CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TYCOVER S

FORM COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Fil	lers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR	FIRST Juan	MI D	OFFICE USE ONLY
NAME	NICKNAME	LAST Sixtos	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO 5424 Shady Spring		CITY; STATE; ZIP CODE Fort Worth Texas 76179	GO BECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (682)	PHONE NUMBER 207-4540	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST Juan LAST Sixtos	MI D SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS Same	(NO PO BOX PLEASE); APT / St	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER Same	EXTENSION	
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD	July 15	8th day before elec	Reporting Limit	V I marroport (mass over 111)
COVERED	Month 04	Day Year / 02 / 2021	Mon THROUGH 06	th Day Year / 30 / 2021
11 ELECTION	Month Day	Year Primary 2021 General	Runoff Other Descriptio	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if kn Fort Worth City Council Dist	× interes
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE C	S MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEL(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	5	
3				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Juan Sixtos	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 520		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information		
req	uired to be reported by me under Title 15, Election Code.	-6/		
	Signature of Ca	ndidate or Officeholder		
Ÿ.				
Please complete either option below:				
= 3				
(1) Affidavit OF OF 19076	24 mining			
Sworn to and subscribed	before me by Juan Sixted this the	12th day of July,		
20, to certify v	which, witness my hand and seal of office.	nedon		
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath		
HE STANDARD	OR			
(2) Unsworn Declaratio	n			
My name is	, and my date of birth is	·		
My address is	(city) (city)	tota) (zip goda) (squatar)		
		tate) (zip code) (country)		
Executed in	County, State of , on the day of(month	, 20 (year)		
	Signature of Candid	ate/Officeholder (Declarant)		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY SECRETARY
FT. WORTH, TXCOVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR	FIRST Juan	-	MI D	OFFICE USE ONLY	
NAME	NICKNAME	LAST Sixtos		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO 5424 Shady Spring		CITY; STATE; Fort Worth Texas	; ZIP CODE 76179	SO TO THE PARTY OF	
Change of Address	20DE			ton naviga;	BEC 2 200 MM	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (682)	PHONE NUMBER 207-4540	EXTEN:	SION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt # Amount \$	
TREASURER NAME	MR	Juan		D	Date Processed	
	NICKNAME	LAST		SUFFIX	Date Imaged	
		Sixtos			Date illiaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS Same	(NO PO BOX PLEASE); APT / SU	UITE #; CITY	Y;	STATE; ZIP CODE	
<u> </u>	AREA CODE	PHONE NUMBER	EXTENS	NON		
8 CAMPAIGN TREASURER	AREA CODE	Same	EXTENS	SION		
PHONE	()					
9 REPORT TYPE	January 15	30th day before el	lection Ru	inoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	CHOIL	ceeded Modified porting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	04	02 / 2021	THROUGH	06	/ 30 / 2021	
11 ELECTION	1 ELECTION ELECTION DATE ELECTION TYPE					
	Month Day Year Primary Runoff Other Description					
	05 / 01		Special			
12 OFFICE	OFFICE HELD (if any))	13 OFFICE	SOUGHT (if known)		
	160		Fort Worth Ci	ty Council District 2		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE I	WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		*				
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Juan Sixtos	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 520
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ 0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	OF THE \$
1	wear, or affirm, under penalty of perjury, that the accompanying report is truluired to be reported by me under Title 15, Election Code.	ue and correct and includes all information
	Signature of Ca	andidate or Officeholder
	Signature of Ca	and date of Officerolder
Ŧ		
(1) Affidavit OF OF 19076 NOTARY STAMP) SEAL	Please complete either option below	w:
Sworn to and subscribed I	before me by Juan 3, x to 3 this the	
20, to certify v	which, witness my hand and seal of office. Melisse K-Brunne C	nedon
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name is	, and my date of birth is	s
My address is		
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	· · · · · · · · · · · · · · · · · · ·	ics Commission Filers)				
	luan Sixtos					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 476.54				
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	\$ 43.46				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	/ОН \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

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 Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.		Travel oct Labor Other (Travel Out Of District Other (enter a category not listed above)			
· -	2 FILER N	 			or ID (Ethics	Commission Filers)		
1 4 D-4-					***************************************			
4 Date 7/11/2021	5 Payee na	ame Facebook						
6 Amount (\$)	7 Payee ac	Idress;	C	City;	State;	Zip Code		
\$ 476.54								
8	(a) Categor	y (See Categories listed at the top of this s	schedule) (b) Desc	ription				
PURPOSE OF	Advertising] Expense	Faceboo	ok Ads				
EXPENDITURE				<u> </u>				
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin, TX, offi	ceholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office	sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;	C	ity;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	hedule) Descr	ription				
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, TX, offic	eholder living e	expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office	sought	C	Office held		
Date	Payee na	me						
Amount (\$)	Payee add	dress;	Ci	ity;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	nedule) Descri	iption				
		Check if travel outside of Texas. Complete Sch	edule T. C	Check if Austin, TX, office	eholder living ex	kpense		
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	Office	sought	(Office held		
	ATT	ACH ADDITIONAL COPIES C	F THIS SCHEDULI	E AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Juan Sixtos 4 Date 5 Payee name Facebook 7/11/2021 6 Amount (\$) 7 Payee address; City; State: Zip Code \$43.46 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Facebook Ads OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State; Reimbursement from political contributions intended 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 Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH!	Juan Sixtos 2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER Inplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
	\checkmark	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Chec	k only one:
	\checkmark	I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder