OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

-i-			
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	MS/MRS/MP FIRST Nicho	plas MA.	OFFICE USE ONLY
NAME	St. Jol	SUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO 5014 Lincoln Oales D. N Texas 76132	oity: state; zip code V Apt 713 Fort Worth	APR 2 6 2017 CITY OF FORT WORTH CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (254) - 717 - 50 30	EXTENSION	Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mb First Dexter	мı Т .	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST FUL Brigh	suffix	Date Imaged
4	Follorige		is P
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT/SU 1105 Green Wrier LN La		75146
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) - 673 -6532	EXTENSION	,
9 REPORT TYPE	July 15 30th day before elec		15th day a(ter campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04/04/2017	THROUGH $64/$	Day Year 26/2017-
11 ELECTION	ELECTION DATE	ELECTION TYPE	8
	Month Day Year Primary	Runoff Other Description	
9 5 76	05/06/2017 X General	Canadal .	ty Council Distile Six
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Member.	City (ouncil For Distric Six
	GO ТО Г	PAGE 2	·

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	icholas S	t. John 15 File	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT NICENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	4
	Ε	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		*	, A
		COMMITTEE CAMPAIGN TREASURER ADDRESS	1
		*	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1898 (+476)
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ ———
,	4. TOTAL	POLITICAL EXPENDITURES	\$ 1688.84 (4696.56)
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ \frac{-(20.86)}{209.16}
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$
Notar Com	MARY J. KAYSER y Public, State of T m. Expires 01-11-2 lotary ID 3896065	021	n required to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE	1 del al ann	21 4
Sworn to and subscr	ribed before me, b	by the said HUMWS SIPM	_, this the
day of april	in	o certify which, witness my hand and seal of office.	
Men	Par-	MARYSKAUSER C	Searche
Signature of officer a	dministering oath	Printed name of officer administering oath	tle of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Micholas St. John	20 Filer ID (Ethics Co	mmiss	sion Filers)
21		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 CO	NTRIBUTIONS	\$	694.86
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 FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	rions	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of Z				
2 FILER NAME Nicholas St. John	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 25,00				
Date Full name of contributor T.Q. & CNOIS Contributor address; City; State; Zip Code TX, USA Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 5 , 00				
Date Full name of contributor Ging Smith Contributor address; City; State; Zip Code Fort Worth, TX Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) Light 100 tions)				
Date Full name of contributor out-of-state PAC (ID#:) Caroline Sant Contributor address; City; State; Zip Code Fort Worth, TX	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE					

MON	IETARY POLITICAL CONTRIBUTIONS SCHED				
	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 20F7		
2 FILER NA	ME Nicholas St. John		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)		
4-10-17	į	Zip Code	5,00		
0 0	TX, USA				
8 Principal of	ccupation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
4-10-17	Dexter Fulbright Contributor address; City; States TX, UGA	Zip Code	27.00		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		(ID#:)	Amount of contribution (\$)		
4-11-17	Alex Chapman Contributor address; City; State; TXUSA	Zip Code	5,00		
Principal o	ocupation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
4-11-17	Matthew Lennox Contributor address; City; State;	Zip Code	20,00		
Principal o	cupation / Job litle (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		:		

MON	ETARY POLITICAL CONTRIBUTIONS		ULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule	A1: 30 F
2 FILER NA	ME Nicholas St. John	3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Tind Maness	7 Amount of contribut	ion (\$)
4-11-17	6 Contributor address; City; State; Zip Code	50	00 (50,00)
8 Principal o	occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) Hadeer Abdull Kureem	Amount of contribut	ion (\$)
4-11-17	Contributor address; City; State; Zip Code	5,0	0
Principal o	ccupation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor	Amount of contribut	ion (\$)
4-11-17	Andre Ribeiro Contributor address; City; State; Zip Code TX, USA	5,00)
Principal o	coupation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribut	ion (\$)
4-11-17	Felipe butieslez Contributor address; City; State; Zip Code Fort Worth, TX	10,00	
Principal o	cupation / Job title (See Instructions) Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional		
orms provided	by Texas Ethics Commission www.ethics.state.tx.us		Revised 9/8/2015

MONE	ETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 of 7
2 FILER NAM	Nicholas St. John	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4-11-17	Taunya 6ales 6 Contributor address; City; State; Zip Code Fort Worth, TX	25.00
8 Principal oc	ccupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Mica Ringo	Amount of contribution (\$)
4-12-17	Contributor address; City; State; Zip Code	5,00
Principal occ	supation / Job title (See Instructions) Employer (See Instruct	ions)
Date U-12-17	Full name of contributor	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date 4-17-17	Full name of contributor out-of-state PAC (ID#:) N;rav Bhakta Contributor address; City; State; Zip Code	Amount of contribution (\$)
'	TX, USA	201
Principal occ	upation / Job title (See Instructions) Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	
rmo provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/201

