OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages file	46	OFFICE	USEONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST CONS NICKNAME LAST NOTE:		MI	Date Received	3456-00
4 ORIGINAL REPORT TYPE	July 15 Exc	ceeded modified reporting it h day after treasurer pointment (officeholder only	Other (specify)	Date Hand-delivered JAN 2 Receipt # CITY OF F	or Date Postmarked
5 ORIGINAL PERIOD COVERED	Month Day Year 04 / 22 / 2021 TH	Month HROUGH ()	Day Year / 202	Date Imaged	8 3 1 1 1 5 3
6 EXPLANATION OF CO Adding add	orrection dresses to moneta litical expenditura	ury politic	al contrib	utions and	t .
	ear, or affirm, under penalty of	f perjury, that thi	s corrected repo	ort is true and cor	rect.
	ck ONLY if applicable:				
Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.					
☐ date Llearne	ts: I swear, or affirm, that I am fi ed that the report as originally file the report as originally filed was	ed is inaccurate/o	r,incomplete. I sy		
STARY PUB	VALUE OF THE PARTY	$-\mathcal{M}$	Signature of Cano	didate/Officeholder	
N N N					
(1) Affidavit	19076 19076 100 100 100 100 100 100 100 100 100 10				
Sworn to and subscribed	d before me by	Certi	this the	day of	Jancois
20 , to certif	y which witness my hand and seal of ol	lelisse K.	Brinne		er administering oath
Signature of officer administration	Printed nam	e of officer administeri OR	ng oath	Title of office	er addamistering bath
(2) Unsworn Declarat	ion	OK			
My name is		, aı	nd my date of birth i	s	
	(street)		, ,,	(state) (zip code)	(country)
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	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	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	\$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 POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

ii tilo roquoo	ted information to flot applicable, 20 fter information the page in the	
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 (\$)
4/22/21	6 Contributor address; City; State; Zip Code 6 COU LOCH Chalct Ct., Arlington, TX 76012	\$500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/22/21	Charles Hibbler Contributor address; City; State; Zip Code Ft. Worth, TX	\$20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4/24/21	Contributor address; City; State; Zip Code 1808 S. Good Latimer Eawy Dallas, TX 752	\$500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/25/21	Contributor address; State; Zip Code Ft. WWYH, TX	\$50.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
		

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 (\$)
4/26/21	6 Contributor address; City; State; Zip Code	I rem
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4/28/21	Jacque Hockwell Contributor address; City; State; Zip Cod. 9348 Goldenview Dr. Euless, TX 767	1 1 5 5 7 1 1 1 1 1
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor) Amount of contribution (\$)
5/1/21	Contributor address; City; State; Zip Code Ft. Worth, TX	h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal occu	pation / Job title (See Instructions) Employer (See	e Instructions)
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	h = 1 + 4
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)

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 (\$)
5/2/21	6 Contributor address; City; State; Zip Code	\$25.00
	Ft. Worth, TX	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/2/21	Contributor address; City; State; Zip Code FT. WOYTH, TX	\$20.00
Principal occup	pation / 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 8528 AUDUN Dr. Ft. Worth, TX 76/23	\$100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/2/21	Contributor address; City; State; Zip Code Ft. WVH, TX	\$20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)

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 (\$)
5/2/21	6 Contributor address; City; State; Zip Code	\$100.00
8 Principal occup	572 Kelole Dr., Ft. Worth, TX 76036 pation / Job title (See Instructions) 9 Employer (See Instru	<u> </u>
6 Fillicipal occup	g Employer (See instructions)	actions)
Date	Full name of contributor	Amount of contribution (\$)
5/2/21	Contributor address; City; State; Zip Code	\$25.00
Principal occup	Fig. (See Instructions) Employer (See Instru	uctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
5/3/21	Contributor address; City; State; Zip Code	$\downarrow \downarrow $
	2029 N Main St., Ft. Worth, TX 76/64	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	
5/3/21	Contributor address; City; State; Zip Code	\$50.00
	Ft. Worth, TX	7 55 15
Principal occup	Employer (See Instructions) Employer (See Instructions)	uctions)

