# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

**OFFICIAL RECORD** FT. WORTH OVER SHEET PG 1

FORM C/OH

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 47
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Chris	MI	OFFICE USE ONLY
1 W Webs	NICKNAME	Netties	SUFFIX	Date Received 0 11 12 R
4 CANDIDATE /	ADDRESS / PO BO	OX; APT / SUITE #; C	CITY; STATE: ZIP CODE	
OFFICEHOLDER MAILING ADDRESS  Change of Address				RECEIVED CO
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Nand-de CRYSSA Sale Posts Oct
OFFICEHOLDER PHONE	(817)	791 - 6674		/8//
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # 31 11 10 mm.
NAME	MONINE	VIUKIU	DUESIV	Date Processed
	NICKNAME	Nettles	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE
ADDRESS (Residence or Business)	1121 E	. Bowie St.	Fort Worth, TX	76104
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(817)9	137 - 7103		
9 REPORT TYPE	January 15	30th day before ele	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Altach C/OH - FR)
10 PERIOD COVERED	4 Month	/ 22 / 20 2\	THROUGH 6	/30 / 2021
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE	
	Month Day	1	Runoff Other Description	
	6/5/	202\	Special	
12 OFFICE	Fort Worth	n city Council Dis	13 OFFICE SOUGHT (if known)	1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	ICEHOLDER. THESE EXPENDITURES I	MAY HAVE BEEN MADE WITHOUT THE CANDI	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES,
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS	·	
-	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO P	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

OAMI AIC	TI III/III/III		
15 C/OH NAME	Chris Nettles	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O.00	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	s) \$ 23,175.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$43,483.94	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	\$571.80	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	of the \$ 0.∞	
	wear, or affirm, under penalty of perjury, that the accompanying report is t	rue and correct and includes all information	
rec	quired to be reported by me under Title 15, Election Code.		
	Signature of (	Candidate or Officeholder	
	•		
	Please complete either option belo	w:	
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by this the	e, day of,	
20, to certify	which, witness my hand and seal of office.		
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
(2) Unsworn Declaratio	on .		
My name is Chri.	s Nettles, and my date of birth	is 01/17/1988	
My address is	E. Basic St FORTWORTH	TL. 76104. US.	
Tax	I To look	(state) (zip code) (country)	
Executed in/ \arraycolor	County, State of <u>/ Exas</u> , on the <u>/ 8</u> day of <u>) L</u>	1h) 20 01.	
	Signature of Cape	didate/Officeholder (Declarant)	
	Signature of Cano	indates Officer (Decidiant)	

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME Chris Nettles	ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,025.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 23,025.00 \$ 150.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$43,483.94
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	UTIONS \$
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	S OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	URNED \$

# SCHEDULE A1

If the reques	If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/21	5 Full name of contributor out-of-state PAC (ID#:)  Second Alley  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
4/22/21	Contributor address; City;	State; Zip Code	\$20.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 4/24/21	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 4/25/14	Full name of contributor Uout-of-state PAC	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Chris Nettles			3 Filer ID (Ethics Commission Filers
Date 4/26/21	5 Full name of contributor	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l etions)
Date	Full name of contributor Out-of-state PA	AC (ID#:)	Amount of contribution (\$)
128/21	Contributor address; City;	State; Zip Code	\$340.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date /1/2\	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)
2 21	Contributor address; City;	State; Zip Code	\$25.00
rincipal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

If the requested information is not applicable, bo Not include this page in the report			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Nettle	2.2	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/21	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/2/21	Contributor address; Chy;	State; Zip Code	\$20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 5/2/21	Full name of contributor   out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 5/2/21	Full name of contributor   out-of-state PAC   Out-o	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC  TIESA Leggett  6 Contributor address;	C (ID#:) State; Zip Code	7 Amount of contribution (\$)
01-1-1	6 Contributor address,,	outo, Lip	9100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/2/21	Contributor address; City;	State; Zip Code	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/3/21	Contributor address; City;	State; Zlp Code	\$ 500.00
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC	: (ID#:)	Amount of contribution (\$)
5/3/21	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

