CANDIDATE / OFFICEHOLDER FORM C/OH CITY SECRETARY **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT FT. WORTH, 1 Filer ID (Ethics Commission Filers) Total pages filed: The C/OH Instruction Guide explains how to complete this form. 20 MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / CSO REC'D **OFFICEHOLDER** JUL 15'22 PM4:54 MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE EXTENSION PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR TREASURER Date Processed NAME NICKNAME Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE TREASURER Bowie St. Fort Worth, TX 76104 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Month Day COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 12 OFFICE 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	I FINANCE REPORT	2500000		NUMBER OF STREET
15 C/OH NAME	inris Nettles	16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	١	\$ ()	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,5	530.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 🔿	
	4. TOTAL POLITICAL EXPENDITURES		\$7,2	41.69
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY	\$7,5	91.61
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLAST DAY OF THE REPORTING PERIOD	FTHE	\$ 🔿	
	18 SIGNATURE 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.			
	Signature of Co	andidate	or Oniceriolo	61
1) Affidavit	Please complete either option below	w:		2
Sworn to and subscribed	before me by Christopas Dottes this the	-	day of	Taley.
20 27, to certify	which, witness my hand and seal of office.		. 1	9
Signature of officer administ	Melitse Brunner		Tille of office	r administering path
Signature of officer administration	ering oath Printed name of officer administering oath OR	160	Title of office	r administering oath
(2) Unsworn Declarat				
My name is	, and my date of birth it	s		
My address is	· · · · · · · · · · · · · · · · · · ·			
Executed in	County, State of, on the day of	(state)	(zip code)	(country)
	(mont	u1)	(year)	
	Signature of Cand	idate/Offic	ceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Onis Nettles 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,530.00
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	\$7,241.69
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

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 form.	1 Total pages Schedule A1: 2		
2 FILER NAME	Ohnis Nettles	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)		
01/14/22	Contributor address; City; State; Zip Code	\$45.00		
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)		
Date 01/15/22	Full name of contributor	Amount of contribution (\$)		
Principal occu	pation / Job title (See Instructions) Employer (See Inst	ructions)		
Date 51/19/22	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$ 325.00		
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)		
1	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED		

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

MONETARY POLITICAL CONTRIBUTIONS

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 Nor include this page in the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2	
2 FILER NAME	Ohnis Nettles	3 Filer ID (Ethics Commission Filers)	
4 Date 01 20 22	5 Full name of contributor out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code F4. WOFFN, TX	7 Amount of contribution (\$)	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)	
Date	Full name of contributor	Amount of contribution (\$)	
03 03 22	ROSA NAVEJAY Contributor address; City; State; Zip Code 2701 CaldC Ct. Ft.WIRh, TX 7610	\$1,000.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	uctions)	
Date	Full name of contributor	,	
03/03/22	Brad Gimondona Contributor address; City; State; Zip Code 108 Enchanted A. N Burleson, TX 7602	\$ 500.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instru		
Date	Full name of contributor out-of-state PAC (ID#:		
04/28/22	Hammer + Nails Club Contributor address; City; State; Zip Code 100 E 15 ⁴⁰ St. #600 Ft. With, TX 7610	1.000	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex		
Oreal Card Fayment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Chris NELLIES	3 Filer ID (Ethics Commission	Filers)
4 Date 01/10/22	5 Payee name ACLBIVE		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$100.00	14 Arrow St. Ste.11 Carry	oridge,MA 02138	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
01/10/22	All Storage, Comble	()	
Amount (\$)	Payee address;	City; State; Zip Code)
ا ۱		,	
\$90.00		Crowley, 7X	
\$90.00	Category (See Categories listed at the top of this schedule)	Crowley, 7X Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVENEDO	Crowley, 7X Description Equipment Storage	
OF	. ^ .		
OF	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Equipment Storage	
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Equipment Strage Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Equipment Strage Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Equipment Strage Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FEGEX	Check if Austin, TX, officeholder living expense Office sought Office held)
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FEGEX	Equipment Starage Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Dallas, TX Description	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FULEX Payee address;	Equipment Starage Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code	3
Complete ONLY if direct expenditure to benefit C/OF Date O///8/21 Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FULEX Payee address;	Equipment Starage Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Dallas, TX Description	
Complete ONLY if direct expenditure to benefit C/OF Date O///8/21 Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name FEGEX Payee address; Category (See Categories listed at the top of this schedule) EVENT EXPLOSE Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	City: State: Zip Code Dallas, TX Description)