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 comple	ete 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 (\$)
5/3/21	6 Contributor address; City;	State; Zip Code	\$50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	<u> </u>	state PAC (ID#:)	Amount of contribution (\$)
5/3/21	Contributor_address; City;	State; Zip Code	\$50.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	۸	state PAC (ID#:)	Amount of contribution (\$)
5/3/21	Contributor address; City;	State; Zip Code	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		-state PAC (ID#:)	Amount of contribution (\$)
5/4/21	Cecil Collier Contributor address; City;	State; Zip Code	\$10.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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 f	orm.	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	Grea HUghes 6 Contributor address; City; 3408 View St., Ft. Worth, T.	State; Zip Code	\$200.00	
8 Principal occu	pation / Job title (See Instructions)		ons)	
Date	1. 1 5. 10.	ID#:)	Amount of contribution (\$)	
5/4/21	Contributor address; City;	State; Zip Code	\$50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date		ID#:)	Amount of contribution (\$)	
5/4/21	Contributor address, City; Ft. Wor	State; Zip Code	\$50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
5/3/21		State; Zip Code	\$500.00	
Principal occupation / Job title (See Instructions) Employer (See Instru		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	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 (\$)		
5/4/21	6 Contributor address; City; State; Zip C. 9193 Saint Barts. Rd., Ft. Worth, TX 70	$\frac{1}{2}$ ode		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)		
5 5 21	Contributor address; City; State; Zip C FT. WOYH, TX	50.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
5/7/21	Contributor address; City; State; Zip C 1285 Kielder Cir, Ft. Worth, TX 7	(B / a t \(\) \		
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
5/7/21	Contributor address; City; State; Zip Colors & City; State; Zip Colors	ode \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)		

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 (\$)
5/8/21	6 Contributor address; City; 509 Slamon St. Ft. Worth	State; Zip Code	\$100.001
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	<u> </u>	(ID#:)	Amount of contribution (\$)
5/9/21		State; Zip Code (Hh, TX 76102	\$100.001
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/9/21	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	^ -	(ID#:)	Amount of contribution (\$)
5/10/21	CUTTIS BYOWN Contributor address; City; 8120 N Intst. HWy 35 #200	State; Zip Code AUStin, TX 787	\$1,500.00
Principal occup	pation / 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.

ii the requested information to not applicable, be not include time page in the report				
The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1:	
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date	• •		7 Amount of contribution (\$)	
5/10/21		tate; Zip Code	\$ 200.00	
•	641 Hutchins Dr., Crowley,	TX 76036	·	
8 Principal occu		Employer (See Instructi	ons)	
Date		:)	Amount of contribution (\$)	
5/11/21	May Lockwell. Contributor address; City; s	State; Zip Code	\$325.00	
, ,	250 Pennsylvania Ave. #22	5 FTW.TX 761	04	
Principal occup	oation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	_	:)	Amount of contribution (\$)	
5/11/21	1 - ' \	State; Zip Code	\$25.00	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of contribution (\$)	
5/11/21	Contributor address; City; s Ft. Wort	State; Zip Code	\$50.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
l				

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 requestion information to the approache, De the time and page in the representation				
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		7 Amount of contribution (\$)	
5/12/21	-	State, Zip Code	\$100.001	
	8621 Silverbell Ln. F. Worth	TX 76140	\	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	-	(ID#:)	Amount of contribution (\$)	
5/12/21	Michael Bell City; 7809 Whitney Ln. Ft. Worth	State; Zip Code	\$500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
5/12/21	Geraid Alley City; Contributor address; City; COLE LOCH Chalet.Ct., Ft. W	State; Zip Code	15W.O	
•	606 Loch Chalet.Ct., Ft. W	10rth, TX 76012	•	
	pation / Job title (See Instructions)	Employer (See Instruct		
Date		(ID#:)	Amount of contribution (\$)	
5/12/21		oldio, Lip oodo	\$200.00	
•	8620 Silverbell Ln. Ft. Worth	1, TX 76140	1	
		Employer (See Instruc	tions)	

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 following the first state of				
The	Instruction Guide explains how to complete this fo	orm.	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 (IE	D#:)	7 Amount of contribution (\$)	
5/12/21	6 Contributor address; City; 3005 Meadowbrook Dr., Pt. W	State; Zip Code	\$3,000.00	
8 Principal occu		Employer (See Instructi	ions)	
Date	Lul X	D#:)	Amount of contribution (\$)	
5/12/21	Contributor address; City; Ft. Worth	otate, Zip oode	\$10.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		D#:)	Amount of contribution (\$)	
5/12/21	Contributor address; City; Ft. Wor	State; Zip Code	\$25.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
5/14/21	Contributor address; City; 2029 W Main St. Ff. Worth	State; Zip Code	\$500.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	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.

