CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

				an agolina, av		
The C/OH Instruction C	Suide explains how	to complete this form.	1	Filer ID (Ethics Commission Filers)	2 Total pages f	iled: 12
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Chris		МІ	OFFICE	USEONLY
NAME	NICKNAME	LAST Nettles		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	; APT / SUITE #; C	ITY;	STATE; ZIP CODE	659 R APR 28 7	ECD 15 pmq:34
5 CANDIDATE/	AREA CODE	PHONE NUMBER		EXTENSION	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER PHONE	(817)	791-6676				
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Shakia		MI	Recelpt #	Amount \$
NAME	NICKNAME	LAST	• • • •	SUFFIX	Date Processed	
		Nettles			Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	JITE	#; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS						
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	_	EXTENSION		
TREASURER PHONE	(817)	937-7103				
9 REPORT TYPE	January 15	30th day before el	ectio	n Runoff		ufter campaign appointment er Only)
	July 15	8th day before elec	ction	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	ar
COVERED	03,	/ 28 / 2023		тнгоидн 04	/ 26 / 20)23
11 ELECTION	ELECTION DA	TE .	_	ELECTION TYPE		
	Month Day	Year Primary		Runoff Other		
				Description		
	05 / 06 /	2023 X General		Special	_	-
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (If known	n)	
	Fort Worth	Council District 8		Fort Worth Co	uncil Distric	t 8
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, <i>THESE EXPENDITURES</i>	MAY	PTED OR POLITICAL EXPENDITURES N HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	EDI	O REPORT THIS INFORMATION ONLY IF T	HEY RECEIVE NOTICE C	OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS				
_	SPECIFIC	COMMITTEE CAMPAIGN TREA	SUF	RER NAME		<u> </u>
		COMMITTEE CAMPAIGN TRE	ASU	JRER ADDRESS		
		GO TO I	PA	GE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMITAIGI	TINANCE REPORT	
15 C/OH NAME Chr	ris Nettles	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,280.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,698.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 63,111.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	ewear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	r :
(1) Affidavit	ELISA WINTERROWD Notary Public, State of Texas Comm. Expires 01-11-2027 Notary ID 13413861-8	
NOTARY STAMP/SEA Sworn to and subscribed	01 - 11-141	28th day of April
Can In	which witness my hand and seal of office.	Admin Assist
Signature of office administe	ring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
		tate) (zip code) (country)
Executed in	County, State of , on the day of(month	
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	Chris Nettles	
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,280.00
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 CON	TRIBUTIONS \$ 4,698.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii the reques	ted information is not applicable, DO NOT Inc	clude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ch	ris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Greater Fort Worth Real Estate ((ID#:) Council PAC	7 Amount of contribution (\$)
03/29/23	6 Contributor address; City;	State; Zip Code	\$1,000.00
	777 Main St. #2100 Fort Worth,	1X /6102	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/00/00	For the Children PAC		# 4 000 00
04/06/23	Contributor address; City;	State; Zip Code	\$1,000.00
	PO Box 159 Fort Worth, TX 7610	02	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	
Date	Accountable Government Fund	, , , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$)
04/01/23	Contributor address; City;	State; Zip Code	\$5,000.00
	430 Old Fitzhugh #7 Dripping Sp	orings, TX 78620	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor ☐ out-of-state PAC	: (ID#:)	Amount of contribution (\$)
04/25/23	Contributor address; City;	State; Zip Code	\$200.00
	2017 Teakwood Trce. Fort Worth	n, TX 76112	
_	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Own	er	Self	74. <u></u>
	•		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Ch	nris Nettles		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
0.4/05/00	Richard Carr		
04/25/23	6 Contributor address; City;	State; Zip Code	\$1,000.00
	8609 Crosswind Dr. Fort Worth,	TX 76179	
8 Principal occu Retir	upation / Job title (See Instructions)	9 Employer (See Instruction Retired	tions)
	eu	netired	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Trojan Commercial Real Estate	LLC	
04/25/23	Contributor address; Clty;	State; Zip Code	\$1,000.00
	2401 Scott Ave. Fort Worth, TX	76103	
Bringing cour	pation / Job title (See instructions)	,	tion of
	pany	Employer (See Instruct	uons)
		<u> </u>	-
Date	Full name of contributor ut-of-state PA	C (ID#:)	Amount of contribution (\$)
	SB Development Initiatives LLC	,	
04/25/23	Contributor address; City;	State; Zip Code	\$10,000.00
	3748 Park Pl. Addison, TX 7500)1	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Com	pany		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Hub Baker		
04/25/23	Contributor address; City;	State; Zip Code	\$1,000.00
	180 Gail Dr. Weatherford, TX 76	085	
Principal occu	pation / Job title (See instructions)	Employer (See Instruc	tions)
Retir	red	Retired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction	Guide explains how to complete t	this form.	Total pages Schedule A1: 4
2 FILER NAME Chris Nettle	es ·		3 Filer ID (Ethics Commission Filers)
	e of contributor out-of-state SEE ATTACHED tor address; City;		7 Amount of contribution (\$)
8 Principal occupation / Job ti	tle (See Instructions)	9 Employer (See Instruct	lons)
	e of contributor	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job tit	le (See Instructions)	Employer (See Instruct	ions)
		PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job til	le (See Instructions)	Employer (See Instruct	iions)
Date Full nam	e of contributor	PAC (ID#:)	Amount of contribution (\$)
,	tor address; City;	State; Zip Code	
Principal occupation / Job til	le (See Instructions)	Employer (See Instruct	dons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Name	Date Address	Amount Occupation	Employer
Kimberley Jenkins-Kennedy	3/30/2023 8528 Auburn Dr Fort Worth, TX 76123	\$100.00 Educator	FWISD
Samuel Draper	3/31/2023	\$5.00	
Barbara Holston	4/1/2023 8905 Racquet Club Drive Fort Worth, TX 76120	\$200.00 Not Employed	Not Employed
Dessie Keys	4/3/2023	\$5.00	
Adam And Andee Dietrich	4/12/2023	\$25.00	
Mary Lara	4/13/2023	\$25.00	
Regina Goldston	4/15/2023	\$10.00	
Tiffany Bostic	4/15/2023	\$10.00	
Leonard Jefferson	4/15/2023	\$25.00	
Sarah Kovich	4/15/2023	\$25.00	
Felicia Walker	4/15/2023	\$10.00	
Euneta Downs	4/15/2023	\$10.00	
Mamie Sharrieff Schrean	4/15/2023	\$25.00	
Joyce Franklin	4/15/2023	\$10.00	
Dewayne Washington	4/15/2023	\$50.00	
Kimberley Jenkins-Kennedy	4/16/2023 8528 Auburn Dr Fort Worth, TX 76123	\$100.00 Educator	FWISD
Lynsey Blair	4/17/2023 4316 curzon ave fort worth, TX 76107	\$250.00 Broker	Self
Margaret DeMoss	4/18/2023	\$50.00	
Travis Clegg	4/19/2023 4020 Volk Court Fort Worth, TX 76244	\$100.00 Civil Engineer	Peloton Land Solutions
Kasey Pipes	4/19/2023 3700 Country Club Circle Fort Worth Texas 76109 Fort V	V \$500.00 Consultant	The Pipes Company
Brad Barnes	4/19/2023 4450 Harley Ave Fort Worth, TX 76107	\$1,000.00 Presidenr	Fort Worth Stock Show & Rodeo
S. LaVonne Cockerell	4/21/2023	\$25.00	
Ry Shorr	4/21/2023	\$25.00	
Jill Freer	4/24/2023	\$25.00	
Geraldine Hall	4/24/2023 132 Tamarron Drive Fort Worth, TX 76135	\$125.00 Not Employed	Not Employed
Rachel Gollay	4/24/2023	\$12.50	
Mary Lara	4/24/2023	\$12.50	
Marsha West	4/25/2023	\$20.00	
Joel Bogar	4/26/2023	\$50.00	
Michael/Melissa M Bennett/Mitchell	4/26/2023 2429 Rogers Ave 76109 Fort Worth, TX 76109	\$250.00 Architect	BBP