II life reques	sted information is not applicable, be not in	-	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date 532	5 Full name of contributor	C (ID#:)  State; Zip Code	7 Amount of contribution (\$)
· — 1	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	_ ^	C (ID#:)	Amount of contribution (\$)
5/3/21	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	tes	Amount of contribution (\$)
2/3/4	Contributor address; City;	State; Zlp Code	\$ 50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	^	C (ID#:)	Amount of contribution (\$)
5/4/21	Cecil Collier  Contributor address; City;	State; Zip Code	\$10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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	5 Full name of contributor  ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
5/4/21	6 Contributor address; City;	State; Zip Code	\$200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
5/4/21	Cindy Fountain City;	State; Zip Code	\$60.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
5/4/21	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
5/3/21	Contributor address; City;	State; Zip Code	\$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

### SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Chris Nethes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   cut-of-state PAC		7 Amount of contribution (\$)
5/4/21	6 Contributor address: City;	State; Zip Code	\$200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor 🗆 out-of-state PAC	(ID#:)	Amount of contribution (\$)
5/5/21	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor		Amount of contribution (\$)
5/7/21	Crystal Hlawa City;	State; Zlp Code	\$ 2,300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/7/21		State; Zlp Code	\$1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	cions)

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### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report**.

If the requested information is not applicable, 2 of the contract of the production of the capture of the contract of the contract of the capture of the cap			
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 5/8/11	5 Full name of contributor out-of-state PAC  Billic DOVAGO  Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/9/21	Contributor address; City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		(ID#:)	Amount of contribution (\$)
5/9/21	Contributor address; City;	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/10/21	Contributor address; City;	State; Zip Code	\$1,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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### SCHEDULE A1

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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	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
5/10/21	6 Contributor address; City;	State; Zip Code	\$ 200.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date		: (ID#:)	Amount of contribution (\$)
5/11/21	Contributor audress; City;	State; Zip Code	\$325.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
5/11/21	Delya Phillips Contributor address; City;	State; Zip Code	\$25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
5/11/21	Contributor address; City;	State; Zlp Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)

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## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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	5 Full name of contributor  ut-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
5/12/21	Kenny McGee  6 Contributor address; City;	State; Zip Code	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		(ID#:)	Amount of contribution (\$)
5/12/21	Contributor address; City;	State; Zip Code	\$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/12/21	Contributor address; City;	State; Zip Code	\$ 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
5/12/21	Contributor address; City;	State; Zlp Code	\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			lons)

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### SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	form.	1 Total pages Schedule A1:		
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	•	7 Amount of contribution (\$)		
5/12/21	6 Contributor address; City;	State; Zip Code	\$3,000.00		
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ions)		
Date	1.11 6	ID#:)	Amount of contribution (\$)		
5/12/21	Contributor address; City;	State; Zip Code	\$10.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	lons)		
Date		ID#:)	Amount of contribution (\$)		
5/12/21	Contributor address; City;	State; Zlp Code	\$ 26.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	\	D#:)	Amount of contribution (\$)		
5/14/2	Contributor address; City;	State; Zlp Code	\$ 500.00		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)		

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# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Chris Mettles	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
5/14/21	6 Contributor address; State; Z	Ip Code \$ \$ 100.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employe	or (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)		
5/14/21	Contributor address; City; State; Z	\$ 400.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
5/14/21	Contributor address; City; State; Zi	p Code \$ 100.00		
Principal occup	ation / Job title (See Instructions) Employe	r (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
5/17/21	Contributor address; Coty; State; Zij	\$50.00		
Principal occup	ation / Job title (See Instructions) Employe	r (See Instructions)		

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Ohnis Nettles		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
5/17/21	6 Contributor address; City;	State; Zip Code	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date		: (ID#:)	Amount of contribution (\$)
5/18/21	Benny A. Tucker Contributor address; City;	State; Zip Code	\$ 100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/20/21	Contributor address; City;	State; Zlp Code	\$ 100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/20/21		State; Zip Code	\$ 15.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:	
2 FILER NAME	Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  out-of-state PAC (	ID#:)	7 Amount of contribution (\$)	
5/20/21	KCISha Jones  6 Contributor address; City;	State; Zip Code	\$ 3,000.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
5/20/21	Broderick Bocku	State; Zip Codé	\$ 2,400.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
5/24/21	Contributor address; City;	State; Zlp Code	\$ 250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
5/21/20	Contributor address; City;	State; Zip Code	\$ 20.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how	/ to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Chris	Nettl	es	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
5/23/21	6 Contributor address;	aylor	State; Zip Code	\$50,00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	:tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
5/23/21	Contributor address;	ICKWE city:	State; Zip Code	\$ 500.00	
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
5/24/21	Contributor address;	SU CUO	State; Zlp Code	\$50.00	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	☐ out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
5/24/21	Contributor address;	Becni city;	State; Zip Code	\$ 100.00	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	tions)	