If the requested information is not applicable, be not molade 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 (\$)		
5/14/21	6 Contributor address; City; State; Zip Code	\$100.001		
	6024 Maceo Ln. Ft. Worth, TX 76112			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
5/14/21	Contributor address; City; State; Zip Code	\$400.00		
	23423 US HWY 59#3206, Kingwood, TX 77	339		
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
5/16/21	Contributor address; City; State; Zip Code	\$100,00		
	3421 Western Ave. Ft. Worth, TX 76107	•		
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
5/17/21	Contributor address; City; State; Zip Code	\$50.00		
	Ft. Worth, TX	,		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	etions)		
		Addition to the second		

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 to het applicable, 20 NOT molade and 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 (\$)		
5/17/21	Grian Dixon 6 Contributor address; City; State; Zip Code 104 E Leuca St. Ft. Worth, TX 76104 pation (Job title (See Instructions) 9 Employer (See Instructions)	\$100.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (4)		
5/18/21	Benny A. Tucker Contributor address; City; State; Zip Code 11500 Mosier Valley, Rd., Euless, Tx 76040	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal occup	oation / Job title (See Instructions) Employer (See In	nstructions)		
Date	Full name of contributor	7 tillount of contribution (4)		
5/20/21	HUYEN Pham Contributor address; City; State; Zip Code 1515 Commerce St. Ft. Worth, TX 70102	\$100.00		
Principal occu	pation / Job title (See Instructions) Employer (See I	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
5/20/21	Contributor address; City; State; Zip Code Ft. Worth, TX	\$15.00		
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)		
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED				

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 (\$)	
3/20/21	6 Contributor address; City; State; Zip Code 18706 Shay Ln. Humble, TX 17346	\$3,000.00	
8 Principal occu	pation / Job title (See Instr ® ctions) 9 Employer (See Instruc	nons)	
Date	Full name of contributor	Amount of contribution (\$)	
5/20/21	Contributor address; City; State; Zip Code	\$ 2,400.00	
	1121 E. Bowie St., Ft. Worth, Tx 76104		
Principal occup	coation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
5/24/21	Krista Daniels Contributor address; City; State; Zip Code 812 Oakmont Ln. N, Ft. Worth, TX 76112	\$250.00	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
5/21/21	Contributor address; City; State; Zip Code Ft. WORLN, TX	\$20.00	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
*			

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 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 (\$)		
5/23/21	6 Contributor address; City; State; Zip Code	\$50.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
5/23/21	Contributor beddress; City; State; Zip Code 9153 Saint Barts Rd, Fort Worth, TX 76123	\$500.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
5/24/21	Contributor address; City; State; Zip Code FT. Worth, TX	\$50.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
5/24/21	Onciton Beenel Contributor address; City; State; Zip Code 5049 Edwards Ranch Rd. 4th Floor, FTW, TX	\$100.001		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	7017 tions)		

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	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 uut-of-state PAC (ID)#:)	7 Amount of contribution (\$)		
5/28/21	Domingo Garcia 6 Contributor address; City; 2237 Hemphill St. Ft. Worth		\$1,000.00		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)		
Date	Full name of contributor)#:)	Amount of contribution (\$)		
5/28/21	•	State; Zip Code	\$115.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
5/29/21	Contributor address; City;	State; Zip Code	\$50.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)		
5/31/21	Contributor address; City; Ft. WOY	State; Zip Code	\$25.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	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 Instruction Guide explains how to complete this form.			Total pages Schedule A1:	
2 FILER NAME	Chris Nettles	3	Filer ID (Ethics Commission Filers)	
4 Date (a 4 2 8 Principal occur			Amount of contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
6/14/21	Kathy Lockwell contributor address; City; State 9153 Saint Barks Rd., Ft. Worth, T	į.	\$300.00	
Principal occur		ployer (See Instruction	(as)	
T Throipar Good		,		
Date 6 15 21	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of contribution (\$)	
Principal occu	V	ployer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
	Contributor address; City; State	; Zip Code		
Principal occu	pation / Job title (See Instructions) Em	ployer (See Instruction	ns)	
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.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 150.00		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
6/5/21	7 Contributor address; City; State; Zip Code		\$150.00	Hovertising
10 Principal occi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<u> </u>	1	side of Texas. Complete Schedule T. IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	UDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outs	, side of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		EIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL)(See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
\cdot				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	JLE AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
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 Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (expense and listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services SalariesA The Instruction Guide explains how to		ther (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles	3	Filer ID (Ethics Commission Filers)
4 Date 4/23/21	5 Payee name Dollar Tree	1	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$50.62		Ft. Worth, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	expense	SUpplie	S
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
4/23/21	Walmart.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$12.54		Ft. Worth, T.	K
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Went expense	SUpplie	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/28/21	hideShare 2 Vote		
Amount (\$)	Payee address;	City;	State; Zip Code
\$50.00		H. Worth,	7X
	Category (See Categories listed at the top of this schedule)	Description	11-
PURPOSE OF EXPENDITURE	Other	rides to v	SIIOS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDI	ED