MON	ETARY POLITICAL CONTRIBU	301	HEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Sc	hedule A1: 5077
2 FILER NA	ME Nicholas St. John	3 Filer ID (Ethics	Commission Filers)
4 Date 4-13-17	5 Full name of contributor out-of-state PAC (ID#:_ Tarant County Stonewall Den 6 Contributor address; City; State; Zip 7014 Hawaii Ln Ailmyton, TX	7 Amount of con	ntribution (\$)
8 Principal o	occupation / Job title (See Instructions) 9 En	mployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of co	ntribution (\$)
4-14-17		Code 2	00,0
Principal o	ccupation / Job title (See Instructions) En	nployer (See Instructions)	:
Date 4 14 17	Full name of contributor out-of-state PAC (ID#:_ Felipe Goticanet Contributor address; City; State; Zip Fort Worth, TX	Amount of cor	ntribution (\$)
Principal o	ccupation / Job title (See Instructions) En	nployer (See Instructions)	
Date 4 - 1 - 1 - 1	Full name of contributor out-of-state PAC (ID#: Pav: 8 Lowe Co Contributor address; City; State; Zip C	Amount of cor	
Principal od	cupation / Job title (See Instructions) En	nployer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see instruction of		onts.

MON	SCHEDULE A1		
	The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Le of 7
2 FILER NA	ME Nicholas St. Joh.	^	3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
4-17-1		e; Zip Code	5,00
Q Deineinel	Hammond, IN		
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4-17-17	Contributor address; City; State	e; Zip Code	5,00
Principal o	Crown Pombe, IN		1
Principal of	ccupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
4-17-17	Contributor address; City; States	Zip Code	5,00
Principal of	cupation / Job title (See Instructions)	Employer (See Instruction	
· ///oipui o	oupation 7 505 title (GBB instituctions)	Employer (See Instruction	ons)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
4-17-17		Zip Code	5,00
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
			· : !
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

МОИ	ETARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 74 7
2 FILER NA	ME Nicholas St. John		3 Filer ID (Ethics Commission Filers)
4 Date リー) オー		; (ID#:)	7 Amount of contribution (\$)
8 Principal o	occupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal o	ccupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	Zip Code	
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	Zip Code	
Principal o	cupation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		· ·

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Nicholas	St. John	3 Filer ID (Ethics Commission Filers)
4 Date 4-6-17	5 Payee name Fast Sig		
6 Amount (\$) 72.17	7 Payee address; City; State; 4901 5 Hulen St	zip Code , Fort Worth,	TX 76132
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4 -10-17	Payee name Walmart		
Amount (\$)	Payee address; City; State; U300 Dakmont B	zip Code (ud Fort Worth, 7	× 76132
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	Check if travel ou	utside of Texas. Complete Schedule T. i, 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; 3400 Overton Ki	zip Code dge D(vd Fort Wor	tn, Tx Te132
PURPOSE OF EXPENDITURE	Event Expens	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

11101	V. 7 OL	THORE GOVITABOTIONS		
		EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising E Accounting/Bank Consulting Exper Contributions/Do Candidate/Offic Credit Card Paymen	ing ise nations Made By eholder/Politica		oment ct	& Related Expense
1 Total pages S	Schedule F1:	2 FILER NAME Nicholas St. John 3 Filer ID (Ethic	s Coi	nmission Filers)
4 Date 4-1	3-17	5 Payee name Womino'5		
6 Amount (\$)	5.94	7 Payee address; City; State; ZIp Code 7638 McCart Ave Fort Worth, TX 76133		
8		(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete S	Schedu	le T.
PURPO OF EXPENDIT		Event Expense Check if Austin, TX, officeholder living	, ехре	nse
9 Complete ONI expenditure to		Candidate / Officeholder name Office sought	Offi	ce held
Date 4 -14	1-14	Payee name Voice Broadcusting		
Amount (\$)	9,76	Payee address; City; State; Zip Code 1527 S Cooper St Arlmyton, TX 76010		
PURPO OF EXPENDIT		Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete S Check if Austin, TX, officeholder living		
Complete <u>ONL</u> expenditure to		Candidate / Officeholder name Office sought	Offic	ce held
Date 4-1	7-17	Payee name Walmart		
Amount (\$)	8,86e	Payee address; City; State; Zip Code 6300 Oakmont Blvd Fort worth 74 76/32		
PURPO OF EXPENDIT		Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete S Check If Austin, TX, officeholder living	1	
Complete ON expenditure to		Candidate / Officeholder name Office sought	Off	ce held
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	2	
				Davised 0/9/2015

