

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed	46	OFFICE	USEONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST NICKNAME NICKNAME	S	MI 	Date Received	GENED CENED
4 ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Other (specify)	Receipt # CIT	or Date Rostmarked
5 ORIGINAL PERIOD COVERED	04 / 22 / 2021 TH	Month HROUGH O	Day Year / 202	Date Imaged	81999
6 EXPLANATION OF CO	daing addresses	to mone	rary polit	ical contri	butions
7 SIGNATURE I SWE	ear, or affirm, under penalty of	perjury, that this	s corrected repo	ort is true and cor	rect.
Che	ck ONLY if applicable:				
	l reports: I swear, or affirm, that on the information of the informat			od faith and without	an intent to
☐ date Hearn	ts: I swear, or affirm, that I am fil ed that the report as originally file the report as originally filed was	ed is inaccurate o	r incomplete. I sv	nan the 14th busine year, or affirm, that	ess day after the any error or
	The state of the s	En	NS (GALLE VICTORIAN CONTROL OF THE PROPERTY OF THE	
Signature of Candidate/Officeholder					
Please complete either option below:					
(1) Amidaviti (1)					
NOTARY STAMP SEAL					
Sworn to and subscribed before me by					
20 23-15 6 Certif	which, witness my hand and seal of of	fice.	110		L
Signature of officer adminis	D. Dune	Melissa	Kirn		hers
Signature of officer administ	ering oath Printed name	e of officer administeri	ng oath	little of office	er administering oath
(2) Unsworn Declarat	tion	OR			
(2) Oliswolli Deciala					
My name is		, ar	nd my date of birth is	s	·
My address is	,		,	,,	·
	(street)		, ,,	(state) (zip code)	` ,,
Executed in	County, State of	, on the	day of (mon	th) , 20 (year)	_•
			Signature of Cand	idate/Officeholder (Dec	clarant)
Remember To Atta	ach Any Part Of The Campaign	Finance Report	Form Needed To	Report And Expla	ain Corrections

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Chris Nettles	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23,025.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	8	\$150.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$43,483.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	\$

www.ethics.state.tx.us

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 17	
2 FILER NAME	Ohnis Nettles	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
4/22/21	Gerald Alley 6 Contributor address; City; State; Zip Code Fort Worth, TX	\$500.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:) Charles Hibbles	Amount of contribution (\$)	
4/22/21	Contributor address; City; State; Zip Code	\$20.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
4/24/21	Dominique Alexander Contributor address; City; State; Zip Code Ft. Worth, TX	\$500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)	
4/25/21	Contributor address; City; State; Zip Code Ft. Worth, TX	\$50.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
	ATTACH ADDITIONAL CODIEC OF THE COHEDINE ACAI		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

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 (\$)
4/26/21	6 Contributor address; City; State; Zip Code	\$5.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
		,
Date	Full name of contributor	Amount of contribution (\$)
4/28/21	Contributor address; City; State; Zip Code Ft. Worth, TX	\$340.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/1/21	Contributor address; City; State; Zip Code Ft. Worth, TX	\$25.00
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/2/21	Contributor address; City; State; Zip Code Ft. Worth, TX	\$25.00
Principal occuş	Dation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
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	7 Amount of contribution (\$)
5/2/21	6 Contributor address; City; State; Zip Code Ft. WOYH, TX	\$25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/2/21	NEAL NEALY Contributor address; City; State; Zip Code Ft. WVYh, TX	\$ 20.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/2/21	Contributor address; City; State; Zip Code Ft. Worth, TX	\$100.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/2/21	Contributor address; City; State; Zip Code Ft. WUYth, TX	\$ 20.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/21	5 Full name of contributor out-of-state PA TIESA LEGGETT 6 Contributor address; City;	C (ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/2/21	Contributor address; City; Ft. WOY	State; Zip Code	\$25.00
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/3/21	Contributor address; City; Ft, WOV	State; Zip Code	\$ 600.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 5/3/2/-	Full name of contributor	State; Zip Code	Amount of contribution (\$)
	Ft. Worl		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

