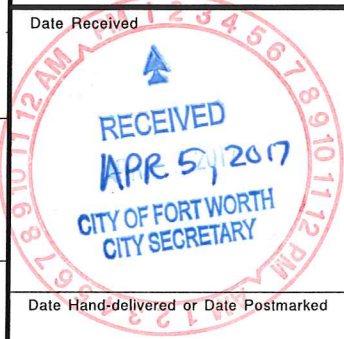


**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Nicholas MI A. NICKNAME LAST SUFFIX St. John		OFFICE USE ONLY 
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5016 Lincoln Oaks Dr N Apt 713 Fort Worth, TX 76132		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 717 5030		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Dexter MI J. NICKNAME LAST SUFFIX Fulbright		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1105 Greenbriar Ln Lancaster TX 75146		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 673 6532		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2017 THROUGH 04 / 03 / 2017		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 06 / 2017 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special City Council		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Member Fort Worth, District 6	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Nicholas St. John

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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)

\$ 1,222.00

EXPENDITURE
TOTALS

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

\$ _____

4. TOTAL POLITICAL EXPENDITURES

\$ 991.80

CONTRIBUTION
BALANCE

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

\$ 230.02

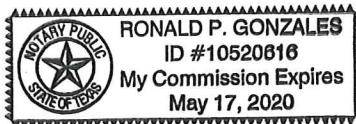
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Nicholas St. John
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Nicholas A. St. John, this the 5th day of April, 20 17, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

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

\$ 1222.00

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 991.98

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS
RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 10

2 FILER NAME

Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

2-3-17

5 Full name of contributor

Joel St. John

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

25.00

6 Contributor address;

City; State; Zip Code

Fort Worth TX 76132

8 Principal occupation / Job title (See Instructions)

Programmer

9 Employer (See Instructions)

Ben E. Keith

Date

3-3-17

Full name of contributor

Gray Coldwell

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

El Paso, TX USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-17

Full name of contributor

Lawrence Keiley

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

273 Seat Trail Dr W, Sunset Beach
NC 28468

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-17

Full name of contributor

Ken Neill

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

2512 Ryan Ave Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 10

2 FILER NAME

~~Amanda Brown~~ Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

3-20-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amanda Brown

7 Amount of contribution (\$)

10.00

6 Contributor address;

City; State; Zip Code

TX, USA

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-20-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Addison Eubank

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-20-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Laney Arnold

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-20-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brett Singleton

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 10

2 FILER NAME

Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

3-20-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Beth St. John

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

5049 Queen Ave S., Minneapolis MN 55410

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-20-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mason Adams

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melanie Leary

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

Fort Worth, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeb Gubank

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 10

2 FILER NAME Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date 3-23-17
5 Full name of contributor Dylan McDonald
☐ out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code TX, USA

7 Amount of contribution (\$) 10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 3-23-17
Full name of contributor Donovan Pathak
☐ out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code TX, USA

Amount of contribution (\$) 5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3-24-17
Full name of contributor Sean St. John
☐ out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code IN, USA

Amount of contribution (\$) 10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3-24-17
Full name of contributor Ingrid Lukowska
☐ out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code IL, USA

Amount of contribution (\$) 20.00

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: 5 of 10

2 FILER NAME Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

3-24-17

5 Full name of contributor

Austin Gilbert

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

TX, USA

7 Amount of contribution (\$)

5,00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-24-17

Full name of contributor

Matthew Reed

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

TX, USA

Amount of contribution (\$)

5,00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-25-17

Full name of contributor

Tom Moran

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

5049 Queen Ave S, Minneapolis, MN 55410

Amount of contribution (\$)

50,00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-25-17

Full name of contributor

Jaime Solis

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

TX, USA

Amount of contribution (\$)

5,00

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: 6 of 10

2 FILER NAME

Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

3-25-17

5 Full name of contributor

Nicole St. John

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

1826 Dylan Dr Apt 2; Griffin, IN 46319

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-27-17

Full name of contributor

Raylen Morgan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

5.00

Contributor address; City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-27-17

Full name of contributor

Julie Reed

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-27-17

Full name of contributor

Mauro Almandariz

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 10

2 FILER NAME Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date
3-27-17

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

Mindy Anderson

6 Contributor address; City; State; Zip Code

Fort Worth, TX

7 Amount of contribution (\$)
5.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-27-17

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

Justin Reed

Contributor address; City; State; Zip Code

TX, USA

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-17

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

Cheryl Landrum

Contributor address; City; State; Zip Code

TX, USA

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-17

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

Lauren Heckard

Contributor address; City; State; Zip Code

TX, USA

Amount of contribution (\$)

16.00

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: 8 of 10

2 FILER NAME Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date 3-28-17

5 Full name of contributor Cordell Miller

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code TX, USA

5.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor Lori Fisher

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3-28-17

Contributor address; City; State; Zip Code TX, USA

41.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor Daniel Vela

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3-28-17

Contributor address; City; State; Zip Code TX, USA

5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor Rick Sanchez

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3-29-17

Contributor address; City; State; Zip Code TX, USA

38.00

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: 9 of 10

2 FILER NAME

Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

3-29-17

5 Full name of contributor

Justin Snyder

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

27.00

6 Contributor address;

City; State; Zip Code

TX, USA

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-17

Full name of contributor

Bennett Cardoso

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-17

Full name of contributor

Hanna Stewart

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

TX, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-17

Full name of contributor

Katie St. John

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

IN, USA

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 10 of 10

2 FILER NAME Nicholas St. John

3 Filer ID (Ethics Commission Filers)

4 Date

3-30-17

5 Full name of contributor

Kelley Freeman

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

TX, USA

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-31-17

Full name of contributor

Ben Freeman

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

TX, USA

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-17

Full name of contributor

Bonnie St. John

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

IN, USA

Amount of contribution (\$)

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-17

Full name of contributor

Chris Hestilow

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

TX, USA

Amount of contribution (\$)

5.00

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.

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: 103		2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)	
4 Date 3-3-17		5 Payee name Vista Print			
6 Amount (\$) 211.58		7 Payee address; City; State; Zip Code Lexington, MA			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-3-17		Payee name Home Depot			
Amount (\$) 15.57		Payee address; City; State; Zip Code 4850 SW Loop 820, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-8-17		Payee name CUSTOM INK LLC			
Amount (\$) 217.55		Payee address; City; State; Zip Code 2910 District Ave Fairfax, VA 22031			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3		2 FILER NAME Nicholas St. John		3 Filer ID (Ethics Commission Filers)	
4 Date 3-20-17		5 Payee name Facebook			
6 Amount (\$) 134.69 134.69		7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-31-17		Payee name Rahr + Sons Brewing Company			
Amount (\$) 10.00		Payee address; City; State; Zip Code 701 Galveston Ave, Fort Worth, TX 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-31-17		Payee name Wedgwood Shopping News			
Amount (\$) 300.00		Payee address; City; State; Zip Code 6006 Granbury Rd. Fort Worth, TX 76133			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <div style="text-align: center; font-size: 1.2em;">3 of 3</div>	2 FILER NAME <div style="font-size: 1.2em;">Nicholas St. John</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">2-3-17 - 3-31-17</div>	5 Payee name <div style="font-size: 1.2em;">GO FUND ME</div>	
6 Amount (\$) <div style="font-size: 1.2em;">102.41</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1010 Second Ave Suite 770 San Diego, CA 92101</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Fees</div>	(b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
	Office held	

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>
(a) Category (See Categories listed at the top of this schedule)	(b) Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>
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	Candidate / Officeholder name
	Office sought
	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED