

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 31

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Chris	MI
	NICKNAME	LAST Nettles	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
<input type="checkbox"/> Change of Address					

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(817) 791-6676	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Shakia	MI
	NICKNAME	LAST Nettles	SUFFIX

7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)	1121 E. Bowie St. Fort Worth, TX 76104				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(817) 937-7103	

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	/ 01	/ 2021		12	/ 31	/ 2021

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	/	/		<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	Fort Worth City Council Dist. 8	

14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
	<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Chris Nettles</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,898.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,114.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,303.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Chris Nettles

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chris Nettles this the 18th day of January, 2022, to certify which, witness my hand and seal of office.

Melissa K Brunner Melissa K Brunner notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Chris Nettles</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,898.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,114.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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: 14
2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 7/7/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ft. Worth Firefighters Committee	7 Amount of contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 3855 Tulca Way Ft. Worth, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William + Patricia Meadows	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 121 Rivercrest Dr. Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Matzen	Amount of contribution (\$) \$17.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexis Flowers	Amount of contribution (\$) \$16.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 8/13/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Calton	7 Amount of contribution (\$) \$17.00
6 Contributor address; City; State; Zip Code Ft. Worth, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darneisha Hall	Amount of contribution (\$) \$58.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon Romero Campaign	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code PO Box 181 Ft. Worth, TX 76101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clara Moore	Amount of contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) For the Children PAC	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code PO Box 159 Ft. Worth, TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Santa-Maria	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 1717 Main St. #5630 Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Campolo	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Burton	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Frazier	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2018 Buttonwood St. Lancaster, TX 75146		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Boren + Wanda Conlin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1755 Martel Ave. Ft. Worth, TX 76103		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avis Chaisson	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 13455 Noel Rd. #400 Dallas, TX 75240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Demar	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Ruiz	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 9078 River Falls Dr. Ft. Worth, TX 76118		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Bobby III	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 6234 Skylark Cir. North Richland Mills, TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Gieren	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1200 Washington Ter. Ft. Worth, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Montgomery	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 500 Throckmorton St. Ft. Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Brown	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 5050 QUORUM DR. #700 DALLAS, TX 75254		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keisha Jones	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 18706 SHAY LN. HUMBLE, TX 77346		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James McLain	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 3855 TULSA WAY, FT. WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Graydon	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3816 REDWOOD CREEK LN, FT. WORTH, TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Burton	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Ft. Worth, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andre McEwing	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3301 Chancellorsville Dr., Forest Hill, TX 76140		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Tolley	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Harris	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4201 City Point Dr. W #1204, NRH, TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Mostey	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Ft. Worth, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrina Humphrey	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie Black	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scioscia Flowers	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6731 Trail Cliff Way, Ft. Worth, TX 76132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashiel Dewes 6 Contributor address; City; State; Zip Code Ft. Worth, TX	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Ruiz Contributor address; City; State; Zip Code Ft. Worth, TX	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Buen Contributor address; City; State; Zip Code Ft. Worth, TX	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Peoples Contributor address; City; State; Zip Code Ft. Worth, TX	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela DeFelippo	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Ft. Worth, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendal Lake	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3000 5th Ave., Ft. Worth, TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Tolley	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7912 Wister Dr., Ft. Worth, TX 76123		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Houston	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Grayden	7 Amount of contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Ft. Worth, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela DeFelippo	Amount of contribution (\$) \$9.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman Dedrick	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Masley	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chakina Watkins	7 Amount of contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Ft. Worth, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Ruiz	Amount of contribution (\$) \$18.00
Contributor address; City; State; Zip Code Ft. Worth, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael + Mary Bell	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7809 Whitney Ln., Ft. Worth, TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Real Estate PAC	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 777 Main St. # 2100 Ft. Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick Rockwell	7 Amount of contribution (\$) \$1,250.00
6 Contributor address; City; State; Zip Code 1121 E. Bowie St., Ft. Worth, TX 76104		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Burton	Amount of contribution (\$) \$740.00
Contributor address; City; State; Zip Code 6024 Maceo Ln, Ft. Worth, TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Integrated Transfer Services, LLP	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 306 W. 7th St. #600 Ft. Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keisha Jones	Amount of contribution (\$) \$1,200.00
Contributor address; City; State; Zip Code 18706 Shay Ln., Humble, TX 77346		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

