CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

						·
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commiss	sion Filers) 2	Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr	FIRST Christopher	мі R		OFFICE	USE ONLY
NAME	NICKNAME	LAST Duerstine	SUF		ate Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2732 Southla		,	соре 3904	JAN	1 4 2022
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	PHONE NUMBER 277-4688	EXTENSION			or Date Postmarked
6 CAMPAIGN TREASURER	ms/mrs/mr Mrs	FIRST Ami	MI		ate Processed	Amount \$
NAME	NICKNAME	LAST	SUF			
		Mizell-Flint			ate imaged	
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / S			STATE;	ZIP CODE
TREASURER	2708 Tangle	wood Dr	San Angek	D	TX	76904
ADDRESS (Residence or Business)		·				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER						
PHONE	(325)	374-8940				
9 REPORT TYPE	January 15	30th day before	election Runoff	ſ	15th day aft treasurer ap (Officeholde	
	July 15	8th day before el	ection Exceeded Reporting L		Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	7	/ 15 / 21	THROUGH	1 /	15 / 22	
11 ELECTION	ELECTION DA	TE	ELEC	TION TYPE		
	Month Day	Year Primary		ther		
				escription		
	3 / 1 /	22 General	Special _	······		
	OFFICE HELD (If any)	L	13 OFFICE SOUGH	T (16 ()		
12 OFFICE	OFFICE HELD (# ally)				oo Drooi	not 2
			Justice of	uie rea	ce, Fieu	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPEN ES MAY HAVE BEEN MADE WITHOU WRED TO REPORT THIS INFORMATIC	IT THE CANDIDAT	te's or officehol	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	. •			. · · ·
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	inne iv so de la secola d		
		GO TO	PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	· · · · · · · · · · · · · · · · · · ·		16 Fil	er ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELEC		HAN	\$	550.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS INS, OR GUARANTEES OF LOA	NS)	\$	750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	L EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEND	ITURES		\$ 4	,548.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE	LAST DAY	\$	5.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS A G PERIOD	S OF THE	\$	
	wear, or affirm, under penalty of perjury, t quired to be reported by me under Title 15, B		true and c	correct and inc	ludes all information
		\sim	_	/	
		L'A	1	$\neq \rightarrow$	
		Signature of	Candidate	or Officehok	ier
	Please comp	lete either option bel	ow:		
(1) Affidavit					
()	•				
NOTARY STAMP/SEA	L	· · · · · ·			
Sworn to and subscribed	hatora ma hu	this (he	day of	
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	aring oath Printed name of of	icer administering oath	/ <u>-</u>	Title of office	er administering oath
		<i></i>			
(2) Unsworn Declarati	on				
			1.5	8 4	
My name is Chris Du		, and my date of birt		76004	
My address is 2732 So	Dutniand Biva	San Angelo	<u> </u>		USA
	(street)	(city)	(state)	(zip code)	(country)
Executed in Tom Gree	enCounty, State of Texas	, on the <u>14</u> day of <u>Jar</u> (m	onth)	, 20 <mark>22</mark> (year)	<i></i>
			adidate 100	Sanhaidan (P-	alarapt)
		Signature of Ca	nakate/Ufi	RUETRUKUEF (LUB	uaran)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethi	ics Commiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	750.00
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	\$	4,548.74
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	D \$	·

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			3 Filer ID (Ethics Commission Filers)				
Chris Due	erstine						
4 Date	5 Full name of contributor out-of-state PAC Jyl Stevens	; (ID#:)	7 Amount of contribution (\$)				
07/30/2021	6 Contributor address; City; 4110 Green Meadow San Ange	State; Zip Code	200.00				
8 Principal occu		9 Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	: (iD#)	Amount of contribution (\$)				
	Contríbutor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)				
	Contríbutor address; City;	State; Zip Code					
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXP	ENDITURE	CATEGORIES	FOR	BOX &	(a)
		OVII FOOLITEO	r vn	5020	

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
1 Total pages Schedule F1:		2 FILER NAME Chris Duerstine				cs Commission Filers)
4 Date 12/27/2021		5 Payee name By the Stream Media				
6 Amount (\$) 584.55	7 Payee address;City;1620 W Ave NSan Angelo TX 76904				State;	Zip Code
8 PURPOSE OF EXPENDITURE	Advertis	(a) Category (See Categories listed at the top of this schedule)(b) DescriptionAdvertising expenseFlyers				
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name)UErstine	J	Office sought		Office held
Date	Payee na	me				
11/26/2021	Bruce Br	urkett				
Amount (\$) 375.00	Payee ad 2525 Jol	dress: Inson Suite A	Ę	city: San Angelo TX	State; 76904	Zip Code
PURPOSE OF EXPENDITURE	Category Filing fe	(See Categories listed at the top of thi C	s schedule)	Description Filing fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense		
Complete ONLY if direct Candidate / Office Candidate / Office Chris Duers		ate / Officeholder name Duerstine		Office sought IP2		Office held
Date	Payee na	me				na ha baran an a
11/20/2021	Fast Sig	ns		-	-	
Amount (\$) 436.27	Payee ad 720 Knic	^{dress;} kerbocker Road		сну: San Angel	State; O TX	Zip Code 76904
PURPOSE OF EXPENDITURE	Category Advertis	(See Categories listed at the top of thi ING		Description yard signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				Office held		
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	Office O Polling I pense Printing Salaries	payment/Reimbursement werhead/Rental Expense Expense Wages/Contract Labor o complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:		2 FILER NAME Chris Duerstine				s Commission Filers)
4 Date 11/08/2021	5 Payee na My Cam	me paign Store		- -	· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$) 1,607.10	7 Payee ad 304 Whi	· · · · · · ·	STE 201	city; Louiville KY 402	State; 222	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Calegories listed at the Sing expense	top of this schedule)	(b) Description 4x4 signs		
	(C)	Check if travel outside of Texas.	Complete Schedule T.	Check if Aug	stin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name Duerstine)	Office sought JP2		Office held
Date	Payee na	me				
11/06/2021	Crazy ch	neap political sig	ns			
Amount (\$) 1,545.82	Payee ad 11550 S	dress; tonehollow Dr. S	Suite 160	сіну; Austin TX 787	State; 758	Zip Code
PURPOSE OF EXPENDITURE	Category Advertis	(See Categories listed at the Sing	top of this schedule)	Description yard signs		
		Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name Duerstine	•	Office sought JP2		Office held
Date	Payee na	me				:
Amount (\$)	Payee ad	kdress;		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					g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder nam	æ	Office sought		Office held
	AT	TACH ADDITIONAL (COPIES OF THI	S SCHEDULE AS NE	EDED	

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