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex		
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)	
4 Date 01/18/22	5 Payee name Bia D Partu 4	Events Printal	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$ 563.98	3237 Commander Dr.	Carrollton, Tx 75006	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donations	Event equip. rental for	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
01/18/22	Savarespoce		
Amount (\$)	Payee address;	City; State; Zip Code	
\$233.82	8 Clarkson St. New	York, NY 10014	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
01/18/22	Little Caesars		
Amount (\$)	Payee address;	City; State; Zip Code	
\$99.27		Ft. Worth, TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food Expense	campaign meeting/meal	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name City; State; Zip Code 7 Payee address; Chesterbrook, PA (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Fees/Website **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State: Zip Code **PURPOSE 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 Payee name City; State; Zip Code 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Offic Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense iting Expense aries/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	w to complete this form.	
15	2 FILER NAME CAN'S NETTLE	2	3 Filer ID (Ethics Commission Filers)
4 Date 013122	5 Payee name TCC Foundat	tion	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$300.00	300 Trinity Campus	. Cir.#1300 °	Pt. Worth, TX 74102
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
PURPOSE OF EXPENDITURE	Donations	Schol	gid2VD
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/31/22	Star Telegram	`	
Amount (\$)	Payee address;	City;	State; Zip Code
\$17.31		Ft. W	Jorth, TX
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Fees	Subscri	ption
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/03/22	All Storage (Lowley	
Amount (\$)	Payee address;	∙efly;	State; Zip Code
\$70.72	7601 Crowley Rd.1	crowley, TX	76134
	Category (See Categories listed at the top of this schedu		
PURPOSE OF EXPENDITURE	Office Overnead	Equipa	ment storage
	Check if travel outside of Texas. Complete Schedule	eT. 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