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	7 Amount of contribution (\$)	
5/3/4	Chakina Watkins 6 Contributor address; City; State; Zip Code Ft. Worth, TX	\$ 50.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
5/3/21	Contributor address; City; State; Zip Code Ff. WWY, TX	\$50.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
5/3/21	Contributor address; City; State; Zip Code Ft. WVYH, TX	\$50.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
5/4/21	Contributor address; City: State; Zip Code Ft. WOYth, TX	\$10.00	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

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	7 Amount of contribution (\$)
5/4/21	6 Contributor address; City; State	; Zip Code \$\int 200.00
	H. Worth.	7X
8 Principal occu	T	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
5/4/21	 .	z; Zip Code \$\int 60.00
	Ft. Worth,	
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
5/4/21	Contributor address; City; State; City, State;	; Zip Code \$50.00
•	Ft. Worth,	, 1X ·
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
5/3/21		; Zip Code \$ 500.00
Principal occupa	ation / Job title (See Instructions) Emp	ployer (See Instructions)
	1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

in the requested information is not applicable, bo Not include this page in the report.				
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME CNY'S NEHIES		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA	1 1	7 Amount of contribution (\$)
5/4/21	6 Contributor address:	Ft. Woy	State; Zip Code	\$200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date .	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
5/5/21	Contributor address;	City; Ff. W	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
5/7/21	Contributor address;	tlawa Ft. Wol	State; Zip Code	\$ 2,300.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
6/7/21	Contributor address;	City;	State; Zip Code	\$1,000.00
Principal occupa	ation / Job title (See Instructions)		Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

	,	
The	e 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 5/8/2	Ft. Worth, TX	\$100.00
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
5/9/21	Contributor address; City; State; Zip of Ft. Worth, TX	\$100.00
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor	γ into ant or sommoduon (ψ)
5/9/21	Contributor address; JCity; State; Zip C	Sode \\ \S 60.00
Principal occup		See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
5/10/21	Contributor address; City; State; Zip Co	
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	III E AC NEEDED

SCHEDULE A1

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

in the requested information is not applicable, bo Not include this page in the report.				
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		C (ID#:)	7 Amount of contribution (\$)	
5/10/21	6 Contributor address; City; Ft. War	State; Zip Code	\$ 200.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
5/11/21	Mary Bockwell Contributor address; City; Ft. Wov	State; Zip Code	\$325.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	<u> </u>	: (ID#:)	Amount of contribution (\$)	
5/11/21	Delya Phillips contributor address; City; Ft. Wov	State; Zip Code	\$25.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
5/11/21_	Jonathan Rubi Contributor address; City; Ft. Wov	State; Zip Code	\$50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

in the requested information is not applicable, be not include this page in the report.				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	FILER NAME (NYIS NEHLES		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	-state PAC (ID#:)	7 Amount of contribution (\$)	
5/12/21	6 Contributor address; City;		\$100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-	-state PAC (ID#:)	Amount of contribution (\$)	
5/12/21	Contributor address; City;	State; Zip Code	\$500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)	
5/12/21	Contributor address; City;	State; Zip Code	\$ 500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)	
5/12/21	Contributor address; City;	State; Zip Code WOYH, TX	\$200.00	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	١.	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 (\$)
5/12/21	6 Contributor address; City; Sta	ite; Zip Code	\$3,000.00
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
5/12/21		te; Zip Code	\$10.00
Principal occup		mployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
5/12/21	Contributor address; City; State Ft. WOYTH,		\$ 26.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
5/14/2	Contributor address; AUSEIN City; Stat	e; Zip Code	\$ 500.00
Principal occupa	ation / Job title (See Instructions) Er	mployer (See Instructi	ons)
·			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

if the requested information is not applicable, bo not include this page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)		
4 Date	Kimberly Burton		7 Amount of contribution (\$)		
2/11/11	6 Contributor address; City;	State; Zip Code	4 100 · 00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)		
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)		
5/14/21	contributor address; Ft. Wor	State; Zip Code	\$ 400.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		(ID#:)	Amount of contribution (\$)		
5/14/21	Contributor address; City;	State; Zip Code	\$ 100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
5/17/21	Contributor address; Contributor Address; Ft. WOV	State; Zip Code	\$ 50.00		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

