

# 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:

14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Christopher

D.

NICKNAME

LAST

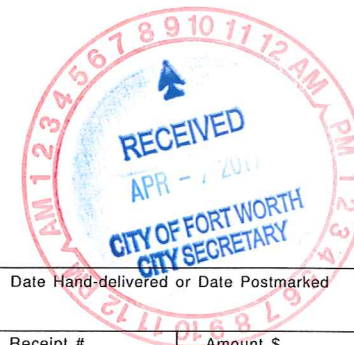
SUFFIX

Nettles

Sr.

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2005 Belshire Ct. Fort Worth, TX

76140

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 791-6607

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ms.

Tara

A

NICKNAME

LAST

SUFFIX

Frazier

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1020 Scotland Dr #2100

DeSoto, TX 75115

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 337-0083

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

01 / 01 / 2017

THROUGH

Month

Day

Year

03 / 27 / 2017

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2017

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Christopher Nettles 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

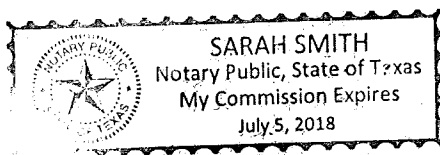
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 903.77
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4535.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3331.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 258.45
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.

Christopher Nettles  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Nettles, this the 7 day of April, 20 16, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Sarah Smith

Printed name of officer administering oath

Office Manager

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Christopher Nettles

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2785.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1750.00
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	\$ 3,331.33
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	\$

**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 NAME

Christopher Nettles

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

.. Complete A & B below *only* if you are not an officeholder. ..

**A. CAMPAIGN FUNDS**

Check only one:

☒ 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**

Check only one:

☒ 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 OFFICEHOLDER**

.. Complete this section *only* 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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Christopher Nettles

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kimberly Burton

7 Amount of contribution (\$)

\$105.00

6 Contributor address;

City; State; Zip Code

6024 Maceo Ln Fort Worth, TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/17/17

Full name of contributor

☐ out-of-state PAC (ID#:

Sarah Smith

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4105 Burley Street Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/17

Full name of contributor

☐ out-of-state PAC (ID#:

Tara Frazier

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1020 Scotland Dr #2106 Desoto, TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/17

Full name of contributor

☐ out-of-state PAC (ID#:

Ramanda Jackson

Amount of contribution (\$)

\$80.00

Contributor address;

City; State; Zip Code

7414 Lemonwood Ln Fort Worth, TX 76133

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 FILER NAME

Christopher Nettles

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Blondene Johnson

6 Contributor address; City; State; Zip Code

5301 Campus Dr Fort Worth, TX 76119

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kevin Lee

Contributor address; City; State; Zip Code

1024 Winterwood Dr, Kennedale, TX

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Marty Taylor

Contributor address; City; State; Zip Code

3102 Maple Ave #450 Dallas, TX 75201

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bradrick Rockwell

Contributor address; City; State; Zip Code

1121 E. Berry St. Fort Worth TX 76102

Amount of contribution (\$)

\$275.00

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 FILER NAME

Christopher Nettles

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jacqueline Surgent

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

4112 Howard St. Fort Worth, TX 76119

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/17

Full name of contributor

☐ out-of-state PAC (ID#:

Kathy Rockwell

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

9153 Saintparts St Fort Worth, TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/17

Full name of contributor

☐ out-of-state PAC (ID#:

Tara Frazier

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1020 Scotland Dr #2100 Desoto, TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/17

Full name of contributor

☐ out-of-state PAC (ID#:

Kia Nettles

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2005 Belshire Ct Fort Worth, TX 76140

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 FILER NAME

Christopher Nettles

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Melvin Rockwell

7 Amount of contribution (\$)

\$125.00

6 Contributor address;

City; State; Zip Code

1036 E. Leida St. Fort Worth, TX 76104

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kimberly Burton

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

6024 Maceo Lane Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Elizabeth Haynes

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

4004 Kearby St. Haltom City, TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ereka Jones

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

1511 Oxford Mansfield, TX 76003

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 FILER NAME

Christopher Nettles

3 Filer ID (Ethics Commission Filers)

4 Date

3/18/17

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Monica Catton

6 Contributor address; City; State; Zip Code

9956 Delamere Fort Worth, TX 76044

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/18/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Williams

Contributor address; City; State; Zip Code

853 Thomas Crossing Dr. Fort Worth, TX 76028

Amount of contribution (\$)

\$700.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Omoregie Osabuohien

Contributor address; City; State; Zip Code

P.O. Box 1141 Mansfield, TX 76003

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/17

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Shelia Gamble

Contributor address; City; State; Zip Code

Fort Worth, TX 76005

Amount of contribution (\$)

\$100.00

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Christopher Nettles

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/18/17

6 Full name of contributor

☐ out-of-state PAC (ID#:

Austin Event Center

7 Contributor address; City; State; Zip Code

1111 E. Berry St. Fort Worth, TX 76116

8 Amount of Contribution \$

\$1500.00

9 In-kind contribution description

Event Hall Rental

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

3/18/17

Full name of contributor

A+T Catering

Contributor address; City; State; Zip Code

Fort Worth, TX 76134

Amount of Contribution \$

\$250.00

In-kind contribution description

Catering

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Caterer

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**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**

## 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: **4** 2 FILER NAME **Christopher Nettles** 3 Filer ID (Ethics Commission Filers)

4 Date **3/3/17** 5 Payee name **KC Graphic**

6 Amount (\$) **\$360.00** 7 Payee address; City; State; Zip Code **1414 Bellevue Dallas, TX 75215**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **3/5/17** Payee name **BBVA Compass Bank**

Amount (\$) **\$4.95** Payee address; City; State; Zip Code **3113 S. Hulen St. Fort Worth, TX 76109**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Fees** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **3/5/17** Payee name **City of Fort Worth Parks & Recreation**

Amount (\$) **\$100.00** Payee address; City; State; Zip Code **4200 S. Freeway #2200 Fort Worth, TX 76115**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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 FILER NAME Christopher Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 3/12/17		5 Payee name KC Graphic			
6 Amount (\$) \$175.00		7 Payee address; City; State; Zip Code 1414 Belleview Dallas, TX 75215			
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 3/12/17		Payee name Lone Star Printing			
Amount (\$) \$1000.00		Payee address; City; State; Zip Code 1716 S. main street Fort Worth, TX 76110			
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 3/21/17		Payee name KC Graphic			
Amount (\$) \$105.00		Payee address; City; State; Zip Code 1414 Belleview Dallas, TX 75215			
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	

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 FILER NAME Christopher Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 3/21/17		5 Payee name BBVA Compass Bank			
6 Amount (\$) \$3.88		7 Payee address; City; State; Zip Code 3113 Hulen St. Fort Worth, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(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 3/21/17		Payee name Lone Star Printing			
Amount (\$) \$1200.00		Payee address; City; State; Zip Code 1716 S main Street, Fort Worth, TX 76110			
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 3/24/17		Payee name City of NRH Rec Ctr			
Amount (\$) \$322.50		Payee address; City; State; Zip Code 6020 Northeast Loop 820 N. Richland Hills, TX 76180			
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <div style="font-family: cursive; font-size: 1.2em;">Christopher Nettles</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="font-family: cursive; font-size: 1.2em;">3/25/17</div>	<b>5</b> Payee name <div style="font-family: cursive; font-size: 1.2em;">Christopher Nettles</div>	
<b>6</b> Amount (\$) <div style="font-family: cursive; font-size: 1.2em;">\$60.00</div>	<b>7</b> Payee address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">2005 Belshire, Fort Worth, TX 76140</div>	
<b>8</b>  <div style="text-align: center;"><b>PURPOSE OF EXPENDITURE</b></div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>(a) Category</b> (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> <b>(b) Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 15%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Category (See Categories listed at the top of this schedule)</div> <div style="width: 50%;"> <b>Description</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**