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 (or the second and listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W The Instruction Guide explains how to comment to be a serviced by the services of the s		enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Chris Nottles	3 File	er ID (Ethics Commission Filers)
4 Date 4/28/21	5 Payee name Harland Clarke		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$50.88	·	Ft. Worth,	TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	banking expense	checks	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/30/21	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$337.93	1 Hacker Way, Menlo	Park, UA 940'	15
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expense	200	
	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/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/29/21	Comark Direct		
Amount (\$)	Payee address;	City;	State; Zip Code
\$2,639.96	507 S Main St. For	it Worth, Tx	76104
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	printing	literature	,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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.**

<u> </u>				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	kpense /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 Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 5/3/21	5 Payee name (MISIN'T BBQ			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$46.56		Ft. Worth	"TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	food expense	bood		
	(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/Oh	Candidate / Officeholder name ł	Office sought	Office held	
Date	Payee name			
5 3 21	Larry Johnson			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$320.00	4628 Burton Ave. Ft. Wor	th, TX 7610)5	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONVOSSING	CONVas	10 miss	
	Check if travel outside of Texas. Complete Schedule 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			
5/3/21	Quick Trip			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$40.40		Ft. Wost	th, TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	trovel expense	300	2	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living 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 Candidate/Officeholder/Political	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense uries/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 hov	w to complete this form.		
25	2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 5 3 21	5 Payee name Tiger Mart			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$21.05	Ft. Worth, Tx			
8	(a) Category (See Categories listed at the top of this schedul	ule) (b) Description		
PURPOSE OF EXPENDITURE	travel expense	905		
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Aust	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 3 21	7-11			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$10.25		Ft. Wo	rth, TX	
	Category (See Categories listed at the top of this schedu	le) Description		
PURPOSE OF EXPENDITURE	food expense	4000	X	
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, 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 3 21	Ben's Triple B			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$15.39	·	Ft. Wo	rth, Tx	
,	Category (See Categories listed at the top of this schedu	le) Description	1	
PURPOSE OF EXPENDITURE	food expense	to	<i>30</i> /	
	Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address City: Zip Code 6 Amount (\$) State: bura Dr. Forest Hill, TX 76140 **PURPOSE** Carrassino CONVICTION OF **EXPENDITURE** (c) 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 \$40.57 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 sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date City; Amount (\$) State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE**

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

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 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 (only a category not listed above)

ontributions/Donations Made By Candidate/Officeholder/Political		kpense Travel Out Of District /ages/Contract Labor Other (enter a category not listed abov	ve)
redit Card Payment	The Instruction Guide explains how to o	omplete this form.	
Total pages Schedule F1:	2 FILER NAME CAY'S NETTLES	3 Filer ID (Ethics Commission F	Filers)
Date 5/7/21	5 Payee name Whutaburaer		
Amount (\$)	7 Payee address;	City; State; Zip Code	
\$6.13		Ft. Worth, TX	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	food expense	food	
	(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 I	Office sought Office held	
Date	Payee name		
5/10/21	Poly Hardware		
Amount (\$)	Payee address;	City; State; Zip Code	
\$29.86		Ft. Worth, TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Went expense	Supplies	
	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 I	Office sought Office held	
Date	Payee name		
5/10/21	Shell Services		
Amount (\$)	Payee address;	City; State; Zip Code	:
\$10.03		Pr. Worth. TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	travel expense	Ras	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