			•
The	Instruction Guide explains how to complete thi	s 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 PA	C (ID#:)	7 Amount of contribution (\$)
5/17/21	6 Contributor address; City;	State; Zip Code	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor		Amount of contribution (\$)
5/18/21	Genny A. Tucke Contributor address; City; Ff. WOY	State; Zip Code	\$ 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/20/21	HUYEN Pham Contributor address; City; Ft. WV	State; Zip Code	\$ 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
5/20/21	Contributor address; City; Ft. W	State; Zip Code	\$ 15.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ii trie reque	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Onris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
5/20/21	KCISha Jones 6 Contributor address; City; State; Zip Code Ft. WOYH, TX	\$ 3,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/20/21	Broderick Dockwell Contributor address; City; State; Zip Code Ft. Worth, TX	\$ 2,400.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/24/21	Contributor address; City; State; Zip Code Ft. Worth, TX	\$ 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
5/21/20	Contributor address; City; State; Zip Code Ft. WVYH, TX	\$ 20.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructi	ons)
	!	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

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

-	• • • • • • • • • • • • • • • • • • • •		•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Onris Nettle	2S	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
5/23/21	6 Contributor address; City; Ft. WOY	State; Zip Code	\$50,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/23/21	Contributor address; City; FT, Way	State; Zip Code	\$ 600.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
5/24/21	Contributor address; City; Ft. WWY	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
5/24/21	Contributor address; City; Ft, Wor	State; Zip Code	\$ 100.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
		N. in	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ir the reque	sted information is not applicable, DO NOT If	iclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Netti	ĈS.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PA		7 Amount of contribution (\$)
5/28/21	6 Contributor address; City; Ff. WOV	State; Zip Code	\$ 1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
5 28 21	Sharic Hickm Contributor address; City; Ft. WW	State; Zip Code	\$115.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/29/21	Eddie G171Hin Contributor address; City; Ft. WOY	State; Zip Code	\$ 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See İnstruct	ions)
Date 5/31/21	Full name of contributor out-of-state PAC Out-o	State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	s 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 PA	•	7 Amount of contribution (\$)
6/4/21	6 Contributor address; City; Ft. WOY	State; Zip Code	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
6/14/21	Contributor address; J City; Ff. W	State; Zip Code	\$300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date (15/2)	Full name of contributor out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

		, ,	
т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ 9 In-kind contribution description	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDUL	E AS NEEDED

SCHEDULE F1

		this page in the re			
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Chris Nett	les	3 Filer ID (Ethics Commission Filers)		
4 Date 4/23/21	5 Payee name DOLLAY Tree				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$50.62		FTW , TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event expense	SUPR	lies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/23/21	walmart		``		
Amount (\$)	Payee address;	City;	State; Zip Code		
\$12.54	FTL	N, TX			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	SUppl	ies		
OF		Suppl	TX, officeholder living expense		
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Suppl	TX, officeholder living expense Office held		
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	SUPP!			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	Office held		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	Office held		
Complete ONLY if direct expenditure to benefit C/OH Date 4/28/21	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ACLBIVE - Rid	SUPPI Check if Austin Office sought City;	Vote		
Complete ONLY if direct expenditure to benefit C/OH Date 4/28/21	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ACLBIVE - RIC	SUPPI Check if Austin Office sought City;	Vote		
Complete ONLY if direct expenditure to benefit C/OH Date 4/28/21	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name ALLBIVE - RICA Payee address; FTW, T	SUPPI Check if Austin Office sought City;	Office held		
Complete ONLY if direct expenditure to benefit C/OH Date 4/28/21 Amount (\$) PURPOSE OF	Category (See Categories listed at the top of this schedule)	Check if Austin Office sought City; Description	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) nt Expense Loan Repayment/Reimburseme