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District not listed above) Candidate/Officeholder/Political Committee Legal Services Other (enter a categor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Nicholas St. John 5 Payee name Heli City; State; Zip Code 6 Amount (\$) 7 Payee address; 4800 5 Hulen St Fort Worth ,TX 76132 27,06 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE ___ Check if Austin, TX, officeholder living expense OF EXPENDITURE Printing Expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4-17-17 1)ominos Payee address; City; State; Zip Code 5400 Wood way Dr Unit D Fort Westh, TX 76/33 Amount (\$) Payee address; 32.42

PURPOS OF EXPENDIT		Event Expense	Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living	expense
Complete ONL' expenditure to		Candidate / Officeholder name	Office sought	Office held
Date 4-	18-17	Payee name Oumino 5		
Amount (\$)	5.39	Payee address; City; State; Zip Code 7638 McCart Ave For	+ Worth, TX 76/32	-
PURPOS OF EXPENDIT		Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Check if travel outside of Texas. Complete S Check If Austin, TX, officeholder living	
Complete ONL expenditure to		Candidate / Officeholder name	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

Revised 9/8/2015

POLITICAL EXPENDITURES MADE

FRO	M POL	ITICAL CONTRIBUTIONS		SCHE	DULE F1			
EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising E Accounting/Bank Consulting Exper Contributions/Do Candidate/Offic Credit Card Paymen	ing nse nations Made B eholder/Politica	Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Ex	pense ages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense			
1 Total pages	Schedule, F1:	2 FILER NAME Nicholas St. J.	thu	3 Filer ID (Ethics C	Commission Filers)			
4 Date 4-1	9-17	5 Payee name Novino's						
6 Amount (\$) 46,	39	7 Payee address; City; State; Zip Code SHOO Woodway Or Un	it D Fash Wa	erthitx 7633				
8 PURPO OF EXPENDI		(a) Category (See Categories listed at the top of this schedule) Guent Gypense	l ———	side of Texas. Complete Sch TX, officeholder living ex				
9 Complete ON expenditure to	LY if direct b benefit C/OF	Candidate / Officeholder name I	Office sought		ffice held			
Date 4-7	4-17	Payee name Krazy Rainchy Chideen						
Amount (\$)	31,86	Payee address: City; State; Zip Code	Fort Wos	the TX				
PURPO OF EXPENDI		Category (See Categories listed at the top of this schedule) Great Grant Grants		ide of Texas, Complete Sche TX, officeholder living ex				
Complete ONI expenditure to		Candidate / Officeholder name I	Office sought	¢	ffice held			
Date 4-7	4-17	Ez Texting						
Amount (\$)	50	Payee address; City; State; ZIP Code 1410 2nd Street Santa	a Monica	CA				
PURPO OF EXPENDIT		Category (See Categories listed at the top of this schedule) A Justising Expense		ide of Texes. Complete Sche TX, officeholder living ex	pense			
Complete <u>ON</u> expenditure to	LY if direct benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

I NOI	VI FOL	.IIICA	L CONT	HIDOI	10113			111111111111111111111111111111111111111
			EXPENDI	TURE CATE	GORIES F	OR BOX 8(a)		V
Advertising E Accounting/Bank Consulting Exper Contributions/Do Candidate/Offic Credit Card Paymen	ing nse nations Made By eholder/Politica		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instructio	rials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa		Solicitation/Fundralsir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
1 Total pages	Schedule F1:	2 FILER N	AME Nic	holas	57.	John	3 Filer ID (Ethics	Commission Filers)
4 Date 4-7	5-17	5 Payee na		ndy				
6 Amount (\$)	13	7 Payee ac	dress; c Sõ O a l	City; State; Z	ip Code	O FOT WE	eth, TX	·
PURPO OF EXPENDI			(See Categories liste				utside of Texas. Complete Sci n, TX, officeholder living é	i
9 Complete ON expenditure to	LY if direct benefit C/OH		ate / Officeholde	r name		Office sought	Ć	Office held
Date 4	-24-17	_	OFUV					
Amount (\$)	,43	Payee ad	dress; c	ity; State; z	ip Code	tc/770 Si	andrego, (1 92101	
PURPO OF EXPENDI	İ	Category	(See Categories liste	d at the top of this s	schedule)		tside of Texas, Complete Sch , TX, officeholder living ex	
Complete <u>ONI</u> expenditure to	Y if direct benefit C/OH		ate / Officeholde	name		Office sought	d	office held
Date		Payee na	nme					
Amount (\$)		Payee ad	dress; C	ity; State; Z	ip Code			
PURPO OF EXPENDIT		Category	(See Categories liste	d at the top of this s	chedule)		tside of Texas. Complete Sch , TX, officeholder living ex	
Complete <u>ON</u> expenditure to	LY if direct benefit C/OH		ate / Officeholde	r name		Office sought		Office held
		AT	ACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE AS NEE	DED	