			1'
	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp / Gift/Awards/Memorials Expense Printing Ex	pense 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 CAY'S NOTTIES		3 Filer ID (Ethics Commission Filers)
4 Date 5 11 21	5 Payee name Bukkon Printin	10\	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$950.00	2357 S Collins St. A	irlington,	TX 76014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	printing expense	printi	ng
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	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 Wilson		
Amount (\$)	Payee address;	City;	State; Zip Code
\$400.00	162 Bush Dr. Venus,	TX 7608	34
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expense	digit	al ads
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/12/21	Text Surge		
Amount (\$)	Payee address;	City;	State; Zip Code
\$420.96	1201 Connecticut Ave. 1	1W #600, W	Jashington,DC 20036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WYCHIS'NG CXPCOSC	Description TXF M	_
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

ii the requested line	Annation to not applicable, Do Not molade	tino pago in tho to	Porti		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing B		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)		
4 Date 5 3 21	5 Payee name Tami Kant				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$110.00		Ft. Worth	, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	advertising expense	canvass	ing		
	(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 I	Office sought	Office held		
Date	Payee name		www.mandale.gov.nile.elegist.gov.		
5/13/21	American Technologu	Consultin	10,		
Amount (\$)	Payee address;	City;	State; Zip Code		
\$200.00	12951 University Ave. #	200, Clive	1,11A 50325		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	advertising expense	list purchase			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 Schoolfield				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$99.00		Ft. Wort	in, TX		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	contract labor	CONVO	58ing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense I Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
Credit Card Payment	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME CYPTIS NETTICS		3 Filer ID (Ethics (Commission Filers)
4 Date 5 14 21	5 Payee name TOWNS by 14	1		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$47.82		Chesterror	700K, PA	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	advertising expense	website	t fee	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
5/18/21	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$400.00	1 Hacker Way, Mer	10 Park, UA	94025	
	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 Aust	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
5/18/21	Comark Direct			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$5,891.98	507 S Main St. Fort	Worth, TX 7	6104	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising expense	printi	ng	
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	FDFD	

SCHEDULE F1

if the requested into	ormation is not applicable, DO NOT include t	nis page in the re	eport.	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	xpense Vages/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 Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 5 18 21	5 Payee name Richard Davis			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$130.00		Ft. Worth	n, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	contract labor	CONVOS	ssing	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/18/21	Joen Retura			
Amount (\$)	Payee addrese;	City;	State; Zip Code	
\$130.00		Ft. Wort	th, TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	contract labor	canva	DNi 22	
	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			
5/18/21	Lillian Schoolfield			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$258.80	4412 Wilhelm St., Ft. Wort	n. TX 761K	9	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	salaries/wages	COMM	prizz	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City: 6 Amount (\$) State: Zip Code 7 Payee address; Ft. Worth, TX (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Citv: Zip Code Payee address; Chesterbrook, PA Category (See Categories listed at the top of this schedule) Description **PURPOSE** expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** CONVOSSINO 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 Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

in the requested information to het applicable, De No. include the page in the report.					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office of Food/Beverage Expense Polling Y Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense g Expense g Expense sw/Wages/Contract Labor 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 CHI'S NETTES	3 Filer ID (Ethics Commission Filers)			
4 Date 5 21 21	5 Payee name Comark Direct				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$2,230.60	507 S. Main St. Fort	: Worth, TX 76104			
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	printing expense	literature			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held			
Date	Payee name				
5/24/21	Home Depot				
Amount (\$)	Payee address;	City; State; Zip Code			
\$16.13		Ft. Worth, TX			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Went expense	Supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
5/24/21	Pappasito's Cantina				
Amount (\$)	Payee address;	City; State; Zip Code			
\$100.00		Ft. Worth, TX			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	food expense	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/OF	Candidate / Officeholder name	Office sought Office held			

SCHEDULE F1

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor 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: 25	2 FILER NAME CHY'S NETTLES		3 Filer ID (Ethics Commission Filers)
4 Date 5 25 21	5 Payee name (NMN/k Direct	it	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2,230.60	507 S. Main St. Fort	: Worth, Tx	76104
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	printing expense	literati	KC
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5 25 21	Compark Direct		
Amount (\$)	Payee address;	City;	State; Zip Code
\$291.50	507 S. Main St. Fort	= Worth, TX	76104
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	printing expense	literatur	re
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/26/21	Lune Johnson		
Amount (\$)	Payee address;	City;	State; Zip Code
\$220.00	2421 Prospect Ave., P	t. Worth, TX	76164
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	salaries/ wages	COULO	132 MOJ
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

