

# 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:

21

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
CHRIS NETTLES

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 15132  
FORT WORTH TX 76119

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 791-6676

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
SHAKIA NETTLES

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1121 E. BOWIE  
FORT WORTH, TX 76104

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 874-4574

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 Month Day Year  
12 / 7 / 18 THROUGH 3 / 25 / 19

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
5 / 4 / 19  General  Special

12 OFFICE

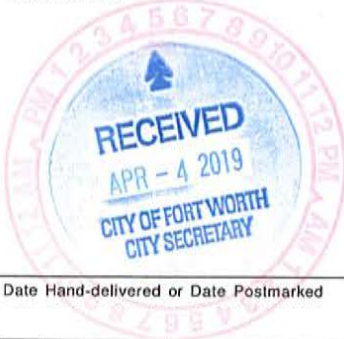
OFFICE HELD (if any)  
FORT WORTH  
CITY COUNCIL #8

13 OFFICE SOUGHT (if known)

FORT WORTH  
CITY COUNCIL DISTRICT 8

**OFFICE USE ONLY**

Date Received



Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME CHRIS 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.

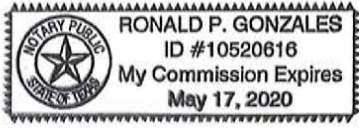
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 18,875.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,656.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,422.02
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.



Chris Nettles  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Nettles, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Ronald P. Gonzales Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>CHRIS NETTLES</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,875. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,700. <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,656. <sup>27</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRIS NETTLES

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/18

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Clara Gee

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

8006 Natalie DR FTW TX 76134

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/9/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Delicia Kennard

Amount of contribution (\$)

\$30.00

Contributor address; City; State; Zip Code

3401 Fairmeadow Ln FTW TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Johnny Castleberry

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

580 Samuels Ave #2800 FTW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/18

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Adreine Terrance

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

303 Bryan Drive Arlington TX 76011

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 <b>CHRIS NETLES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/1/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adriane Dixon</b> 6 Contributor address; City; State; Zip Code <b>9332 Aubree Ct. FTW TX 76140</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/1/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carol Bassett</b> Contributor address; City; State; Zip Code <b>9348 Goldview Dr. FTW Tx 76244</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/1/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jacque Rockwell</b> Contributor address; City; State; Zip Code <b>9348 Goldview Dr. FTW 76244</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/10/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brodrick Rockwell</b> Contributor address; City; State; Zip Code <b>1121 E. Bowle FTW TX 76104</b>	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>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:

2 FILER NAME

CHRIS NETTLES

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Delicia Kennard

7 Amount of contribution (\$)

\$ 20.00

6 Contributor address; City; State; Zip Code

3401 Fairmeadow Ln FTW TX 76123

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/21/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Martha Williams

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

8105 Mount Shasta Cir. FTW TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jason Smith

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

2200 Alston Ave Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Marilyn Ferrell

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

10000 Chesapeake Pl #4 FTW TX 76132

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

CHRIS NETTLES

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tonya Carter

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

5608 Diaz Ave FTW TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/23/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jazzmen Tate

Amount of contribution (\$)

\$ 75.00

Contributor address; City; State; Zip Code

2504 Kelton St. FTW TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jim Austin

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

2017 Teakwood Tree FTW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carol Bassett

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

9348 Goldenview Dr. FTW TX 76244

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

CHRIS NETTLES

3 Filer ID (Ethics Commission Filers)

4 Date

1/27/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Michael Gee

7 Amount of contribution (\$)

\$ 150.00

6 Contributor address; City; State; Zip Code

1901 Everman Pkwy Everman Tx 76140

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/27/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Xavier Sanders

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

5501 Burton Ave FTW TX 76119

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Clyde Kennedy

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

8368 Blue Periwinkle Ln FTW TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Charles Strand

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

467 Bryan Ave FTW 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

CHRIS NETTLES

3 Filer ID (Ethics Commission Filers)

4 Date

2/22/19

5 Full name of contributor

Jim Austine

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

2401 Scott Ave FTW TX 76103

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/19

Full name of contributor

Gerald Alley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

606 Loch Chalet Ct. Arlington TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/19

Full name of contributor

Charles Strand

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$5,000.00

Contributor address;

City; State; Zip Code

467 Bryan Ave FTW TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/19

Full name of contributor

Michael Bell

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

7809 Whitney Ln FTW TX 76112

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

CHRIS NETLES

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kathy Rockwell

7 Amount of contribution (\$)

2,500.00

6 Contributor address; City; State; Zip Code

1285 Kieder Cir FTW TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 <b>CHRIS NETTLES</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>2700.00</b>	
5 Date <b>1/21/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Austin</b>	8 Amount of Contribution \$ <b>1,200.00</b>	9 In-kind contribution description <b>Venue</b>
7 Contributor address; City; State; Zip Code <b>2401 Scott Ave FTW TX 7103</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Event Venue</b>		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 <b>1/21/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KC Chic Events</b>	Amount of Contribution \$ <b>1,500.00</b>	In-kind contribution description <b>Decor</b>
Contributor address; City; State; Zip Code <b>Fort Worth Tx 76123</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Event Planning</b>		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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>CHRIS NETILES</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1/19/19</b>		5 Payee name <b>Sam's Club</b>			
6 Amount (\$) <b>\$557.15</b>		7 Payee address; City; State; Zip Code <b>Bryant Irving FTW TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		(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	
Date <b>1/20/19</b>		Payee name <b>Lone Star Printing / Rudy Martinez</b>			
Amount (\$) <b>\$500.00</b>		Payee address; City; State; Zip Code <b>17100 South main st. FTW TX 76110</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>1/21/19</b>		Payee name <b>FedEx Office</b>			
Amount (\$) <b>\$97.58</b>		Payee address; City; State; Zip Code <b>4485 Bryant Irving FTW TX 76132</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising / 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 <b>CHRIS NETTLES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/30/19</b>	5 Payee name <b>Greater Fort Worth NBPW Club</b>	
6 Amount (\$) <b>\$90.00</b>	7 Payee address; City; State; Zip Code <b>Fort Worth Tx</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(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 <b>1/24/19</b>	Payee name <b>Act Blue Texas</b>	
Amount (\$) <b>\$153.33</b>	Payee address; City; State; Zip Code <b>Fort Worth, Tx</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Reporting 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <b>1/16/19</b>	Payee name <b>Square space Inc.</b>	
Amount (\$) <b>\$233.82</b>	Payee address; City; State; Zip Code <b>—</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Website 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
	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **CHRIS NETTLES** 3 Filer ID (Ethics Commission Filers)

