CANDIDATE / OFFICEHOLDER OFFICIAL RECORD FORM C/OH CITY SECRETARY CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** FT. WORTH, TX Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Chris NAME Date Received **NICKNAME** LAST **SUFFIX** Nettles CSO REC'D CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked CITY; ZIP CODE **OFFICEHOLDER** PO Box 19254 MAILING Receipt # **ADDRESS** Amount Change of Address Fort Worth, TX 76119 Date Processed Date Imaged CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** NAME Shakic **NICKNAME SUFFIX** STREET ADDRESS (NO PO BOX PLEASE); **CAMPAIGN** APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** PO Box 19234 Fort Worth, Tx 76119 (Residence or Business) CAMPAIGN AREA CODE **TREASURER** PHONE REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year **COVERED** 03/25/2025 **THROUGH** 04/23/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary X Other Runoff 05/03/2025 General Special Municipal 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Fort Worth City Council District 8 Fort Worth City Council District 8 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	X IOIALO			2 of 14					
13 C / OH NAME	Nettles, Chris		14 Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's kno consent. Candidates and officeholders are required to report this information only if they receive notice of such								
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS						
16 CONTRIBUTION TOTALS	HAN PLEDGES, LOANS, LECTRONICALLY)	\$ 0.00							
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 21,991.00					
EXPENDITURE TOTALS									
	4. TOTAL POLITI	CAL EXPENDITURES		\$ 7,927.17					
CONTRIBUTION BALANCE	5. TOTAL POLITION REPORTING P	CAL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 78,537.17					
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS ARTING PERIOD	AS OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT	JANNETTE GO Notary ID #129 My Commission July 2, 20	Expires (28	s all information required to	be reported by me					
8 88 90 30 9 9 9		said <u>Chris Netflos</u> certify which, witness my hand and seal of office.	, this the 25	day					
Signature of off	icer administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 14
	ER NAM				
	HEDULE	SUBTOTAL AI	MOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	21,991.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	7,927.17
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	×
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/14 3 Filer ID FILER NAME Nettles, Chris Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$5,000.00 03/26/2025 Bennett, Rhett (Mr.) Contributor address; City; State; Zip Code 425 Houston Street Suite 400 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Black Mountain CEO Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/26/2025 Dreyfus, Charles (Mr.) \$50.00 Contributor address; City; State; Zip Code 2416 Park Place Ave Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 04/02/2025 Fort Worth Firefighter Committee for Responsible Government \$10,000.00 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$250.00 03/28/2025 Henderson, Jonnie (Mr.) Contributor address; City; State; Zip Code 1429 Appaloosa Drive Aubrey, TX 76227 Principal occupation / Job title (See Instructions) Employer (See Instructions) EJ Smith Construction Company LLC Vice President of Preconstruction Amount of Contribution (\$) out-of-state PAC (ID#:_ Date Full name of contributor \$500.00 04/17/2025 **NEWPAD Building Company LLC** Contributor address; City; State; Zip Code 2532 S University Drive Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/14 FILER NAME 3 Filer ID Nettles, Chris 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$12.00 03/27/2025 Nettles, Shakia (Mrs.) 6 Contributor address; City; State; Zip Code 432 Fairbrook Lane Fort Worth, TX 76140 Employer (See Instructions) Principal occupation / Job title (See Instructions) Kokua **Guest Teacher** Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$754.00 03/27/2025 Newell, Kevin (Mr.) Contributor address; City; State; Zip Code 9536 Woods Circle Brown Deer, WI 53223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Royal Capital Investments Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 03/27/2025 Phillips, Greg (Mr.) Contributor address; City; State; Zip Code 724 Pennsylvania Avenue Fort Worth, TX 76104 Employer (See Instructions) Principal occupation / Job title (See Instructions) self Physician Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$5,000.00 SB Development Initiatives LLC 03/27/2025 Contributor address; City; State; Zip Code 4145 Beltine Road Addison, TX 75001 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$300.00 03/27/2025 Sanders, Kenneth (Mr.) Contributor address; City; State; Zip Code 426 Kingfisher Lane Arlington, TX 76002 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Tarrant County** Judge

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/14 2 FILER NAME 3 Filer ID	
5 (2000) 5 (5) (2000)	
Nettles, Chris	
4 Date 03/27/2025 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) mims, pauline (Ms.) 6 Contributor address; City; State; Zip Code 9016 Garden Springs Drive Fort Worth, TX 76123	\$25.00
8 Principal occupation / Job title (See Instructions) Team Leader 9 Employer (See Instructions) General Motors	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 1/8 Rpt: 7/14 Nettles, Chris 4 Date Payee name 04/14/2025 Atlas Fort Worth Payee address; 6 Amount (\$) City; State; Zip Code \$74.00 314 S Main St Fort Worth, TX 76104 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Meeting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/03/2025 Bankem Printing Payee address; City; Amount (\$) State; Zip Code \$216.50 2357 S Collins St Arlington, TX 76014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Printing Expense** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/21/2025 **Bankem Printing** Payee address; City; State; Zip Code Amount (\$) \$270.60 3037 South Fwy Fort Worth, TX 76104 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Printing Expense** Office held

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

SCHEDULE F1

_	Advertising Evacors	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
	Advertising Expense Accounting/Banking Consulting Expense	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District
	Contributions/ Donations Made By - Candidate/Officeholder/Political	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District
_	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 2/8 Rpt: 8/14	Nettles, Chris
4		5 Payee name
	04/22/2025	El Rio Grande
6	Amount (\$) \$8,09	7 Payee address; City; State; Zip Code 3038 South Fwy
	\$8.09	3038 South Fwy
		Fort Worth, TX 76104
<u>—</u> В	PURPOSE	I
,	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ر	expenditure to benefit C/OF	
	Date	Payee name
	04/22/2025	El Rio Grande
_	Amount (\$)	Payee address; City; State; Zip Code
	\$6.60	3039 South Fwy
		Fort Worth, TX 76104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expense
_		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name El Rio Grande
_	04/22/2025	El Rio Grande Payee address: City: State: 7in Code
	Amount (\$) \$39.11	Payee address; City; State; Zip Code 5904 Camp Bowie Blvd
	केञ्च.ТТ	
		Fort Worth, TX 76107
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Expense
	I	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memoria Legal Services The Instruction	als Expense		pense ages/	Contract Labor	Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
	Sch: 3/8 Rpt: 9/14		Nettles, Ch	ris						
4	Date	5	Payee name							
	04/01/2025		Facebook							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de			
	\$39.97		1 Hacker W	'ay						
			Menlo Park	, CA 94025						
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Advertising	Expense					outside of Texas. Complete Sch	
								Fees	n, TX, officeholder living expense	2
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9	Complete ONLY if direct	Ц	Candidata/Off	iceholder name		Office sou	aht		Office held	
ľ	expenditure to benefit C/O		Januluale/On	icenoluei name		onice sou	gni		Office field	
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	Date		Payee name							
L	03/28/2025	L	Joe's Hang							
	Amount (\$)		Payee addre		State	; Zip Co	de			
	\$84.37		3020 E Ros	sedale St						
l										
			Fort Worth,	TX 76105						
Г	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	hedule)	(b)	Description		
	OF EXPENDITURE		Event Expe	ense					outside of Texas, Complete Sc	
									n, TX, officeholder living expens ISE - Campaign Fundl	
l								Event Expen	oc oampaign rana	alser
H	Complete ONLY if direct	_	Candidate/Of	iceholder name		Office sou	ıaht		Office held	
	expenditure to benefit C/O		ourididate/on	locholder Hame	·	011100 000	giii		O moo nota	
H	Date	$\overline{}$	Davis a name							
ı	03/28/2025		Payee name Joe's Hang							
L		╀			Ctata	e; Zip Co	. do			
ı	Amount (\$)	l	Payee addre		State	e; Zip Ct	oue			
ı	\$286.13		3021 E Ro	sedale St						
				T)/ 70105						
L		L	Fort Worth	, TX 76105						
	PURPOSE OF	(a		See Categories listed	at the top of this scl	hedule)	(b)	Description	Loudelde et Toure Committee C	hadula T
ı	EXPENDITURE		Event Expe	ense					I outside of Texas. Complete Sc n, TX, officeholder living expens	
l									nse - Campaign Fund	
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\vdash	Complete ONLY if direct	_	Candidate/Of	ficeholder name		Office sou	<u>ı</u> ıght		Office held	
l	expenditure to benefit C/O						_			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District 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 Total pages Schedule F1: 2 FILER NAME Sch: 4/8 Rpt: 10/14 Nettles, Chris Date 4 Payee name 04/07/2025 Lisa's Chicken 6 Amount (\$) Payee address; City; State; Zip Code \$34.09 1201 E Berry St Fort Worth, TX 76110 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Meal Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/23/2025 Lisa's Chicken Payee address; City; State; Zip Code Amount (\$) \$40.47 1201 E Berry St Fort Worth, TX 76110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Meal Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/11/2025 Magnolia Wine Bar Payee address; City; State; Zip Code Amount (\$) \$677.15 1101 W Magnolia Ave Fort Worth, TX 76104 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Event Expense** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 5/8 Rpt: 11/14	Nettles, Chris
4	Date	5 Payee name
	04/11/2025	Magnolia Wine Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$181.88	1102 W Magnolia Ave
		Fort Worth, TX 76104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Event Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D-1-	
	Date 04/23/2025	Payee name Magnolia Wine Bar
	Amount (\$)	Payee address; City; State; Zip Code
-	\$149.39	1101 W Magnolia Ave
		Ford Words, TV 70404
		Fort Worth, TX 76104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	04/21/2025	Mount Olive Missionary Baptist Church
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2951 Evans Ave
l		Fort Worth, TX 76104
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ı	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee Contribution
		Contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Polling Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Printing Expense Gift/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 6/8 Rpt: 12/14 Nettles, Chris 4 Date Payee name 04/04/2025 Pizza Hut Amount (\$) Payee address; City; State; Zip Code \$22.92 2714 E Berry St Fort Worth, TX 76105 **PURPOSE** 8 (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Meal Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/11/2025 Pizza Hut Payee address; Amount (\$) City; State: Zip Code \$21.84 2714 E Berry St Fort Worth, TX 76105 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Meal Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/21/2025 **Printed Union** Amount (\$) Payee address; City; State; Zip Code \$5,325.44 8800 Chancellor Row Dallas, TX 75247 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Printing Expense** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Credit Card Payment		Legal Services The Instruction Guide exp	Salaries/M	/ages/	Contract Labor		R (enter a category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM	 E			[3	3 Filer	ID	
	Sch: 7/8 Rpt: 13/14	Nettles, Ch							
4	Date	5 Payee name	9						
	04/11/2025	QuikTrip							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de				
	\$15.45	1101 Hem	ohill St						
		Fort Worth	, TX 76104						
8	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description	\$1		
	OF EXPENDITURE	Travel In D						exas. Complete Schedule T.	