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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	5 Full name of contributor  ut-of-state PAC (ID#:	7 Amount of contribution (\$)
5/28/21	DOMINGO CACCA  6 Contributor address; City; State; Zip Code	\$ 1,000.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5 28 21	Sharic Hickman  Contributor address; City; State; Zip Code	\$115.00
Principal occup	eation / Job title (See Instructions) Employer (See II	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/29/21	Eddie Griffin Contributor address; City; State; Zip Code	\$ 50.00
Principal occup	eation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
5/31/21	Contributor address; City; State; Zip Code	\$ 25.00
Principal occup	eation / Job title (See Instructions) Employer (See In	nstructions)

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### SCHEDULE A1

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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	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
6/4/21	6 Contributor address; City; State; Zip Code	\$100.00			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ottons)			
Date	Full name of contributor	Amount of contribution (\$)			
6/14/21	Contributor address; City; State; Zip Code	\$300.00			
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)			
Date (2) 15/21	Full name of contributor   out-of-state PAC (ID#:)  Contributor address;   City; State; Zlp Code	Amount of contribution (\$)			
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
	Contributor address; City; State; Zip Code				
	\\				
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Ti	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:
2 FILER NAM	Chris Nettles		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor   out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
6/5/21	7 Contributor address; City; State;	Zip Code	\$150.00	indvertising
10 Principal occ	PO Box 181 Ft. Worth, TX 70 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	(10) 11 Employe	<del></del>	ide of Texas. Complete Schedule T.
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
				-
	ATTACH ADDITIONAL COPIES OF TH			requirements

Revised 8/17/2020

## SCHEDULE F1

if the requested in	rormation is not applicable, DO NOT Include	tills page in tile re	sport.		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	payment/Reimbursement tverhead/Rental Expense Expense Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Chris Net	les	3 Filer ID (Ethics Commission Filers)		
4 Date 4/23/21	5 Payee name Dollar Tree				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$50.62		FTW, TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event expense	Supr	olies		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/23/21	walmart				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$12.54	FT	W, TX			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	went expense	Supp	lies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/28/21	ACTBlue - Ric	he Share 2	.Vote		
Amount (\$)	Payee address;	City;	State; Zip Code		
\$50.00	FTW,	TX			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	other	1 1/1	A		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, 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

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE	CAI EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fee Foo y Gift	nt Expense s d/Beverage Expense /Awards/Memorials Expe al Services	Office Over Polling Exp ense Printing Ex		Sollcitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment	TI	ne Instruction Guide	explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	Chris	NeHI	2.9	3 Filer ID (Ethic	s Commission Filers)
4 Date 4/28/21	5 Payee name	Harland	Clark	e		
6 Amount (\$)	7 Payee addres	s;		City;	State;	Zip Code
\$50.88			FTW	ITX		
8	(a) Category (Se	e Categories listed at the t	op of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	banki	ng exp	ense	Une	CKS	
	(c) Chec	k if travel outside of Texas. C	omplete Schedule T.	Check if Austir	n, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought		Office held
Date	Payee name				·-	-
4/30/21	F	aceloool	K			
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$337.93						
	Category (See	Categories listed at the to	p of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advert	rising e	xpense	Ad	.S	
	Check	if travel outside of Texas. Co	omplete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Data	Payee name	<del></del>		<u> </u>		
4/29/21	· · · · · · · · · · · · · · · · · · ·	nark 1	Direct			
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$2,639.96		Main (	St. Ft.	Worth,	TX	
	Category (See	Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Prin	ting		Prir	1ting	
	Check	if travel outside of Texas. Co	mplete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B; Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Sollcitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	<del>-</del>	ns how to complete this form.	, , ,		
1 Total pages Schedule F1:	2 FILER NAME (MYS	Jettles	3 Filer ID (Ethics Commission Filers)		
4 Date 5/3/2\	5 Payee name	BBQ			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$46.56	F	TWITX			
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description			
PURPOSE OF EXPENDITURE	Food	Fa	od		
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	In, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/3/21	Larry J	olmson			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$320.00	FTU	J, TX			
•	Category (See Categories listed at the top of this s	schedule) Description			
PURPOSE OF EXPENDITURE	canvassing	canv	lassing		
	Check If travel outside of Texas, Complete S	ichedule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	*			
5/3/21	Quick Trip				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$40.40	F	TW, TX			
-	Category (See Categories listed at the top of this s	chedule) Description			
PURPOSE OF EXPENDITURE	Travel	Ga	2,,		
	Check if travel outside of Texas. Complete So	chedule T. Check if Austli	n, 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 NEE	EDED		