4 Date **2/1/19** 5 Payee name **Lone Star Printing**

6 Amount (\$) **\$664.00** 7 Payee address; City; State; Zip Code **1716 South Main St. FTW TX 76110**

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 **2/4/19** Payee name **Anthony Deininger**

Amount (\$) **\$120.00** Payee address; City; State; Zip Code **3201 S. University Dr. FTW, TX 76109**

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) **Consulting Fee** 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 **2/6/19** Payee name **I M Terrell Alumni**

Amount (\$) **\$280.00** Payee address; City; State; Zip Code **Fort Worth TX**

**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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>CHRIS NETTLES</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/7/19</b>	5 Payee name <b>Bankem Printing</b>	
6 Amount (\$) <b>\$85.00</b>	7 Payee address; City; State; Zip Code <b>2357 S. Collins St Arlington Tx 76014</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(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 <b>2/10/19</b>	Payee name <b>Bankem Printing</b>	
Amount (\$) <b>\$170.00</b>	Payee address; City; State; Zip Code <b>2357 S. Collins St. Arling Tx 76014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>2/18/19</b>	Payee name <b>Lone Star Printing</b>	
Amount (\$) <b>\$632.50</b>	Payee address; City; State; Zip Code <b>1716 Sout Main St. Fort Worth Tx 76100</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# 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 CHRIS NETLES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/11/19	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) \$46.22	<b>7</b> Payee address; City; State; Zip Code 2900 Renaissance Square FTW TX 76105	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) material expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/11/19	Payee name Auto ZONE	
Amount (\$) \$21.64	Payee address; City; State; Zip Code FORT WORTH, TX 76105	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) material expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/12/19	Payee name Poly Hardware	
Amount (\$) \$30.07	Payee address; City; State; Zip Code Vaughn Blvd FTW TX 76105	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) material expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>CHRIS NETILES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/25/19</b>	5 Payee name <b>act Blue Texas</b>
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6 Amount (\$) <b>\$153.33</b>	7 Payee address; City; State; Zip Code <b>FORT WORTH TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Reporting Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/25/19</b>	Payee name <b>Anthony Deininge</b>
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Amount (\$) <b>\$350.00</b>	Payee address; City; State; Zip Code <b>3201 S. University Dr. FTW TX 76109</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Fee</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/28/19</b>	Payee name <b>metro PCS</b>
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Amount (\$) <b>\$312.00</b>	Payee address; City; State; Zip Code <b>Berry St. FTW TX 76105</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Phone Bank 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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME CHRIS NETTLES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/1/19	<b>5</b> Payee name FEDEX OFFICE	
<b>6</b> Amount (\$) \$ 33.12	<b>7</b> Payee address; City; State; Zip Code 4485 Bryant Irving FTW TX 76132	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/4/19	Payee name USPS	
Amount (\$) \$550.00	Payee address; City; State; Zip Code Wichita FTW TX 70115	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) mailing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/6/19	Payee name Walmart	
Amount (\$) \$50.13	Payee address; City; State; Zip Code 2900 Renaissance Square FTW TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) material Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 <b>CHRIS NETTLES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/6/19</b>	5 Payee name <b>Bankem Printing</b>
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6 Amount (\$) <b>\$170.00</b>	7 Payee address; City; State; Zip Code <b>2357 S. Collins St. Arlington TX 76014</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/8/19</b>	Payee name <b>FEDEX OFFICE</b>
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Amount (\$) <b>\$122.18</b>	Payee address; City; State; Zip Code <b>4485 Bryant Irving FTW TX 76132</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/10/19</b>	Payee name <b>Anthony Deininger</b>
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Amount (\$) <b>\$105.64</b>	Payee address; City; State; Zip Code <b>3201 S. University DR FTW TX 76109</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting fee</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **CHRIS NETTLES** 3 Filer ID (Ethics Commission Filers)

4 Date **3/12/19** 5 Payee name **Little Caesar**

6 Amount (\$) **\$25.98** 7 Payee address; City; State; Zip Code **FORT WORTH, TX 76119**

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

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

Date **3/12/19** Payee name **Lone Star Printing**

Amount (\$) **\$1,132.50** Payee address; City; State; Zip Code **1716 South Main St FTW TX 76110**

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) **advertising 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

Date **3/13/19** Payee name **Bankem Printing**

Amount (\$) **\$120.00** Payee address; City; State; Zip Code **2357 S. Collins St. Arlington TX 76014**

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) **Printing 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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>CHRIS NETTLES</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/25/19</b>	5 Payee name <b>Act Blue</b>
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6 Amount (\$) <b>\$153.33</b>	7 Payee address; City; State; Zip Code <b>FORT WORTH, TX</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Reporting Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/25/19</b>	Payee name <b>Bankem Printing</b>
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Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>2357 S. Collins St Arlington TX 76014</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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