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 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)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/V The Instruction Guide explains how to c	·	tegory not listed above)
1 Total pages Schedule F1:			hics Commission Filers)
4 Date 4/28/21	5 Payee name Harland Clark	(P)	
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
\$50.88	FTU	J, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	banking expense	Unecks	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ring expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/30/21	Facebook		
Amount (\$)	Payee address;	City; State;	Zip Code
\$337.93			
	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, TX, officeholder livi	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
onpolitation to IIII	,		**************************************
Date 4 29 2	Payee name WMark Direct		
Amount (\$)	Payee address;	City; State;	Zip Code
\$2,639.96	Main St. Ft.	. Worth, TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing	Printing	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living	ng 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

	ormation is not applicable, bo nor in	notado uno pago in tho fol	/ · · · ·
	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica 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)
*	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CONS	Jettles	3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2\	5 Payee name OUSIN'S	BBQ	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$46.56	F	TWITX	
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Food	Foo	d
	(c) Check if travel outside of Texas. Complete Sch	hedule 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		
5/3/21	Larry Jo	shnson	
Amount (\$)	Payee address;	City;	State; Zip Code
\$320.00	FTW), TX	
	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE OF EXPENDITURE	canvassing	Canva	issing
	Check if travel outside of Texas, Complete Sch	nedule 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		
5/3/21	Quick Trip		
Amount (\$)	Payee address;	City;	State; Zip Code
\$40.40	F	TW, TX	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Travel	Gas	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, T	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Advertising Expense Accounting/Banking

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica	al Committee L	egal Services		/ages/Contract Labor	Other (enter a categ	ory not listed above)
Credit Card Payment		The Instruction Guide	explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAM	1E CY	ris Ne	Hes	3 Filer ID (Ethic	s Commission Filers)
4 Date 5/3/2\	5 Payee name	Tiger	lart			
6 Amount (\$)	7 Payee addr	ess; O	,	City;	State;	Zip Code
\$21.05		ল •	FTW.	TX		
8	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description		
PURPOSE		<u> </u>		Can	,	
OF EXPENDITURE	110	<u>.vel</u>		UIW	•	
	(c) Ch	eck if travel outside of Texas, Cor	mplete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held
Date	Payee name					
5/3/21		7-11				
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code
\$10.25			FTW), TX		
	Category (Se	ee Categories listed at the top	of this schedule)	Description		
PURPOSE	_	-: <u>-</u> 1			<u>.</u> _1	
OF EXPENDITURE	1 +	1000		TOC)CL	
/	Che	eck if travel outside of Texas. Com	nplete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
Date	Payee name)				
5/3/21	Be	in's Tr	iple 1	3		
Amount (\$)	Payee addre	:88;	1	City;	State;	Zip Code
\$15.39		Bos	redale	e St. F	TW, TX	
	Category (Se	e Categories listed at the top o	of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOX)d		Foo	id	
	Cher	ck if travel outside of Texas. Com	plete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder name	•	Office sought		Office held
	ΔΤΤΔ	CH ADDITIONAL COR	PIES OF THIS S	CHEDIII E AS NEE	DED	