#### SCHEDULE F1

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code Payee address (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State: Zip Code Pavee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH Payee name Date State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY If direct

expenditure to benefit C/OH

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	counting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & I ansulting Expense Polling Expense Travel in District				
Credit Card Payment	The Instruction Guide explains	s how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME COYIS	Nettles	3 Filer ID (Ethics Commission Filers)		
4 Date 5/4/2\	5 Payee name  Bennar	d Earl			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$365.00	FTW	1, TX			
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description			
PURPOSE OF EXPENDITURE	canvassing	Cani	rassing		
	(c) Check if travel outside of Texas. Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	<del></del>			
5/5/21	Frigoles Cafe	Cantina			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$40.57		NRH, TX			
	Category (See Categories listed at the top of this sol	hedule) Description			
PURPOSE OF EXPENDITURE	Food	Food	<b>t</b>		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/5/21	Elizak	n Strong			
Amount (\$)	Payee address;	City;	State; Zlp Code		
\$550.00	F	TWITX			
- · · · ·	Category (See Categories listed at the top of this sch	nedule) Description	. 1		
PURPOSE OF EXPENDITURE	consulting	dia	ital		
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austli	n, 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 C	OF THIS SCHEDULE AS NEE	EDED		

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CAT	TEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		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)			
Credit Card Payment	_	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME CHYIC	Jettles	3 Filer ID (Ethics Commission Filers)			
4 Date 5/7/2\	5 Payee name Whatab	vuraer				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$5.13	F	TW, TX				
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description	•			
PURPOSE OF EXPENDITURE	Food	1000	<u>X</u>			
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Aus	stin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/10/21	Poly Hard	ware				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$29.86	FT	W,TX				
	Category (See Categories listed at the top of the	his schedule) Description				
PURPOSE OF EXPENDITURE	Event	SUR	pplies			
	Check if travel outside of Texas. Complet	te Schedule T. Check If Aus	tin, TX, officeholder living expense			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/10/21	Shell Ser	vices				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$10.03	FTW	), TX				
BURBOSE	Category (See Categories listed at the top of thi					
PURPOSE OF EXPENDITURE	Travel	<u> </u>				
	Check if travel outside of Texas. Complete		tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED			

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/FundralsIng Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name State; Zip Code 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Pavee address: Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check If travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE text messages OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Office Overhead/Rental Expense Event Expense

Advertising Expense Accounting/Banking

Fees

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Expe Printing Exp Salarles/Wa		Travel Out Of District Other (enter a categ	
Credit Card Payment		The Instruction Guide explain	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	Chris No	ettles		3 Filer ID (Ethic	s Commission Filers)
4 Date 5/13/1	5 Payee n	ame Tami	Kar	ne	-	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
9 110.00		FTU	J, TX	_		
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	can	vassina		canvo	issing	,
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
5/13/11	A	merican Te	chno	ology Co	nsulting	
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$200.00			<i>-</i>			
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Adv	ectising		List	Purcha	se
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame			·	
5/14/21		Lillian	Scr	noolfield	1	
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
\$99.00		FTU	XJ,(	· `		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	CO	mvassina		can	VUZZIV	F
		Check if Iravel outside of Texas. Complete Se	chedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code 6 Amount (\$) 7 Pavee address; (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** website Advectising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City: State: Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 5/18/21 City; State; Zip Code St. FTW, TX Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	y Gift/Awards/Memorials Expense Pri	Iling Expense Travel In District Inting Expense Travel Out Of District Irravel Out of District
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME CAN'S NO	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/21	5 Payee name Richard J	Javis
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$130.00	FTW	), TX
8	(a) Category (See Categories listed at the top of this sched	· ·
PURPOSE OF EXPENDITURE	canvassing	canuasting
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/18/21	Joey Met	ana
Amount (\$)	Payee address;	City; State; Zip Code
\$130.00	FTW,	TX
	Category (See Categories listed at the top of this schedu	
PURPOSE OF EXPENDITURE	canvassing	canvassing
	Check if travel outside of Texas, Complete Schedul	e T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/18/21	Lillian School	lfield
Amount (\$)	Payee address;	City; State; Zip Code
\$ 258.50	FTW,	TX.
	Category (See Categories listed at the top of this schedu	
PURPOSE OF EXPENDITURE	canvassing	canvassing
_	Check if travel outside of Texas. Complete Schedule	eT. 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

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	y Gift/Awards/Memorials Expense Printing	Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to	-	Cares (cares a category not inside above)		
1 Total pages Schedule F1:	2 FILER NAME CAYIS NEHI	es	3 Filer ID (Ethics Commission Filers)		
5/19/2\	5 Payee name USPS				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$55.00	FTW,	TX			
8	(a) Category (See Categories listed at the top of this schedule)	_	,		
PURPOSE OF EXPENDITURE	Postage	Pos	stage/Stamps		
<del>-</del>	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/21/21	lonos				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$1.88					
-	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Fee	ŽŠ		
	Check if Iravel outside of Texas. Complete Schedule T.	Check If Austl	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/21/21	Tammi Kane	,			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$214.50	FTW, TX	/ >			
	Category (See Categories listed at the top of this schedule)	Description	,		
PURPOSE OF EXPENDITURE	canvassing	Canva	assing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	EDED		

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 CM'S N	2 FILER NAME Chris Nettles 3 Filer 1D (Ethics Commission Filers)					
4 Date 5/21/21	5 Payee name Comark I	Direct					
6 Amount (\$)	7 Payee address;	City;	State; Zlp Code				
\$ 2,230.60	FTW, T	Χ					
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	· · · · · · · · · · · · · · · · · · ·				
PURPOSE OF EXPENDITURE	Printing	Pri	nting				
	(c) Check if travel outside of Texas, Complete Sch	edule T, Check if Au	stin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name	-					
5/24/21	Home De	pot					
Amount (\$)	Payee address;	City;	State; Zip Code				
\$16.13	FT	W, TX					
	Category (See Categories listed at the top of this sch	edule) Description					
PURPOSE OF EXPENDITURE	Event	2066	lies				
<del>-</del> ·	Check if travel outside of Texas. Complete Scho	edule T. Check If Au	stin, TX, officeholder living expense				
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
5/24/21	Pappasito's	Cantina					
Amount (\$)	Payee address;	City;	State; Zip Code				
\$100.00	FTI	N, TX					
	Category (See Categories listed at the top of this scho	edule) Description					
PURPOSE OF EXPENDITURE	Food	Food	L				
	Check if travel outside of Texas. Complete Sche	dule T. Check If Aus	stin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED				

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B	Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex	pense T	ransportation Equipment & c ravel In District ravel Out Of District Other (enter a category not lis					
Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries W  The Instruction Guide explains how to c	_	Aller (erker a category not is	led above)				
1 Total pages Schedule F1:	2 FILER NAME CHYIS NETTLE	FILER NAME Chris Nettles 3 Filer ID (Ethics Commission Filers)						
4 Date 5/25/21	5 Payee name Comark Div	ect						
6 Amount (\$)	7 Payee address;	City;	State; Zlp	Code				
\$2,230.60	Main St. 1	=TW, TX						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1.					
PURPOSE OF EXPENDITURE	printing	prin	iting					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, T	X, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held 				
Date	Payee name							
5/25/21	CoMark Direc	t						
Amount (\$)	Payee address;	City;	State; Zip	Code				
\$291.50	Main St. t	-TWITX						
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	printing	buin.	ting					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	K, officeholder living expense					
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office I	neld				
Date	Payee name		· · · · · · · · · · · · · · · · · · ·					
5/26/21	Lupe Johnson	$\cap$						
Amount (\$)	Payee address;	City;	State; Zip	Code				
\$220.00	FTW, TX							
	Category (See Categories listed at the top of this schedule)	Description	,					
PURPOSE OF EXPENDITURE	canvassing	Canvas	sing					
	Check if travel outside of Texas. Complete Schedule T.		C, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D					

## SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.** 

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Candidate/Officeholder/Politica	Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Food/Beverage Expense Polling Expense Printing							
Credit Card Payment	The Instruction Guide exp	plains how to co	emplete this form.					
<b>1</b> Total pages Schedule F1:	2 FILER NAME COYIS N	Jettles	5	3 Filer ID (Ethic	s Commission Filers)			
4 Date 5/26/21	5 Payee name	Payee name OCIA Retana						
6 Amount (\$)	7 Payee address;	7 Payee address; City; State; Zip Code						
\$ 40.50	F	FTW,	TX					
8	(a) Category (See Categories listed at the top of	I this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	canvassing		Canva	gnizz				
	(c) Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austl	n, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/OF								
Date	Payee name	~						
5/26/21	Phichard	l Da	Jis					
Amount (\$)	Payee address;		City;	State;	Zip Code			
\$40.50	FT	WIT	Ÿ.					
-	Category (See Categories listed at the top of t	his schedule)	Description					
PURPOSE OF EXPENDITURE	canvassing		Canuc	ussing				
. <del>-</del>	Check if travel outside of Texas, Comple	ete Schedule T.	Check if Austlr	n, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held			
Date	Payee name	`						
5/20/21	Lillian (	ichool	field					
Amount (\$)	Payee address;		City;	State;	Zip Code			
\$198.00	FTU	N, TX						
	Category (See Categories listed at the top of the	nis schedule)	Description					
PURPOSE OF EXPENDITURE	convassing		CONV	assing				
,	Check if travel outside of Texas. Complete	le 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 COPIL	ES OF THIS S	CHEDULE AS NEE	DED	<u>-</u>			

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol By Gift/Awards/Memonals Expense Prir	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME CHY'S NEH	es	3 Filer ID (Ethics Commission Filers)	
4 Date 5/27/21	5 Payee name SCMIC DY	ive-In		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$10.79	FTU	J, TX	<u> </u>	
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	food		100	
	(c) Check if travel outside of Texas. Complete Schedule	le T. Check If Austin	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/28/21	COMark Di	rect		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$2,220.34	Main St.	FTW, TX		
	Category (See Categories listed at the top of this schedul	le) Description	i	
PURPOSE OF EXPENDITURE	printing	prin	iting	
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	^ \		
5/19/21	American Un	in Graph		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$2,230.60	Main St.			
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF	printing	1 OLINA	ina	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEE	DED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not listed above)

Contributions/Donations Made by Candidate/Officeholder/Politica		vpense Vages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ONTIS NETTE	.S	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/21	5 Payee name FACE DOOK		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$400.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	advectising	ads	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5/20/21	Text Surge		
Amount (\$)	Payee address;	City;	State; Zip Code
\$506.70			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advectising	text	messages
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	IIn, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/1/21	Larry Johnson	)	
Amount (\$)	Payee address;	City;	State; Zip Code
\$450.00	FTW, T	7	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	canvossing	Can	wassing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austlr	In, 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 S	SCHEDULE AS NEE	EDED

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME Chris Ne	Hles	3 Filer ID (Ethics Commission Filers)				
4 Date 6/1/21	5 Payee name Bankem	Printing					
6 Amount (\$)	7 Payee address;	~eity;	State; Zlp Code				
\$ 250.00	Fewl	LOTX MOHOC	k Arlington, TX				
8	(a) Category (See Categories listed at the top of this school	edule) (b) Description					
PURPOSE OF EXPENDITURE	printing	buv.	ting				
	(c) Check if travel outside of Texas. Complete Sched	iule T. Check if Austi	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
4/1/21	Facebook						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$ 284.09							
	Category (See Categories listed at the top of this sched	dule) Description					
PURPOSE OF EXPENDITURE	Advertising	Ads					
	Check if travel outside of Texas. Complete Sched	ule T. Check If Austin	n, TX, officeholder living expense				
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
6/2/21	Bankem Pr	rinting					
Amount (\$)	Payee address;	Clty;	State; Zip Code				
\$ 340.00	Matlock Isd	· Arlington	n, TX				
	Category (See Categories listed at the top of this sched	ule) Description					
PURPOSE OF EXPENDITURE	printing	bun	ting				
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	, TX, officeholder living expense				
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