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

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 co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Comm	nission Filers)
4 Date 5 2011	5 Payee name JOEU Poctana		
6 Amount (\$)	7 Payee address; U	City; State; Zip	o Code
\$40.50		Ft. Worth, TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	salaries I wages	canvossing	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens	se
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office	e held
Date	Payee name		
5/26/21	Richard Davis		
Amount (\$)	Payee address;	City; State; Zip	o Code
\$40.50		Ft. Worth, TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	salaries Iwages	convassing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office	e held
Date	Payee name		
5/26/21	Lillian Schoolfield		
Amount (\$)	Payee address;	City; State; Zi	p Code
\$198.00	4412 Wilhelm St, Pt. W	orth, TX 76119	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	salaries wages	convassina	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Offic	e 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code 6 Amount (\$) 7 Payee address: (b) Description (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 (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Main St. Fort Worth, TX Description **PURPOSE 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 Date State; Zip Code Amount (\$) Main St. Fort Worth, TX Description Category (See Categories listed at the top of this schedule) **PURPOSE** literative OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Book Candidate/Officeholder/Political Credit Card Payment	Fees OI Food/Beverage Expense Pood/Beverage	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/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 he	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CHI'S NETTES	3	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/21	5 Payee name Fact Work		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$400.00	1 Hacker Way, 1	1en10 Park,(JA 94025
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	advertising expense	ads	
	(C) Check if travel outside of Texas. Complete Sched	lule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/20/21	Text Surge.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$506.70	1201 Connecticut Ave 1	JW #600, Was	nington, DC 20036
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	advertising expense	, text me	2500962
	Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, 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	***	
1/1/1/1/	1 0100		
0 1 4	LUMY JOHNSON		
Amount (\$)	Payee address;	City;	State; Zip Code
\$450.00	4628 Burton Ave.	Ft. Worth, T	x 76105
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	salaries wages	canno	0/1,55

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

SCHEDULE F1

if the requested information is not applicable, BO 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 Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	² FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)		
4 Date 6/1/21	5 Payee name Brukem Printy	ΛΟλ		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$250.00	2357 S. Collins St. AM	ington, Tx 76014		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	printing expense	literature		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
6/1/21	Facebook			
Amount (\$)	Payee address;	City; State; Zip Code		
\$284.09	1 Hacker Way, Men	110 Park, CA 94025		
	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 living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
6/2/21	Bankem Printing			
Amount (\$)	Payee address;	City; State; Zip Code		
\$340.00	2367 S. Collins St. Ar	lington, TX 76014		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	printing expense	literature		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL CODIES OF THIS SCHEDIII E AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B / Gift/Aw I Committee Legal S	expense everage Expense ards/Memorials Expense iervices Instruction Guide explair	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME (Jhris Ne	tles		3 Filer ID (Ethic	cs Commission Filers)
4 Date 6 2 21	5 Payee name	omark D	irect	,		
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
\$5,891.99	507 S.	Main St.	Fort	worth,	TX 7610	14
8	(a) Category (See C	ategories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	printing	y expense	,	lites	ortho	
	(c) Check if t	ravel outside of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livii	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		fficeholder name		Office sought		Office held
Date	Payee name		,			
6/2/21	Kent	Avenous	2			
Amount (\$)	Payee address;	, , ,		City;	State;	Zip Code
\$232.00	4905 5	igmond Dr.	# 707,	Arlington	TX 700	17
	Category (See Ca	tegories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	salovies	1 wages		conno	ssing	
	Check if	ravel outside of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office held
Date	Payee name					
6/2/21	Terru	Parc				
Amount (\$)	Payee address)		City;	State;	Zip Code
\$356.00	4321 BU	rke Rd. Ft	now.	th, TX 71	e119	
	Category (See Ca	tegories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	sularies	/ wages		CONVOS	Sing	
	Check if t	ravel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF		fficeholder name		Office sought		Office held