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Ov Food/Beverage Expense Polling Expense Printing Expense		se
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)	١
4 Date 02/17/122	5 Payee name 1000S by 1	+ 1	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$15.96	Chesterbrook,	PA Gambrid	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fles	Email/Website	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
02/22/22	700m		
Amount (\$)	Payee address;	City; State; Zip Code	
\$159.20	San	Sose, CA	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Overhead	Virtual Meeting Subscription	7
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
03/01/22	Star Telegram		
Amount (\$)	Payee address;	City; State; Zip Code	
\$17.31		Ff. Worth, TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fels	Subscription	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp y Gift/Awards/Memonals Expense Printing Exp	rhead/Rental Expense Tr. pense Tr. kpense Tr. //ages/Contract Labor OI	olicitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District her (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME (MYIS NETTICES	3	Filer ID (Ethics Commission Filers)
4 Date 03/03/11	5 Payee name All Stronge Ca	muleu	
6 Amount (\$)	7 Payee address;	CityO	State; Zip Code
\$80.00	7601 Crowley Rd. Ft	: Worth, TX	76134
8	(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	K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/17/22	1000s by 1+1	<u> </u>	
Amount (\$)	Payee address;	City;	State; Zip Code
\$15.96		Chesterba	ook, PA
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Website	1 Email
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T)	K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	w	
03/28/22	Marg Clayton	<u>\</u>	
Amount (\$)	Payee address;	City;	State; Zip Code
\$107.72		Ft. Wort	h, TX
	Category (See Categories listed at the top of this schedule)	Description	^ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
PURPOSE OF EXPENDITURE	Donation	Mitical	c Candidate
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T>	(, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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	EXPEN	DITURE CATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Office Ove Expense Polling Expense Printing Ex	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	ris Nettle	S	3 Filer ID (Ethics	Commission Filers)
4 Date 03/30/22	5 Payee name	ir Telear	ΩW		
6 Amount (\$)	7 Payee address;	<u> </u>	City;	State;	Zip Code
\$17.31	3.		Ft. WC	14th, TX	
8	(a) Category (See Categories	listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees		Subs	cription)
	(c) Check if travel outsi	de of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Office sought		Office held
Date	Payee name				
04/01/22	Planne	d Parent	rad		
Amount (\$)	Payee address;		Stc. 200° City;	State;	Zip Code
\$ 500.00	7424 GX	reaville Ave	. Dollas,	TX 76	231
	Category (See Categories I	isted at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event 1	Expense	ticke	上	
	Check if travel outsi	de of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living) expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name	Office sought		Office held
Date	Payee name	O.	^ \		
04/04/22	All	Storage	Mowley	_	
Amount (\$)	Payee address;		City;	State;	Zip Code
\$ 80.00	7601 0	Owley Rd.	Ft. Work	h,Tx -	14134
PUPPOOF	- I	isted at the top of this schedule)	Description	. 0	
PURPOSE OF EXPENDITURE	tees 104	fice Overhead	Equip	ement s	thage
	Check if travel outsi	de of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeho	lder 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) Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 5 Payee name City; Zip Code 7 Payee address; State; (b) Description (a) 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 Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; Zip Code State: 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; City; State; Zip Code 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Date 18 21 5 Payee name 1000S by 1 4 1 Amount (\$) 7 Payee address; City; State; Zip Code Chest Chook, PA B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Website Email Website Email (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		EXPENDITURE CATEGORIES	FOR BOX 8(a)
The Instruction Guide explains how to complete this form. 1 Total pages Schedule Ft. 2 FILER NAME CMI'S NETTES 3 Filer ID (Ethics Commission Filers) 4 Date	Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E	erhead/Rental Expense Transportation Equipment & Related Expense Travel In District Expense Travel Out Of District
Date 14 18 21 5 Payee name 1000S by 1 + 1 1 1 1 1 1 1 1 1	Credit Card Payment	The Instruction Guide explains how to	complete this form.
Amount (s) 7 Payee address; City: State: Zip Code	1 Total pages Schedule F1:	2 FILER NAME Chris Nettles	3 Filer ID (Ethics Commission Filers)
Chesterboook, PA (a) Category (See Categories listed at the top of this schoolule) PURPOSE OF EXPENDITURE (b) Check If Invest outside of Texas. Complete Schedule T. Candidate / Office holder name Office a sought Office a sought Office hold Payee name Office hold Purpose OF EXPENDITURE Category (See Categories listed at the top of this schoolule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office hold Office hold Category (See Categories listed at the top of this schoolule) Date Office sought Office sought Office hold Office hold Office sought Office sought Office sought Office sought Office sought Office hold Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office sought Office sought Office hold	4 Date 04/18/22	lonos by 14	1
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Date Payee name IM TECREL #S Alumni Association Amount (\$) Payee address; City: State: Zip Code ### Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Candidate / Office holder name Candidate / Office Sudder name City: State: Zip Code Ft. WOLL, TX, officeholder living expense City: State: Zip Code City: State: Zip Code Ft. WOLL, TX City: State: Zip Code Ft. WOLL, TX Category (See Categories listed at the top of this schedule) Payee address: City: State: Zip Code Ft. WOLL, TX Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office hold Conflicted Schedule Type of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office hold		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Payee address; Category (See Categories listed at the top of this schedule) Payee address; City: State: Zip Code Fl. WW.Lh., TX. Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	\$150.00		Ft. Worth, TX
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held Candidate / Officeholder name City: State: Zip Code Ft., WW.L., TX Category (See Categories listed at the top of this schedule) Purpose of Expenditure Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description
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Date Payee name OH 1711 Amount (\$) Payee address; City; State; Zip Code Ft. WWYLH, TX Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Office sought Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Amount (\$) Payee address; City: State; Zip Code \$17.31 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Candidate / Office holder name Office sought Office held			Office sought Office held
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) SUBSCIPCT Check if Austin, TX, officeholder living expense Office sought Office held	Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF SUDSCRIPTION Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	\$17.31		Ft. Worth, TX
Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this schedule)	Description
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expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought Office held
		ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement : Overhead/Rental Expense g Expense ng Expense es/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 CHYIS NEXTLES	2	3 Filer ID (Ethics Commission Filers)	
4 Date 05/02/21	5 Payee name Factomk)		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 24.97		Menlo A	ork, CA	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expen	se Ads.		
	(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	The second secon		
06/03/22	All Storage	Crowley		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$80.00	7601 Crowky f	d. Ft. Worth	, TX 76134	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Office Overhead	Eavip.	Sturage	
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/09/22	Home Depot			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$54.22	Ht.	. Worth, T	X	
PURPOSE	Category (See Categories listed at the top of this schedule	Description Chavec	Casalias	
OF EXPENDITURE	office overneda	2101/cz	I nothburs	
	Check if travel outside of Texas. Complete Schedule 1	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)			
Oreal Color aymen	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date 05/09/22	5 Payee name	teakhouse				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$226.30	13265 S. South F	Twy. Burleson	1,TX 76028			
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Food Expense	a wl team				
	(c) Check if travel outside of Texas. Complete Sch	nedule 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					
05/10/22	Mayfest					
Amount (\$)	Payee address; 🔾	City;	State; Zip Code			
\$26.31		Ft. l	worth, TX			
•	Category (See Categories listed at the top of this sol	hedule) Description				
PURPOSE OF EXPENDITURE	Event expense	2 ticket	C			
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held			
Date	Payee name	i A				
05/17/122	10n0s by	1+1				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$15.96		Chestedor	OOK, PA			
	Category (See Categories listed at the top of this sch	hedule) Description				
PURPOSE OF EXPENDITURE	FRES	web	osite Ernaul			
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Over Appense Polling Expense Printing Expense		Solicitation/Fundraisin Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense			
**************************************	The Instruction	n Guide explains how to	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME ON	ris Nettle	2	3 Filer ID (Ethics	Commission Filers)			
4 Date 05 27 22	5 Payee name	u relean	lv/\					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code			
\$17.31			Ft. Wort	th, TX				
8	(a) Category (See Categories lis	ited at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Fees Subscription			\				
	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholde	er name	Office sought		Office held			
Date	Payee name							
06/02/22	Gloria's	Restauro	int					
Amount (\$)	Payee address;	•	City;	State;	Zip Code			
\$103.64			Ft. WO	(th, TX				
•	Category (See Categories liste	ed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Food Expe	ns e	Donor Meeting					
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought	(Office held			
Date	Payee name							
06/03/22	1/1/	Storage	Crowley					
Amount (\$)	Payee address;	J ,	City;	State;	Zip Code			
00.001 \$	7601 Ca	uly Rd.	Ft. Wost	N.TX 71	6134			
	Category (See Categories liste	ed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Office Ove	chead	Equiv	p. Stora	9C			
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Office sought		Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol Y Gift/Awards/Memorials Expense Prir	ce Overhead/Rental Expense Transpling Expense Travel ting Expense Travel	ation/Fundraising Expense vortation Equipment & Related Expense In District Out Of District (enter a category not listed above)			
Oredit Cald Faymers	The Instruction Guide explains ho					
1 Total pages Schedule F1:	2 FILER NAME Chris Nettle	3 File	er ID (Ethics Commission Filers)			
4 Date 02 04 21	5 Payee name Chris Nettle	S				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$2,200.00	1121 E. Bowie St.	Ft. Worth, TX	76104			
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	^			
PURPOSE OF EXPENDITURE	Fles/Office Overher	ud Campaign G	fice Rental			
	(c) Check if travel outside of Texas. Complete Scheduli	T. Check if Austin, TX, offi	ceholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
02/16/22	Mercury Chopho	use				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$140.57		Ft. Worth	u TX			
	Category (See Categories listed at the top of this schedul	e) Description				
PURPOSE OF EXPENDITURE	Food Expense	Campaign	. Meeting bons			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, office	ceholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	100 - 100 -				
02/11/22	Ft. Worth Stock S	snow + Roder	5			
Amount (\$)	Payee address;	City;	State; Zip Code			
\$650.00	3400 Burnett Ton	dy Dr. Ft. Worth	1,TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Description	s fac			
	ENGUY EXPENSE	KONO MOJO	iminita.			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, offic	eholder living exnense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Polling Expense Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Chestenbrook, Pra 8 (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 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) PURPOSE Mation OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Citv: State; Zip Code 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held 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 By
Candidate/Officeholder/Political Committee

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

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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name City; State; Zip Code 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED