

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **2**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 19254 Fort Worth TX 76119			
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received
	()			CSO REC'D AUG 5 '26 PM5:04
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST	SUFFIX	Receipt #
				Amount \$
				Date Processed
				Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 19245 Fort Worth, TX 76119			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	()			
9 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 Reporting Limit ☐ Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 26 THROUGH 7 / 30 / 26			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special _____			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	☐ GENERAL	COMMITTEE ADDRESS		
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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FORM C/OH
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15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

78,295.72

18 SIGNATURE

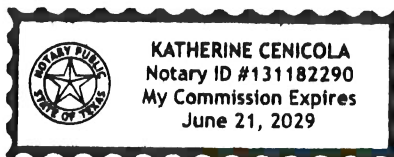
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Chris Nettles

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Chris Nettles this the 5 day of August,
2020, to certify which, witness my hand and seal of office.

Katherine Cenicola Katherine Cenicola Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)