SCHEDULE F1

ii the requested into	ormation is not applicable, DO NOT Incl	lude this page in the rep	ort.		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Prodit/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow 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 CHYS NETT	es	3 Filer ID (Ethics Commission Filers)		
4 Date 6 7 2	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$200.00	2421 Prospect Ave. F	t. Worth, TX -	16164		
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description			
PURPOSE OF EXPENDITURE	salories wages	Carras	sing		
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	50000000000000000000000000000000000000			
6/7/21	Lupe Johnson	<u> </u>			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$200.00	2421 Prospect Ave. F	Ft. Worth, TX	76164		
	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE OF EXPENDITURE	stilories wages	CONVOS	sing		
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
6/8/21	Terry Pane				
Amount (\$)	Payee address()	City;	State; Zip Code		
\$142.00		Ft. Worth,	TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheo	Description	30MiZi		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		

SCHEDULE F1

		totado tino pago in tito re	. In		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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 CHYIS NOH	125	3 Filer ID (Ethics Commission Filers)		
4 Date 6/8/21	5 Payee name All STOYOOP				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$132.65		Ft. Worth,	TX		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	other	storaç	JC .		
	(c) Check if travel outside of Texas. Complete So	chedule 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		V-1/		
6/8/21	Larry Johnson	<u> </u>			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$340.00	4628 Burton Av	e Ft. Worth, T	x 76105		
	Category (See Categories listed at the top of this se	chedule) Description			
PURPOSE OF EXPENDITURE	salaries I wages	CONNO	25iN0f		
	Check if travel outside of Texas. Complete So	chedule T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
6/9/21	Buffalo Bros. Res	stourant			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$78.23		Ft. Wor	th, TX		
	Category (See Categories listed at the top of this so	chedule) Description			
PURPOSE OF EXPENDITURE	meeting expens	bod so	\		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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 (\$) 7 Payee address City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) 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 Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code St. Ff. Worth, TX Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 co		ionici a sategory not noted above,	
1 Total pages Schedule F1:	2 FILER NAME CHY'S NETTLES	3 File	er ID (Ethics Commission Filers)	
4 Date 6/11/21	5 Payee name CAWARK DIRPCT			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
	507 S. Main St. Fort	Worth, TX 7	6104	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	printing expense	printing	`	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	iceholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/26/21	Premier Billboards			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$891.00	1408 N. Riverfront Blvd.	#276 Dallos,	TX 75207	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising expense	SIOUS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	iceholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/14/21	avick Trip			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$20.02		Ft. Worth,	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	travel/meeting expense	802		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	iceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

· · · · · · · · · · · · · · · · · · ·				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overl Food/Beverage Expense Polling Exp / Gift/Awards/Memorials Expense Printing Exp	oense 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 Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 6/14/21	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 260.00	2421 Prospect Ave., P	t. Worth,	TX 76164	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	salaries wages	COMVOS	sinof	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
6/14/21	Kent avepons			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$373.50	4905 Sigmond Dr. #70-	7 Ft. Wort	th, TX 76017	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries wages	COUNUS	Sinof	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
Ce/18/21	Antonieta Quepons			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$315.00	1005 E 4" St., H. Worth	11TX 761	02	
DUDDOG	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	salaries wages	Carria	ssinof	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By 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 WCDONS City: 6 Amount (\$) 7 Payee address: State; Zip Code St., Ft Worth, TX 76102 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** CONVOSSIVIC OF **EXPENDITURE** (c) 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 City; Zip Code State: Payee address Category (See Categories listed at the top of this schedule) **PURPOSE** advertising expense **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 Date Payee name Payee address City; Zip Code Unesterbrook, 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling 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) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; State: Zip Code Connecticut Ave. NW #600, Washington (b) Description 8 (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 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Zip Code \$167.00 Category (See Categories listed at the top of this schedule) **PURPOSE 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 Date Payee name City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c	Agges/Contract Labor Other (enter a category not listed above omplete this form.	re)	
1 Total pages Schedule F1:	2 FILER NAME CHYIS NETTLES	3 Filer ID (Ethics Commission F	ilers)	
4 Date 6 30 21	5 Payee name Patrick Brupac	3VY\QY\		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$162.00	F	Hexandria, VA		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	salaries wages	convassing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held		
Date	Payee name	A STATE OF THE STA		
6/30/21	Stripe			
Amount (\$)	Payee address;	City; State; Zip Code		
\$282.00	510 Townsend St., San Fr	rancisco, CVA 94103		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Caac	Seec		
EXPENDITURE	100	100		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				