ii tile requested iiii	Jimadon to not	applicable, DO 1101				
		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
	Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment  Credit Card Payment  Constributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment  Credit Card Payment  Fees Coffice Overhead/Rental Expense Polling Expense Polling Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor Salaries/Wages/Contract Labor Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	1_zina	Jettr	<u>در</u>	3 Filer ID (Ethics (	Commission Filers)
4 Date 6/2/21	5 Payee name	COMaci	e O	irect		
6 Amount (\$)	7 Payee address	s;		City;	State;	Zip Code
\$5,891.99		Main	St.	FTW, T	Ž	
8	(a) Category (See	e Categories listed at the top of this	s schedule)	(b) Description	_	
PURPOSE OF EXPENDITURE	-bun,	HNG		- Pri	nting	
	(c) Check	k if travel outside of Texas. Complete S	Schedule T.	Check If Austl	in, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	C	Office held
Date	Payee name					
6/2/21	Ker	it Quepr	20C			
Amount (\$)	Payee address			City;	State;	Zip Code
\$ 232.00		FTW	, TX			
	Category (See C	Categories listed at the top of this s	schedule)	Description		I
PURPOSE OF EXPENDITURE	COMV	lassing		conva	ssing	
	Check	if travel outside of Texas, Complete So	ichedule T.	Check If Austin	in, TX, officeholder living ex	xpense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	0	Office held
Date	Payee name					
6/2/21		ierry Pa	me		·	
Amount (\$)	Payee address	;; \(\sigma\)		City;	State;	ZIp Code
\$354.00		FIL	$N_{1}$	[X		
	Category (See C	Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Can	uassing		Canva	ussing	
	Check if	if travel outside of Texas. Complete Sc	chedule T.	Check if Austln	n, TX, officeholder living ex	(pense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	C	Office held
	ATTACH	ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gifl/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. 3 Filer ID (Ethlcs Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$ State: Zip Code 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** canvassing COMPASSING OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; City: State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** Canvassina convassing **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Payee address; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Canvassing OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees ( Food/Beverage Expense I by Gift/Awards/Memorials Expense I	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District 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 NC	Hles	3 Filer ID (Ethics Commission Filers)
4 Date (9/8/2)	5 Payee name All Stora	ac	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$132.65		FTW, TX	
8	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description	
PURPOSE OF EXPENDITURE	other	oth	er
	(c) Check if travel outside of Texas, Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/8/21	Larry i	Johnson	
Amount (\$)	Payee address;	City;	State; Zip Code
\$340.00	FT	W, TX	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	canvassing	cany	bassing
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/9/21	Buffalo Br	05.	
Amount (\$)	Payee address;	City;	State; Zlp Code
\$78.23		FTWITX	
	Category (See Categories listed at the top of this scheen	dule) Description	<del></del>
PURPOSE OF EXPENDITURE	meeting	food	d
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, 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			

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Travel In District 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	Nettles	3 Filer ID (Ethics Commission Filers)	
4 Date (e/10/2)	5 Payee name	coffee		
6 Amount (\$)	7 Payee address;	City;	State; Zlp Code	
\$4.25	F	TW, TX		
8	(a) Category (See Categories listed at the top of t	his schedule) (b) Description		
PURPOSE OF EXPENDITURE	meeting	ben	erage	
ļ	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/10/21	Eddie	Forte		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$850.00	FTI	N, TX		
	Category (See Categories listed at the top of th	is schedule) Description		
PURPOSE OF EXPENDITURE	other equipment			
	Check if travel outside of Texas. Complet	e Schedule T. Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	^ \		
6/10/21	Lillian S	choolfield		
Amount (\$)	Payee address;	City;	State; Zlp Code	
\$206.25	F	TW, TX		
	Category (See Categories listed at the top of thi	s schedule) Description		
PURPOSE OF EXPENDITURE	canvassing	CONV	assing	
	Check if travel outside of Texas, Complete	Schedule T. Check If Austh	n, 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				