SCHEDULE F1

ir the requested in	formation is not applicable, DO NOT in	clude this page in the re	port.
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	0.00 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 - 0.000 -
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CNYIS	Nettles	3 Filer ID (Ethics Commission Filers)
^{4 Date} 5/4/2\	5 Payee name Benname	d Earl	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$365.00	FTW	1 TX	
8	(a) Category (See Categories listed at the lop of this sch	hedule) (b) Description	
PURPOSE OF EXPENDITURE	canvassing	Canv	assing
	(c) Check if travel outside of Texas. Complete Sche	edule 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	His distriction of the second	
5/5/21	Frigoles Cafe	Cantina	·
Amount (\$)	Payee address;	City;	State; Zip Code
\$40.57		NRH, TX	
•	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Food	Food	
	Check if travel outside of Texas, Complete Scheo	dule 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		
5/5/21	Flirah	Strona	
Amount (\$)	Payee address;	City;	State; Zip Code
\$550.00	FT	WITX	
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	consulting	digi	tal
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, 1	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica 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)		
Cledit Card Payment	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME CHYICE	ettles	3 Filer ID (Ethics Commission Filers)		
^{4 Date} 5/7/21	5 Payee name Whatabuy	(aer			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$5.13	FT	W, TX			
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	110000000000000000000000000000000000000		
PURPOSE OF EXPENDITURE	Food	Food			
	(c) Check if travel outside of Texas. Complete Sch	edule 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				
5/10/21	Poly Hardu	jare	ı		
Amount (\$)	Payee address;	City;	State; Zip Code		
\$29.86	FTU),TX			
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Event	Supp	Nies .		
	Check if travel outside of Texas. Complete School	edule 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				
5/10/21	Shell Servi	ces			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$10.03	FTW,	TX			
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Travel	Gas			
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin, T	X, 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 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:	2 FILER NAME CHYIS NEHIES	7	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/21	5 Payee name Rankem Pri	ntina	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$950.00	Matiock St. 8	Arlingto	M, TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	.,,
PURPOSE OF EXPENDITURE	Printing	Priv	iting
	(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		
5/12/21	Steven Wils	<u>0</u> 0	
Amount (\$)	Payee address;	City;	State; Zip Code
\$400.00	FTW, TX	, 	
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF EXPENDITURE	Advertising	Digi	tal Ads.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/12/21	Text Surge		
Amount (\$)	Payee address;	City;	State; Zip Code
\$420.96			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	text v	messages
	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 NEE	DED

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagns/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	, and the second	o complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Chris Nettle	S
4 Date 5/13/1	5 Payee name Tami Ko	ine
6 Amount (\$)	7 Payee address;	City; State; Zip Code
9 110.00	FTW, T	7
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	canvassina	canvassing
	(c) 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 H	Office sought Office held
Date	Payee name	
5/13/11	American Techr	pology Consulting
Amount (\$)	Payee address;	City; State; Zip Code
\$200.00		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advectising	List Purchase
	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	^
5/14/21	Lillian Sci	nolfield
Amount (\$)	Payee address;	City; State; Zip Code
\$99.00	FTW, T	*
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Canvassing	canvassing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>QNLY</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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services 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
Other (onter a category pot listed above)

Cradit Card Payment	The Instruction Guide explains how to c	wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME CAY'S NEHIE	2:	3 Filer ID (Ethics Commission Filers)
4 Date 5/14/2\	5 Payee name ONOS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$47.82			·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Websi	te
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/18/21	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$400.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Ad r	30y
	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
Date	Payee name		
5/18/21	Comark Direct		
Amount (\$)	Payee address;	City;	State; Zip Code
\$5,891.98		TWITX	
TUDDOSE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing	Prin	iting
	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 S	CHEDULE AS NEEL	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By 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 4 Date 5 Payee name 6 Amount City; State: Zip Code 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** CONVASTIN Nassina OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State: Zip Code Payee address; 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 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE CONVOSSINA OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested in	ormation is not applicable	If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office Over ense Polling Ex als Expense Printing E	xpense Vages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense			
1 Total pages Schedule F1:	2 FILER NAME	ris Nettle	S	3 Filer ID (Ethic	s Commission Filers)			
4 Date 5/19/2\	5 Payee name	SPS						
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code			
\$55.00		FTW,	TX		·			
8	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Postage		Pos	tage/s	Tamps			
ge w	(c) Check if travel outside of	Texas, Complete Schedule T.	Check if Austin	n, 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							
5/21/21	lonos							
Amount (\$)	Payee address;		City;	State;	Zip Code			
\$1.88		<u> </u>						
	Category (See Categories listed	at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Fees		Fee	S				
	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 r	ame	Office sought		Office held			
Date	Payee name	_						
5/21/21	Tammi	Kane						
Amount (\$)	Payee address;		City;	State;	Zip Code			
\$214.50	F	FTW, TX						
	Category (See Categories listed a	t the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	CONVOSSINO	<u> </u>	canvassing					
,	Check if travel outside of To	exas. 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			