	EXI ENDITORE					ш	TX, officeho	older living expense	
						Mileage			
L									
9	Complete ONLY if direct		ficeholder name	Office sou	ght		C	Office held	
	expenditure to benefit C/O	1							
	Date	Payee name	9						
	04/17/2025	Sonic Drive	e-In						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de				
	\$20.10	1800 W Be	erry St						
	4		,						
		Cort Worth	TV 76110						
L		Fort worth	, TX 76110		_				
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Fees				<u> </u>		exas, Complete Schedule T.	
Check if Austin, TX, officeholder living expense Staff Meal									
						otan wea			
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office held	
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	Date	Payee name							
L	03/26/2025	Star Teleg							
	Amount (\$)	Payee addr		State; Zip Co	ode				
l	\$55.20	400 W 7th	St						
		Fort Worth	, TX 76107						
Г	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b)	Description			
ı	OF EXPENDITURE	Fees						exas. Complete Schedule T.	
	EXI ENDITORE						TX, officeh	older living expense	
						Fees			
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	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght		(Office held	
L	experience to belief 6/0								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Men Legal Services The Instruction			Expens Wages	se s/Contract Labor		Travel Out of District OTHER (enter a category not lis	ted above)
1	Total pages Schedule F1:	2	FILER NAME				- III		12	Ciles ID	
_		_							3	Filer ID	
L	Sch: 8/8 Rpt: 14/14	L	Nettles, Chr	IS							
4	Date	5	Payee name								
	04/07/2025		Taco Cabar	na							
6	Amount (\$)	7	Payee addres	ss; City;	S	tate; Zip C	ode				
	\$22.14		4313 South	Fwy							
			Fort Worth,	TX 76115							
_	PURPOSE	()					T				
8	PURPOSE OF	(a)	Category (Se			s schedule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Expens	se					le of Texas. Complete Schedule officeholder living expense	т.
								Staff Meal	1, 17, 1	onicendider living expense	
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9	Complete ONLY if direct	L_	Candidate/Offi	coholder non	20	Office see	ught			Office held	
,	expenditure to benefit C/OI		zanuluale/OIII	cenoluei nan	ie	Office so	ugni			Office held	
_		_									
	Date		Payee name								
	04/22/2025		Twin Peaks								
	Amount (\$)		Payee addres	ss; City;	S	tate; Zip C	ode				
	\$62.73		5651 SW L	oop 820							
			Fort Worth,	TX 76132							
_	PURPOSE	(0)					Las				
	OF	(a)	Category (Se			s schedule)	(a)	Description Chark if travel	outoid	la of Tourse Complete Cabadula	-
	EXPENDITURE		Food/Bever	age Expens	se					le of Texas. Complete Schedule officeholder living expense	1.
								Staff Meal		gperios	
_	Complete ONLY if direct		Candidate/Offi	ceholder nan	ne	Office so	uaht			Office held	
	expenditure to benefit C/OI					200 500	g 1 11c			Office field	
_	Data	_									
	Date		Payee name								
	03/25/2025		USPS								
	Amount (\$)		Payee addres		S	tate; Zip C	ode				
	\$73.00		5125 Wichit	a St							
			Fort Worth,	TX 76119							
	PURPOSE	(a)	Category (Se	o Catagorias list	ad at the ten of thi	n nahadula)	(b)	Description			
	OF	ľ` <i>′</i>	Fees	e Calegories list	eu at the top of thi	s scriedule)	(-,		outsid	e of Texas. Complete Schedule	т.
	EXPENDITURE									officeholder living expense	
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	expenditure to benefit C/O	4									
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