If the requested information is not applicable, DO NOT include this page in the report.				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME CAYIS NO	Hes	3 Filer ID (Ethics Commission Filers)	
4 Date (0/11/21	5 Payee name CoMark	Direct		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$3,903.41	Main	St. FTW,	TX	
8	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description		
PURPOSE OF EXPENDITURE	printing	prir	nting	
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Aust	lin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/26/21	Premier	Billboard		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$891.00	FTN	I, TX		
	Category (See Categories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	Advictising	sig	<i>N</i>	
	Check if travel outside of Texas, Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/14/21	Quick Tri	ρ		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$20.02	FTU	J, TX		
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE OF EXPENDITURE	travel (meetin	ig) gas		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, 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				

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME CAYIS NO	ttles	3 Filer ID (Ethics Commission Filers)	
4 Date 6/14/21	5 Payee name	shyson		
6 Amount (\$)	7 Payee address;	City;	State; Zlp Code	
\$260.00	FTU	I, TX		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	canvassing	Canyo	gnizz	
·	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austl	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
6/14/21	Hent Qu	epons		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$373.50	FTU	N, TX		
	Category (See Categories listed at the top of this sol			
PURPOSE OF EXPENDITURE	canvassing	canv	assing	
:	Check if travel outside of Texas, Complete Sch	nedule T. Check If Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	^ -		
6/18/21	Antonieta	<u> Guebans</u>		
Amount (\$)	Payee address;	Clty;	State; Zip Code	
\$315.00	FTU	), TX		
	Category (See Categories listed at the top of this sch	nedule) Description		
PURPOSE OF EXPENDITURE	canvassing	Can	vassing	
	Check if Iravel outside of Texas, Complete Sch	edule T. Check if Austin	, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .			
	EXPENDITURE CATEGOI	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po y Glft/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense billing Expense inting Expense alaries/Wages/Contract Labor bow to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CAYIS NELL	es	3 Filer ID (Ethics Commission Filers)
4 Date 6 22 21	5 Payee name Antonicta	Quepons	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 274.75	FTW,	TX	
8	(a) Category (See Categories listed at the top of this schedule	dule) (b) Description	
PURPOSE OF EXPENDITURE	canvassing	Canvo	ussing
	(c) Check if travel outside of Texas, Complete Schedu	rle T. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/16/21	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$146.00	FTW	ITX	
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	postage	post	tage
	Check if travel outside of Texas, Complete Schedu	le 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	Payee name		
Ce/17/21	lonos		
Amount (\$)	Payee address;	City;	State; Zip Code
\$15.96			
·	Category (See Categories listed at the top of this schedu		<b>.</b>
PURPOSE OF EXPENDITURE	Advectising	Websi	ite fees
	Check if travel outside of Texas. Complete Schedule	eT. 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			

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME CHY'S NE	HIES	3 Filer ID (Ethics Commission Filers)
4 Date (1/1/2)	5 Payee name Text SU	rae	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2,026.34			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	text	messages
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check If Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		^
6/21/21	Jennifer's	T-Shirt	S'hop
Amount (\$)	Payee address;	City;	State; Zip Code
\$167.00	F	TW, TX	
	Category (See Categories listed at the top of this sol		( ) -
PURPOSE OF EXPENDITURE	17 dvertising	+-(	shifts
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/28/21	Foodland		
Amount (\$)	Payee address;	City;	State; Zip Code
\$27.37	FTW.	TX	· .
	Category (See Categories listed at the top of this sch	nedule) Description	•
PURPOSE OF EXPENDITURE	went	foc	<u>od</u>
	Check if travel outside of Texas, Complete Sch	edule T. Check if Aust	in, 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			

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B. Candidate/Officeholder/Politice		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 CHIS NO	Hles	3 Filer ID (Ethics Commission Filers)
4 Date (4/30/2)	5 Payee name	Bruergman	Λ
6 Amount (\$)	7 Payee address;	Jejity;	State; Zip Code
\$162.00	Alexi	india, VA	
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	canvassing	canu	assing
	(c) Check if travel outside of Texas, Complete Sch	edule T. Check If Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/30/21	Stripe		
Amount (\$)	Payee address;	City;	State; Zip Code
\$282.06			
	Category (See Categories listed at the top of this sch	1	
PURPOSE OF EXPENDITURE	Fees	Fee	25
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Sch		n, 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			