

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: **19**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
CHRIS
 NICKNAME LAST SUFFIX
NETTLES

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 [REDACTED ADDRESS]

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(817) 791-6670

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
SHAKIA
 NICKNAME LAST SUFFIX
NETTLES

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

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(817) 937-7103

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year Month Day Year
1 / 1 / 21 THROUGH 3 / 22 / 21

11 ELECTION
 ELECTION DATE: Month Day Year 5 / 1 / 21
 ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
FORT WORTH CITY COUNCIL DISTRICT 8

14 NOTICE FROM POLITICAL COMMITTEE(S)
 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
 Additional Pages
 COMMITTEE TYPE: GENERAL SPECIFIC
 COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED
APR -1 2021
CITY OF FORT WORTH
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 20,203.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 8,334.11

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

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

\$ 11,868.89

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

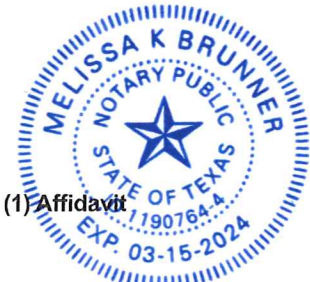
\$

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.

Chris Nettles

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chris Nettles this the 12th day of April, 2021, to certify which, witness my hand and seal of office.

Melissa K Brunner Melisse K Brunner Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME CHRIS NETTLES		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,203.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,334.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: **6**

2 FILER NAME

CHRIS NETTLES

3 Filer ID (Ethics Commission Filers)

4 Date

1/1/21

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

Adriane Dixon

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

9332 Aubree Ct. FTW TX 76146

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/2/21

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

Kimberly Burton

Amount of contribution (\$)

\$ 5,000.00

Contributor address; City; State; Zip Code

6024 Maceo Lane FTW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/7/21

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

James Austin

Amount of contribution (\$)

\$ 1500.00

Contributor address; City; State; Zip Code

2017 Teakwood Trc: FTW TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/21

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

Sharric Hickman

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

FTW TX 76134

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1/27/21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Minynon Tucker

7 Amount of contribution (\$)

\$ 10.00

6 Contributor address;

City;

State;

Zip Code

FTW TX 76104

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/29/21

Full name of contributor

out-of-state PAC (ID#: _____)

James Austin

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City;

State;

Zip Code

2017 Teakwood Trce FTW TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/21

Full name of contributor

out-of-state PAC (ID#: _____)

Keisha Jones

Amount of contribution (\$)

\$ 1500.00

Contributor address;

City;

State;

Zip Code

18706 Shay lane Humble TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/21

Full name of contributor

out-of-state PAC (ID#: _____)

Aquama Barnes

Amount of contribution (\$)

\$ 20.00

Contributor address;

City;

State;

Zip Code

FORT WORT TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 form.		1 Total pages Schedule A1:
2 FILER NAME CHRIS NETTLES		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Simmons	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Fort Worth, Tx		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 2/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharric Hickman	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code Fort Worth Tx 76134		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Matus	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code Fort Worth Tx		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Jenkins	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fort Worth Tx		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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 form.		1 Total pages Schedule A1:
2 FILER NAME CHRIS NETTLES		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broderick Rockwell	7 Amount of contribution (\$) \$ 1,000.00
6 Contributor address; City; State; Zip Code Bowe St FTW Tx 76104		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Rockwell	Amount of contribution (\$) \$ 2,000.00
Contributor address; City; State; Zip Code 9153 Saint Barks Rd FtW		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Rockwell	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code Fort Worth Tx		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Franklin	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code Arlington Tx		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

3/7/21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Mindia Whittier

7 Amount of contribution (\$)

\$48.00

6 Contributor address;

City;

State;

Zip Code

Fort Worth Tx

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/10/21

Full name of contributor

out-of-state PAC (ID#: _____)

Shauna Johnson

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

Fort Worth Tx

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/21

Full name of contributor

out-of-state PAC (ID#: _____)

Minnie Hodge

Amount of contribution (\$)

\$35.00

Contributor address;

City;

State;

Zip Code

5305 Mansel Ln FTW Tx 76134

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/21

Full name of contributor

out-of-state PAC (ID#: _____)

Crystal Callaway

Amount of contribution (\$)

\$700.00

Contributor address;

City;

State;

Zip Code

Fort Worth Tx

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 form.		1 Total pages Schedule A1:
2 FILER NAME CHRIS NETTLES		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Rockwell	7 Amount of contribution (\$) \$ 700.00
6 Contributor address; City; State; Zip Code 9153 Saint Barts Rd FtW Tx		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jen Schuites	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fort Worth Tx		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elrita Rogers	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code Fort Worth, Tx		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Rogers	Amount of contribution (\$) \$ 5,000.00
Contributor address; City; State; Zip Code Fort Worth Tx		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME CHRIS NETLES	3 Filer ID (Ethics Commission Filers)
4 Date 1/1/21	5 Payee name Steven Williams	
6 Amount (\$) \$ 400.00	7 Payee address; City; State; Zip Code Ennis, Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Video
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/1/21	Payee name Elijah Strong	
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code Bryant Irving FTW TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/8/21	Payee name Lone Star Printing	
Amount (\$) \$ 450.00	Payee address; City; State; Zip Code FTW TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS Nettles	3 Filer ID (Ethics Commission Filers)
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4 Date 1/12/21	5 Payee name Streamyard.com		
6 Amount (\$) \$25.00	7 Payee address;	City;	State; Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Recording
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/21	Payee name Lone Star Printing		
Amount (\$) \$974.25	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/28/21	Payee name Bankem Printing		
Amount (\$) \$335.00	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETTLES	3 Filer ID (Ethics Commission Filers)
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4 Date 11/30/21	5 Payee name KC Graphic
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6 Amount (\$) \$500.00	7 Payee address; Arlington, Tx	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/5/21	Payee name KC Graphic
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Amount (\$) \$525.00	Payee address; Arlington, Tx	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/9/21	Payee name Metro PCS
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Amount (\$) \$220.00	Payee address; Berry St FTW TX 76105	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Phone Service
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETTLES	3 Filer ID (Ethics Commission Filers)
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4 Date 2/9/21	5 Payee name Steven Williams
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6 Amount (\$) \$400.00	7 Payee address; Ennis TX	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Video
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/21	Payee name UPS
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Amount (\$) \$165.00	Payee address; FORT WORTH TX	City;	State;	Zip Code 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Mailing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/16/21	Payee name Lone Star Printing
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Amount (\$) \$525.00	Payee address; FTW TX	City;	State;	Zip Code 76602
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETTLES	3 Filer ID (Ethics Commission Filers)
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4 Date 2/10/21	5 Payee name Metro PCS
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6 Amount (\$) \$220.00	7 Payee address; City; State; Zip Code Berry St Fort Worth Tx 76105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Phone Service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/10/21	Payee name 7 Eleven
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Amount (\$) \$16.07	Payee address; City; State; Zip Code FORT WORTH TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description Gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/21	Payee name Streamyard.com
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Amount (\$) \$25.00	Payee address; City; State; Zip Code _____
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Broadcasting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETLES	3 Filer ID (Ethics Commission Filers)
4 Date 2/22/21	5 Payee name zoom.us	
6 Amount (\$) \$159.20	7 Payee address; City; State; Zip Code —————	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Broadcasting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/22/21	Payee name Ben Triple B	
Amount (\$) \$17.59	Payee address; City; State; Zip Code Rosedale FTW Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/25/21	Payee name UPS	
Amount (\$) \$275.00	Payee address; City; State; Zip Code FORT WORTH TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Mailing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETILES	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/21	5 Payee name Home Depot	
6 Amount (\$) \$24.95	7 Payee address; City; State; Zip Code FORT WORTH TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising Expense	(b) Description Material
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/21	Payee name Home Depot	
Amount (\$) \$120.70	Payee address; City; State; Zip Code FORT WORTH, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising Expense	Description Material
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/21	Payee name Forest Hill Hardware	
Amount (\$) \$51.93	Payee address; City; State; Zip Code Forest Hill Dr. TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Others	Description Material
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETLES	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/21	5 Payee name UPS	
6 Amount (\$) \$330.00	7 Payee address; City; State; Zip Code FORT WORTH, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/2/21	Payee name Banken Printing	
Amount (\$) \$570.00	Payee address; City; State; Zip Code Matlock Arlington TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/2/21	Payee name Banken Printing	
Amount (\$) \$210.00	Payee address; City; State; Zip Code Matlock Arlington TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETTLES	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/21	5 Payee name Lone Star Printing	
6 Amount (\$) \$519.60	7 Payee address; City; State; Zip Code Main St FTW Tx 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/8/21	Payee name Salvadue Gonzales	
Amount (\$) \$ 250.00	Payee address; City; State; Zip Code FORT WORTH Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/9/21	Payee name Metro PCS	
Amount (\$) \$ 128.00	Payee address; City; State; Zip Code E. Berry St FTW Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Moat Phones
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CHRIS NETTLES	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/21	5 Payee name Shell Service	
6 Amount (\$) \$36.82	7 Payee address; City; State; Zip Code FORT WORTH TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/15/21	Payee name UPS	
Amount (\$) \$330.00	Payee address; City; State; Zip Code FORT WORTH TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Mailing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/22/21	Payee name UPS	
Amount (\$) \$330.00	Payee address; City; State; Zip Code FORT WORTH TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Mailing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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