## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Fi	ler ID (Ethics Cor	Ethics Commission Filers) 2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr.	FIRST Chris			МІ	OFFICE USE ONLY		
NAME	NICKNAME	LAST SUFFIX Nettles			SUFFIX	CSO REC'D JAN 15 '25 PM12:13		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	UNITED 20	FM12:13	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	I	EXTENSIO	N	Date Hand-delivered		
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mrs.	<sub>FIRST</sub> Shakia			мі	Receipt #	Amount \$	
	NICKNAME	NICKNAME LAST SUFFIX Nettles				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po box please); apt / s ie St. Fort Worth 7		CITY;		STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(817 )	PHONE NUMBER 875-4576		EXTENSIO	N			
9 REPORT TYPE	January 15  July 15	30th day before el		0.0000000000000000000000000000000000000	ff eded Modified rling Limit	treasurer ap (Officeholde		
10 PERIOD COVERED	Month 7	Day Year / 1 / 24	1	HROUGH	Month 12	Day Year  / 31 / 24		
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  5 / 3 / 25 General Special							
12 OFFICE	Fort Worth City Council District 8  13 OFFICE SOUGHT (If known) Fort Worth City Council District 8							
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME							
Additional Pages	GENERAL							
	SPECIFIC	SPECIFIC SPECIFIC						
		COMMITTEE CAMPAIGN TR	EASUKE	N ADDRESS		8 11		
GO TO PAGE 2								

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (E	thics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00				
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	85,269.44				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$					
[19] 10 : 10 : 10 : 10 : 10 : 10 : 10 : 10	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct	and includes all information				
rec	quired to be reported by me under Title 15, Election Code.	Laborate and a second					
	the stre						
	Signature of Ca	indidate or Off	iceholder				
	w.						
	Please complete either option below	v:					
(1) Affidavit	ELISA WINTERROWD						
	Comm. Expires 01-11-2027						
NOTARY STAMP	Notary ID 13413861-8						
00		<u>1</u> 6 day	y of January.				
20 25 to certify which witness my hand and seal of office.							
Signature of Afficer administe	Firsa Winterrowd  Printed name of officer administering oath	Or. HA	M. n. HSSIStant				
y Sinson administra	OR	Title	s. omser administering oath				
(2) Unsworn Declaration							
2602 196							
(2) 3) (3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	, and my date of birth is						
My address is	(street) (city) (s	state) (zip c	code) (country)				
Executed in	County, State of, on theday of(month	, 20 h)	***************************************				
	Signature of Candid						