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

Sollcitation/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 c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics Con	nmission Filers)	
4 Date 03/28/23	5 Payee name Sterling Data Company			···	
6 Amount (\$)	7 Payee address;	City;	State; 2	Zip Code	
\$750.00	500 Westover Dr. #92215 Sandford, NC 27330				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	Data Acquisition			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offi	ce held	
Date	Payee name				
03/28/23	Star Telegram				
Amount (\$)	Payee address;	City;	State; Z	Zip Code	
\$22.72	Fort Worth, TX				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Newspaper Subscription		on	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	inse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offic	ce held	
Date	Payee name				
04/03/23	FedEx				
Amount (\$)	Payee address;	City;	State; 2	Zip Code	
\$149.39	Fort Worth, TX				
-	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Printing	9		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	nse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Off	ice held	
	ATTACH ADDITIONAL COPIES 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gff/Awards/Memorials Expense Legal Services 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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 04/03/23	5 Payee name Babe's Chicken			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$313.68	120 S Main St, Burleson, TX 7	76028		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Food Vendor		
	(c) Check if travel outside of Texas, Complete Schedule 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			
04/03/23	All Storage Crowley			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$100.00	Crowley, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Equipment Storage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	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			
04/05/23	ActBlue			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$23.82	Somerville, MA			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Fees		
	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 / 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
Accounting/Banking
Consulting Expense
Contributions/Opnations 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

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/FundralsIng Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Print	ing Expense ries/Wages/Contract Labor / to complete this form.	Travel Out of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/23	5 Payee name Aramark		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,911.08	1101 Market Street Philad	elphia, PA 19107	
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Food V	/endor
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/10/23	Hibachi Teppanya		
Amount (\$)	Payee address;	City;	State; Zip Code
\$69.29	Fort Worth, TX		
	Category (See Categories listed at the top of this schedule	e) Description	-
PURPOSE OF EXPENDITURE	pf Event Expense Campaign Meal		aign Meal
	Check if travel outside of Texas, Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/10/23	Canva		
Amount (\$)	Payee address;	City;	State; Zip Code
\$33.96	San Jose, CA		
	Category (See Categories listed at the top of this schedule	e) Description	-
PURPOSE OF EXPENDITURE	Fees	Market	ting Fees
	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
	ATTACH ADDITIONAL COPIES OF T	HIS 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Olher (enter a category	not listed above)
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics C	Commission Filers)
4 Date 04/10/23	5 Payee name Goodman Campaigns, LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$718.25	211 E 7th St Ste 620 Austin,	TX 78701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Digital	Consultant	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
04/13/23	Tara Wilson for Fort Worth Cit	ty Council		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	P.O. Box 8772 Fort Worth, TX	76124		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions	Campa	aign Contributio	on
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name		-	
04/17/23	lonos by 1&1			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$15.96	Chesterbrook, PA			
:	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Websit	e Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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
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

Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Chris Nettles		3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/23	5 Payee name MailChimp			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$21.32	Atlanta, GA			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising Expenses	Email Program		
	(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			
04/26/23	Torchy's Tacos			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$46.16	Fort Worth, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Expense	Campaign Meal		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/26/23	Star Telegram			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$22.72	Fort Worth, TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Newspaper Subscription		
	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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	