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: 14
2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Backwell	7 Amount of contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code 9153 Saint Barts Rd, Ft. Worth, TX 76123		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 7/1/21	5 Payee name Facebook	
6 Amount (\$) \$352.86	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ads.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 7/6/21	Payee name Cousins BBQ	
Amount (\$) \$48.58	Payee address; City; State; Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Event	Description Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/7/21	Payee name CiCi's Pizza	
Amount (\$) \$32.83	Payee address; City; State; Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting / Event	Description Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 7/8/21	5 Payee name All Storage Crowley	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code Crowley, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Equipment Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/8/21	Payee name 7-11	
Amount (\$) \$46.80	Payee address; City; State; Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel / Meeting	Description gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 7/19/21	Payee name Whataburger	
Amount (\$) \$37.95	Payee address; City; State; Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event / Meeting	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 7/19/21	5 Payee name lonas by 1+1	
6 Amount (\$) \$15.96	7 Payee address; City; State; Zip Code Chesterbrook, PA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/2/21	Payee name Facebook	
Amount (\$) \$19.35	Payee address; City; State; Zip Code Menlo Park, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ads.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/4/21	Payee name Sally Matzen	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1504 Tennison Pkwy. Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary / wages	Description consultant salary
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 8/9/21	5 Payee name All Storage Crowley	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code Crowley, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Equipment Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/9/21	Candidate / Officeholder name Wireless Stop	
Amount (\$) \$219.78	Office sought 6318 Meadowbrook Dr, Ft. Worth, TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description phone expenses
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 8/17/21	Candidate / Officeholder name lonos by 1+1	
Amount (\$) \$15.96	Office sought Chesterbrook, PA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 8/30/21	5 Payee name 7-11	
6 Amount (\$) \$4.49	7 Payee address; City; State; Zip Code Ft. Worth, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Meeting	(b) Description Food
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/1/21	Payee name Facebook	
Amount (\$) \$10.56	Payee address; City; State; Zip Code Menlo Park, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ads.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/3/21	Payee name ActBlue	
Amount (\$) \$6.23	Payee address; City; State; Zip Code Somerville, MA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donation website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 9/8/21	5 Payee name All Storage Crowley	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code Crowley, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description equipment storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 9/9/21	Candidate / Officeholder name ActBlue	
Amount (\$) \$3.59	Office sought Somerville, MA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donation Collection Site
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 9/17/21	Candidate / Officeholder name Ionos by 1+1	
Amount (\$) \$15.96	Office sought Chesterbrook, PA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 9/27/21	5 Payee name Spec's Two Bucks	
6 Amount (\$) \$363.55	7 Payee address; City; State; Zip Code 4702 South Fwy, Ft. Worth, TX 76115	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Alcohol
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 9/27/21	Payee name Jazzy Lady Bartending Services	
Amount (\$) \$365.00	Payee address; City; State; Zip Code 2000 E. Lamar Blvd. #600, Arlington, TX 76006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Bartender
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/27/21	Payee name Babe's Chicken	
Amount (\$) \$95.77	Payee address; City; State; Zip Code Burleson, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 10/4/21	5 Payee name ActBlue	
6 Amount (\$) \$119.56	7 Payee address; City; State; Zip Code Somerville, MA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website Donation Collection Site
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/08/21	Payee name All Storage Crowley	
Amount (\$) \$90.00	Payee address; City; State; Zip Code Crowley, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description equipment storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/12/21	Payee name ActBlue	
Amount (\$) \$196.05	Payee address; City; State; Zip Code 366 Summer St., Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Web Donation Collection Site
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
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4 Date 10/18/21	5 Payee name lonas by 1+1
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6 Amount (\$) \$15.96	7 Payee address; City; State; Zip Code Chesterbrook, PA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/21	Payee name Jennifer Harris
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Amount (\$) \$100.00	Payee address; City; State; Zip Code Ft. Worth, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description t-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 11/1/21	Payee name Hispanic Women's Network of Texas -FW Chapter
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Amount (\$) \$160.00	Payee address; City; State; Zip Code Ft. Worth, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by office holder	Description event ticket
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 11/8/21	5 Payee name Capital Grille	
6 Amount (\$) \$56.55	7 Payee address; City; State; Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting / Event	(b) Description food
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/8/21	Candidate / Officeholder name All Storage Crowley	
Amount (\$) \$90.00	Office sought Crowley, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description equipment storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Office held		
Date 11/15/21	Candidate / Officeholder name Cousin's BBQ	
Amount (\$) \$35.50	Office sought Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting / Event	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 11/17/21	5 Payee name lonos by 1+1	
6 Amount (\$) \$15.96	7 Payee address; City; State; Zip Code Chesterbrook, PA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 11/22/21	Payee name Walmart Supercenter	
Amount (\$) \$132.98	Payee address; City; State; Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/01/21	Payee name Star Telegram	
Amount (\$) \$1.07	Payee address; City; State; Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other / fees	Description subscription fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 12/3/21	5 Payee name Atatiana Project	
6 Amount (\$) \$410.00	7 Payee address; City; State; Zip Code 1203 E Allen Ave., Ft. Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation by made by office holder	(b) Description Went tickets
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/9/21	Payee name All Storage Crowley	
Amount (\$) \$90.00	Payee address; City; State; Zip Code Crowley, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description equipment storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/10/21	Payee name Dickies Arena	
Amount (\$) \$1,419.50	Payee address; City; State; Zip Code 1911 Montgomery St, Ft. Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description event tickets
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/21	5 Payee name lonos by 1+1	
6 Amount (\$) \$15.96	7 Payee address; City; State; Zip Code Chesterbrook, AA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/20/21	Candidate / Officeholder name Gloria's Restaurant	
Amount (\$) \$28.81	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting / Event	Description food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date 12/31/21	Payee name Star Telegram	
Amount (\$) \$1.06	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other / fees	Description Subscription
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | 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: 14	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
4 Date 11/22/21	5 Payee name Kenneth Sanders Campaign	
6 Amount (\$) \$200.00	7 Payee address; PO Box 181637 Arlington, TX 76096 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made by office holder	(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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