SCHEDULE F1

If the requested in	formation is not applicable, DO NOT include	this page in the re	eport.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Chris Nettle	ES	3 Filer ID (Ethics Commission Filers)
4 Date 5/21/21	5 Payee name COMARK Dire	<u>:C</u> t	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 2,230.60	FTW, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing	Prin	Iting
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austli	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		
5/24/21	Home Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$16.13	FTW,	TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event	suppli	ies
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	- No colored	
5/24/21	Pappasito's C	antina	
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	FTW.	TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food	Food	
	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

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	erhead/Rental Expense Tr tpense Tr xpense Tr Vages/Contract Labor Of	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel In District ravel Out Of District ther (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME CHYIS NETTLE	.S3	Filer ID (Ethics Commission Filers)				
4 Date 5/25/21	5 Payee name Comark Div	rect					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
\$2,230.60	Main St. 7	FTW, TX					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	printing	prin	ting				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	C, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
5/25/21	CoMark Direc	t	<i>`</i>				
Amount (\$)	Payee address;	City;	State; Zip Code				
\$291.50	Main St. F	FTWITX					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	printing	print	ing				
	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						
5/26/21	Lupe Johnson	\cap					
Amount (\$)	Payee address;	City;	State; Zip Code				
\$220.00	FTW, TX						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Canvassing	Canvass	sing				
	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 CODIES OF THIS S	CUEDIU E AC VEEDED					

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** canvassing OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Pavee address: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Canuassir OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name illian Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE CONVOSSINO OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

		not applicable, 20 110	1 11101440 (mo page in the re	oport.	
	- · · · · · · · · · · · · · · · · · · ·	EXPENDITURE CA	TEGORIES	FOR BOX 8(a)	***************************************	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex		Travel In District Travel Out Of Distr	ipment & Related Expense
Cledit Cald Payment		The Instruction Guide exp	lains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	ame Onis N	ettes	,	3 Filer ID (Ethio	cs Commission Filers)
4 Date 5/27/21	5 Payee na	SMIC	Drive	e-In		
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
\$10.79		F	TW,	TX		
8	(a) Categor	y (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	F	∞ d		f00	d	
	(c)	Check if travel outside of Texas. Comple	te Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	***************************************	Office held
Date	Payee na	me				
5/28/21		CoMarx	Direc	t	X 1	
Amount (\$)	Payee ad	•	_	City;	State;	Zip Code
\$2,220.34		Main o	St. F	-TW, TX		
	Category	(See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	1	printing		prin	iting	; ;
	, []	Check if travel outside of Texas, Complete	e Schedule T,	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date	Payee na	me		_		
5/19/21	A	merican	Unica	1 Graph	iics	
Amount (\$)	Payee add	dress;	_	City;	State;	Zip Code
2,230.60		Main S	t. F	TW, TX		
	Category (See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	P(inting		Print	ing	
		heck if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidat	te / Officeholder name	····	Office sought		Office held

SCHEDULE F1

ii the requested in	omation is	not applicable	e, DO NOT I	nciuue ti	ns page in the r	eport.	
		EXPENDI	TURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ву	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instructio	rials Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NA	ME CMY	is No	ettle	S	3 Filer ID (Ethic	s Commission Filers)
4 Date 5/18/2	5 Payee nan	ne F	acebo	ook			
6 Amount (\$)	7 Payee add	lress;			City;	State;	Zip Code
\$400.00			***************************************				
8	(a) Category	(See Categories list	ed at the top of this s	schedule)	(b) Description		,
PURPOSE OF EXPENDITURE	ad	westis	sing		ads		
	(c) c	Check if travel outside o	of Texas, Complete Sc	hedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder	name		Office sought		Office held
Date	Payee nam	ne					
5/20/21		Tex	.t Su	rge			
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
\$506.70							
	Category (See Categories liste	d at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	vq,	vectisi	ng		text	messa	ĝes
	CI	heck if travel outside o	f Texas. Complete Scl	hedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder	name		Office sought		Office held
Date	Payee nam	ne					
6/1/21		MM	70/h	1800	\		
Amount (\$)	Payee addr	ess;	_		City;	State;	Zip Code
\$450.00			FTU	J. T.	X		
	Category (S	See Categories listed	at the top of this sch	nedule)	Description		
PURPOSE OF EXPENDITURE	CON.	vossin	N		Can	vassing	Ĺ
	Ch	eck if travel outside of	Texas. Complete Sch	edule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder	name		Office sought		Office held

