

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

Nicholas

MI

A.

NICKNAME

LAST

St. John

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5016 Lincoln Oaks Dr N Apt 713 Fort Worth
Texas 76132

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(254) - 717 - 5030

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

Dexter

MI

J.

NICKNAME

LAST

Fulbright

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1105 greenbrier Ln Lancaster, Texas 75146

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) - 673 - 6532

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

04 / 04 / 2017

THROUGH

Month Day Year

04 / 26 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 2017

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

FW City Council District Six

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council
Member for District Six

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Nicholas St. John

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ _____

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

\$ 1898 (+676)

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 1688.84 (+696.84)

CONTRIBUTION
BALANCE

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

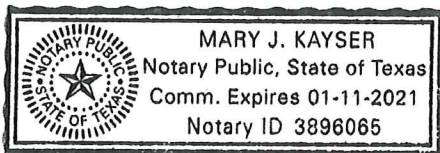
\$ $\frac{- (20.86)}{209.16}$

OUTSTANDING
LOAN TOTALS

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

\$ _____

18 AFFIDAVIT



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.

Nicholas St. John

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Nicholas St. John*, this the *26th* day of *April*, 20*17*, to certify which, witness my hand and seal of office.

Mary J. Kayser
Signature of officer administering oath

MARY J. KAYSER
Printed name of officer administering oath

C. Seane
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Nicholas St. John***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS\$ *676*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\$ *696.86*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

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 7

2 FILER NAME Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date
4-5-17

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Karen Grissom

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

Fort Worth, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-17

Full name of contributor ☐ out-of-state PAC (ID#: _____)

T.Q. Echols

Amount of contribution (\$)

5.00

Contributor address; City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-9-17

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Gina Smith

Amount of contribution (\$)

4.00

Contributor address; City; State; Zip Code

Fort Worth, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-9-17

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Caroline Sant

Amount of contribution (\$)

5.00

Contributor address; City; State; Zip Code

Fort Worth, TX

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 7
2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)
4 Date 4-10-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Wright 6 Contributor address; City; State; Zip Code TX, USA	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-10-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter Fulbright Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 27.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Chapman Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Lennox Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 7
2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)
4 Date 4-11-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Maness 6 Contributor address; City; State; Zip Code TX, USA	7 Amount of contribution (\$) 50.00 (150.00)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-11-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hadeer Abdulkareem Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andre Ribeiro Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felipe Gutierrez Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 7
2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)
4 Date 4-11-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taunya Gates 6 Contributor address; City; State; Zip Code Fort Worth, TX	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-12-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mica Ringo Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-12-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas St. John Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-12-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nirav Bhakta Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 7
2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)
4 Date 4-13-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrant County Stonewall Democrats 6 Contributor address; City; State; Zip Code 7016 Hawaii Ln Arlington, TX 76016	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-14-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden McDaniel Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felipe Gutierrez Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-14-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Romero Contributor address; City; State; Zip Code TX, USA	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 of 7

2 FILER NAME

Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

4-17-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bonnie E. St. John

7 Amount of contribution (\$)

5.00

6 Contributor address;

City; State; Zip Code

Hammond, IN

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-17-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ima Janusek

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

Crown Point, IN

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeff Janusek

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

Crown Point, IN

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Becky Pathak

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

TX, USA

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 7
2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)
4 Date 4-17-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cary Clark	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code Fort Worth, TX		
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)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 how to complete this form.

1 Total pages Schedule F1: 1055		2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)	
4 Date 4-6-17		5 Payee name East Signs			
6 Amount (\$) 72.17		7 Payee address; City; State; Zip Code 4901 S Hulen St, Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <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 4-10-17		Payee name Walmart			
Amount (\$) 10.98		Payee address; City; State; Zip Code 6300 Oakmont Blvd Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <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 4-11-17		Payee name Pizza Hut			
Amount (\$) 37.89		Payee address; City; State; Zip Code 5400 Overton Ridge Blvd Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 how to complete this form.

1 Total pages Schedule F1: 2 of 5		2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)	
4 Date 4-13-17		5 Payee name Domino's			
6 Amount (\$) 25.94		7 Payee address; City; State; Zip Code 7638 McCart Ave Fort Worth, TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <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 4-14-17		Payee name Voice Broadcasting			
Amount (\$) 209.76		Payee address; City; State; Zip Code 1527 S Cooper St Arlington, TX 76010			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <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 4-17-17		Payee name Walmart			
Amount (\$) 28.86		Payee address; City; State; Zip Code 6300 Oakmont Blvd Fort Worth TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 how to complete this form.

1 Total pages Schedule F1: 3065		2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)	
4 Date 4-17-17		5 Payee name Toy Heli			
6 Amount (\$) 27.06		7 Payee address; City; State; Zip Code 4800 S Hulen St Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <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 4-17-17		Payee name Domino's			
Amount (\$) 32.42		Payee address; City; State; Zip Code 5400 Woodway Dr Unit D Fort Worth, TX 76137			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		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 4-18-17		Payee name Domino's			
Amount (\$) 45.39		Payee address; City; State; Zip Code 7638 McCart Ave Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 how to complete this form.

1 Total pages Schedule F1: 408 5		2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)	
4 Date 4-19-17		5 Payee name Domino's			
6 Amount (\$) 45.39		7 Payee address; City; State; Zip Code 5400 Woodway Dr Unit D Fort Worth TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <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 4-24-17		Payee name Krazy Ranchy Chicken			
Amount (\$) 45.39 37.86		Payee address; City; State; Zip Code 800 E Allen Ave Fort Worth TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		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 4-24-17		Payee name Ez Texting			
Amount (\$) 37.50		Payee address; City; State; Zip Code 1410 2nd Street Santa Monica CA 90401			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 how to complete this form.

1 Total pages Schedule F1: 5 of 5		2 FILER NAME Nicholas St John		3 Filer ID (Ethics Commission Filers)	
4 Date 4-25-17		5 Payee name Wendy's			
6 Amount (\$) 7.13		7 Payee address; City; State; Zip Code 6250 Oakmont Blvd Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/ Bev. Expense		(b) Description <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 4-26-17		Payee name GO FUND ME			
Amount (\$) 31.63		Payee address; City; State; Zip Code 1010 Second Ave suite 1770 San Diego, CA 92101			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED