjury, that the acc quired to be reported by me under Title 15, Election Cod			
	Please complete either option below:			
(1) Affidavit NOTARY STAMP/SEA	JANNETTE GOODALL Notary Public, State of Texas Comm. Expires 07-02-2024 Notary ID 129046183			
Sworn to and subscribed	Sworn to and subscribed before me by Chris Aethles this the 17 day of January, 20 33 , to certify which, witness my hand and seal of office.			
20 <u>33</u> , to certify	which, witness my hand and seal of office.	C	1251	
Signature of officer administe	ring oath Printed name of officer administ	The state of the s	Title of officer administering oath	
	or			
(2) Unsworn Declaration	on			
My name is	,	and my date of birth is		
My address is	,		,	
Executed in	(street) County, State of, on the		(zip code) (country) , 20 (year)	
	_	Signature of Candidate/C	officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	19 FILER NAME Onis Nettles 20 Filer ID (Ethics Con		
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,275.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	9		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
07/06/22		_	\$1,000.00
	1201 Evans Ave Ste. 202	. FW, TX 76104	•
	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date		(ID#:)	Amount of contribution (\$)
09/08/22	Earnest Buyers LLC Contributor address; City;	State; Zip Code	\$60.00
	PO BOX 471016 Ft. WORT	n.TX 7(1)47	7 - 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	Business		*
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/28/22	Nicole Collier Compo	State; Zip Code	\$ 250.00
	PO BOX 24241 Ft. WOYE	h, TX 76124	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
<u> </u>	tical Campaign		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/28/22	Randle Howard Contributor address; City;	State; Zip Code	\$200.00
	PO Box 540 Graham, TX	76450	1
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
CON	tractor	700	

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 state of the s		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/28/22		State; Zip Code	\$1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	d>
	Hactor	SUF .	ions)
Date		(ID#:)	Amount of contribution (\$)
12/26/22	Contributor address; City;		\$226.00
	9468 Smiths Park Ln. Ft. vi	309th, TX 76177	
Principal occup	reation / Job title (See Instructions)	Employer (See Instruct	,
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/30/21	Chris Nettles Contributor address; City;	State; Zip Code	\$3,500.00
	1121 E. BOWIESE. Ft. WOR	th. TX 76104	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
<i>\rightarrow</i>	PUSINCSS BWNCS	SUF	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/30/21	Contributor address; City;	State; Zip Code	\$ 2,500.00
	9153 Saint Barts Rd, F	t. Worth, TX	, ,
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

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 Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CHIS NETTLES		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/22	5 Payee name FCVCDXXX		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$24.88		Menlo Pa	rk, CA
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ads.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		· ·
07/05/22	Fast Signs		
Amount (\$)	Payee address;	City;	State; Zip Code
\$277.21	2603 8th AVE. #109 Ft. 1	Worth, TX	76110
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/05/22	All Storage Crowley	_	
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	7601 Crowley Rd. Ft. W	Jorth, TX 7	6134
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Equipmed	nt Storage
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above)	
1 Total names Cabadala Ed.			
1 Total pages Schedule F1:	Chris Nettles	3 Filer ID (Ethics Commission Filers)	
4 Date 07/14/22	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$20.30		Ft. worth, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office Overnead	Supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07/14/22	ACEBIUC		
Amount (\$)	Payee address;	City; State; Zip Code	
\$100.00		Cambridge, MA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting Banking	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07/19/22	10nos by 1+1		
Amount (\$)	Payee address;	City; State; Zip Code	
\$15.96	C	hesterbrook, PA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	website fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

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 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 c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME ONTIS NOTHICS	3 Filer ID (Ethics Commission Filers)
4 Date 07/17/12	5 Payee name Star Telegram	•
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 22.72		Ft. Worth, TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fees	Newspaper subscription
	(c) 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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
08/03/22	1911 Storage Crowler	4
Amount (\$)	Payee address;	City; State; Zip Code
\$100.00	7601 Crowley Rd. Ft. 1	Worth, TX 76134
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Equipment Storage
	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
Date	Payee name	
08/12/22	Roy Brooks Campo	zign
Amount (\$)	Payee address;	City; State; Zip Code
\$150.00	F	Ft. Worth, TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contribution	Campaign Contribution
	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 S	SCHEDULE AS NEEDED

SCHEDULE F1

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

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 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.	orior (orior a dategory	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics	Commission Filers)
4 Date 08/17/12	5 Payee name longs bu 1 +	1		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$15.96		Chesterbra	OK, PA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	website	. fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
08/26/22	Star Telegram			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$22.72		Pt. W	Sorth, TX	,
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Newspap	Wadus Du	iption
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
09/01/22	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$19.99		Menlo Par	(K, OP	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Ads.		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Travel In District
Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to c	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CAN'S NOHILES	3 Filer ID (Ethics Commission Filers)
4 Date 09/06/22	5 Payee name All Storage Co	COLANIELA
6 Amount (\$)	7 Payee address;	City State; Zip Code
\$100.00	7601 Crowley Rd. Ft. (North, TX 76134
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fees	Equipment Storage
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
09/19/22	longs by 1 + 1	
Amount (\$)	Payee address;	City; State; Zip Code
\$15.96		Chesterbrook, PA
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	FECS	website fees
	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
Date	Payee name	
09/27/22	Star Telegram	
Amount (\$)	Payee address;	City; State; Zip Code
\$22.72		Ft. Worth, TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Newspaper Supscription
	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

SCHEDULE F1

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

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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Tra Salaries/Wages/Contract Labor Oth

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 c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
10 03 22	5 Payee name FACE BOOK		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$19.99		Menlo Po	irk, CA
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Pds	,,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/03/22	All Storage Crowley		*
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	7601 Crowley Rd. Ft.	North, TX	76134
	Category (See Categories listed at the top of this schedule)	Description	·
PURPOSE OF EXPENDITURE	Fees	Equipme	ont Storage
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/17/22	1040s by 1 + 1		
Amount (\$)	Payee address;	City;	State; Zip Code
\$15.96	\circ	nesterbrool	K, PA
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Website	e fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

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 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)

4 Date 10 20 21 6 Amount (\$) 7 Payee address; City; State; Zip Code Ft. WOrth, TX 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description NewSpaper Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
Star Telegram City: State: Zip Code	1 Total pages Schedule F1:	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)	
Page address Page address Page address Page address Page address Page address Page P	4 Date 10/20/22		·	
Category (See Categories listed at the Lop of this schedule) Category (See Categories lis		7 Payee address;	City; State; Zip Code	
PURPOSE EXPENDITURE Complete QNLX if direct expenditure to benefit C/OH	\$22.72		Ft. Worth, TX	
Complete CNILY if direct expenditure to benefit C/OH Check it revoloutable of Texas. Complete Schedule T. Check it Austin, TX. officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Torrant County Democratic Party Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Candidate / Office held Payee name Candidate / Office held Payee name Candidate / Office held Payee address; Category (See Categories listed at the top of this schedule) Campaign donation Ca	OF	Fees	Newspaper Subscription	
Date Payee name Torrant County Democratic Party		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Amount (\$) Payee address; City: State: Zip Code \$201.00 (85 John B Silas Memorial Pkwy. Stc. 400 FwTx 76/134) Category (See Categories listed at the top of this schedule) Description Campoign donation Campoign donation 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 Payee name 1 03 21 Amount (\$) Payee address; City: State: Zip Code FURPOSE OFFICE Categories listed at the top of this schedule) Purpose OFFICE Category (See Categories listed at the top of this schedule) Purpose OFFICE Category (See Categories listed at the top of this schedule) Category (9 Complete ONLY if direct expenditure to benefit C/OF		Office sought Office held	
Stoles S	Date	Payee name		
Stoles S		Tarrant County Demo	cratic Party	
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Composign donation Check if ravel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held Payee name All Storage Crowley Amount (\$) Payee address; City: State; Zip Code \$100.00 Purpose EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if ravel 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	Amount (\$)	r ayee address,	Oily, State, Zip Code	
PURPOSE OF EXPENDITURE Compoign donation 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 Candidate / Officeholder name Office sought Office held Payee name All Storage Crowley Amount (\$) Payee address; City; State; Zip Code \$100.00 Two worth, TX Tul34 Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Candidate / Officeholder 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	\$201.00	685 John B Silas Memoria	A PKWy. Ste. 400 FWTX 76134	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held City; State; Zip Code TWO WOWLY Ed. Ft. Worth TX 70134 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	campaign donation	campaign donation	
Date Payee name All Storage Crowley		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Amount (\$) Payee address; City; State; Zip Code Tuol Crowley Rd. Ft. Worth, Tx. 7u134 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held			Office sought Office held	
Amount (\$) Payee address; City; State; Zip Code 100.00	Date	Payee name		
TWO COWING Rd. Ft. Worth, TX. 70134 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Equipment Struge Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	11/03/22		%	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Equipment Storage Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	Amount (\$)			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Equipment Storage Check if Austin, TX, officeholder living expense Office sought Office held	\$100.00	7601 Crowley Rd. Ft. Wo	5rth, TX 70134	
Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	Fees	Equipment Storage	
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	, , , , , , , , , , , , , , , , , , , ,	,,
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name 10005 by 14	 1		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$15.96		Chesterbro	ook, CA	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Website	e Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/28/22	Star Telegram			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$22.72	•	Ft. Worth	χT ,	
8	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Newspap	ier Subsi	cliption
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/01/22	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$45.00	M	ienio Park,	CA	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Ages/Contract Labor Other (enter a category not listed above) complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CHIS NOTES	3 Filer ID (Ethics Commission Filers)		
4 Date 2 05 21	5 Payee name	City: State: Zip Code		
6 Amount (\$)	7 Payee address;	City, State; Zip Code		
\$100.00	7601 Crowley Rd. Ft	i-Worth, TX 70134		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees Equipment Storage			
	(c) 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			
12/05/22	Beta Tau Lambda	Fraternity		
Amount (\$)	Payee address;	City; V State; Zip Code		
\$25.00		Ft. Worth, TX		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution	Contribution/Ticket		
an	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/19/22	1000s by 1 + 1			
Amount (\$)	Payee address;	City; State; Zip Code		
\$15.96		Chesterbrook, PA		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Website Fees		
	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				

SCHEDULE F1

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

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out of Di-Salaries/Wages/Contract Labor Other (enter a ca

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:	2 FILER NAME Chris Nottles	3 Filer ID (Ethics Commission Filers)		
4 Date 2 28 21	5 Payee name Stur Telegray	M		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$22.72		Ft. Worth, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Newspaper Subscription		
	(c) 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/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	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	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
		1		
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				