SCHEDULE F1

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

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Office Overhead/Rental Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/	Wages/Contract Labor Othe	rel Out Of District er (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how to	3 Fi	iler ID (Ethics Commission Filers)
4 Date 6/1/21	5 Payee name Bankem Prix	ntina	
6 Amount (\$)	7 Payee address;	~eity;	State; Zip Code
\$ 250.00	FEWLO	x Mattock	Arlington, TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	printing	printin	a
EXPENDITURE		K, (1), (1)	9
:	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ਜ	Office sought	Office held
Date	Payee name	Annual Control of the	
6/1/21	Facebook		<u>-</u>
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 284.09			3
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/2/21	Bankem Prin	iting	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 340.00	Matlock 15d.	Arlington,	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	printing	printin	ig ·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	iceholder 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 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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other tenter a categ	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME ONIS NEHI	es	3 Filer ID (Ethic	cs Commission Filers)
4 Date (0/2/2)	5 Payee name COMark O	irect		***************************************
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$5,891.99	Main St.	FTW, T	χ	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	printing	bus	sting	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/2/21	Kent Quepons	· ·		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 232.00	FTW, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	canvassing	CONVAS	:sing	
	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
Date	Payee name			Market St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co
6/2/21	Terry Pane			
Amount (\$)	Payee address;	City;	State;	Zip Code
1354.00	FTW, 7	TX		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	canvassing	CANVA	ssing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	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 S	CHEDULE AS NEED	ED	

SCHEDULE F1

			······································	
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Chris NO	HIPS	3 Filer ID (Ethics Commission Filers)	
4 Date 6/7/2\	5 Payee name LUNC (\0)	hnson		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 200.CO	FTW,	TX		
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description		
PURPOSE OF EXPENDITURE	canvassina	Canva	assing	
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
6/7/21	Lupe John	750M	•	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$200.00	FTW,	TX		
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE OF EXPENDITURE	canvassing	can	vassing	
	Check if travel outside of Texas. Complete Sche	dule 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			
6/8/21	Terry Pr	ine		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$162.00	FTW,	TX		
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description		
OF EXPENDITURE	canvassing	COUNC	LSSING	
	Check if travel outside of Texas. Complete Sched	ule 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; State; Zip Code (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State: Zip Code Pavee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** canvassina canuassing **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

ii trie requested ini	formation is not applicable, DO NOT include	this page in the re	eport.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov. Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing B	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CAY'S NET	es	3 Filer ID (Ethics Commission Filers)
4 Date (e/10/2)	5 Payee name Black COA	ec	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$4.25	FTW,	TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	meeting	bene	lage
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/10/21	Eddie Fost	e	
Amount (\$)	Payee address;	City;	State; Zip Code
\$850.00	FTW, T	Χ	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	other	equi	pment
	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
Date	Payee name		
6/10/21	Lillian School	Ifield	
Amount (\$)	Payee address;	City;	State; Zip Code
\$206.25	FTW,	TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	canvassing	Canvo	ussing
	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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	orials Expense	Office Over Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Dist	ilpment & Related Expense
1 Total pages Schedule F1	2 FILER N	IAME (M)	CIS N	ettle	S	3 Filer ID (Ethi	cs Commission Filers)
4 Date 6/11/21	5 Payee na	ame CO	Mark	Di	rect		
6 Amount (\$)	7 Payee a	ddress;			City;	State;	Zip Code
\$3,903.41			Main	St.	FTW,	TX	
8	(a) Categor	y (See Categories lis	ted at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	K	rintino	3		prir	iting	
	(c)	Check if travel outside	of Texas, Complete S	chedule T.	Check If Austin	n, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholde	r name		Office sought		Office held
Date	Payee na	me					
5/26/21		Prex	mier	Bil	160ard		
Amount (\$)	Payee ac	ldress;	_		City;	State;	Zip Code
\$891.00			FTI	N, T	Ż	į.	
	Category	(See Categories liste	d at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	,	Advicat	ising		sigv)	3
		Check if travel outside o	of Texas, Complete Sc	hedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held
Date	Payee na	me					
6/14/21		QUIC	KT	9í			
Amount (\$)	Payee ad	dress;	_		City;	State;	Zip Code
\$20.02			FTU	U, T	<u>L</u>		
	Category	(See Categories listed	at the top of this sc	hedule)	Description		
PURPOSE OF EXPENDITURE	+	ravel (meetiv	ng)	gas		
		Check if travel outside of	Texas, Complete Sch	nedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder	name	·· ·	Office sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica 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:	2 FILER NAME CAYIS NE	ttles	3 Filer ID (Ethics Commission Filers)
4 Date (0 /14/2)	5 Payee name LUPE JC	noon	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$260.00	FTU), TX	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	canvassing	Canva	ssing
	(c) Check if travel outside of Texas, Complete School	nedule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		The state of the s
6/14/21	Hent Qu	epms	
Amount (\$)	Payee address;	City;	State; Zip Code
\$373.50	FTU	N, TX	
	Category (See Categories listed at the top of this sche	nedule) Description	
PURPOSE OF EXPENDITURE	canvassing	Canvo	assing
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/18/21	Antonieta	. Quepons	
Amount (\$)	Payee address;	City;	State; Zip Code
\$315.00	FTW	', TX	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	canvassing	Can	vassing
	Check if travel outside of Texas, Complete Sched	dule 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	F THIS SCHEDULE AS NEED	DED

SCHEDULE F1

	EXPENDITUR	E CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Office Over Polling Exp xpense Printing Ex	rpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME CAYIS	Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 6/22/21	5 Payee name ANTOV	nieta Q	NEDONS		
6 Amount (\$)	7 Payee address;	110	City;	State; Zip Code	
\$ 274.75	F	TW, TX			
8	(a) Category (See Categories listed at the	ne top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	canvassing		Canvo	ussing	
	(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/OF	Candidate / Officeholder nam	е	Office sought	Office held	
Date	Payee name				
6/16/21	USPS				
Amount (\$)	Payee address;		City;	State; Zip Code	
\$146.00		FTW, T	/ \		
	Category (See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	postage		-	age :	
	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	
Date	Payee name				
Ce/17/21	lonos				
Amount (\$)	Payee address;		City;	State; Zip Code	
\$15.96		`			
	Category (See Categories listed at the t	op of this schedule)	Description	^	
PURPOSE OF EXPENDITURE	Advertisin	9	Websi	te tees	
	Check if travel outside of Texas, C	Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Э	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee 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)
•	The Instruction Guide explains		Completion Ellero)
1 Total pages Schedule F1:	2 FILER NAME MYS NCT	Ales	3 Filer ID (Ethics Commission Filers)
4 Date (1/1/2)	5 Payee name Text Suy	(ne)	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2,026.34			
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	text v	messages
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6/21/21	Jennifer's	T-Shirt S'	n0P
Amount (\$)	Payee address;	City;	State; Zip Code
\$167.00	F	TWITX	
	Category (See Categories listed at the top of this sched		
PURPOSE OF EXPENDITURE	Advectising	7-sh	rists
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin, 7	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/28/21	Foodland		
Amount (\$)	Payee address;	Ćity;	State; Zip Code
\$27.37	FTW.	TX	·
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	event	f000	
· +			
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, T.	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedu	Office sought	X, officeholder living expense 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 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

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains 2 FILER NAME MY 1. C	S how to complete this form.	3 Filer ID (Ethics Commission Filers)
4 Date (4/30/2)	5 Payee name Patrick	Bruerama:	N
6 Amount (\$)	7 Payee address;	gity;	State; Zip Code
\$162.00	Alexi	andria, VA	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	_
PURPOSE OF EXPENDITURE	canvassing	Canu	assing
	(c) Check if travel outside of Texas, Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/30/21	Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
\$282.06			
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Fees	Fee	LS .
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 sche	edule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sche	dule 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	F THIS SCHEDULE AS NEE	DED