

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00086108	<b>2</b> Total pages filed: 21				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Nathaniel	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME Nate	LAST Schatzline	SUFFIX		Date Received <b>ELECTRONICALLY FILED</b> 07/17/2023		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 13037 Monte Alto St.  Fort Worth, TX 76244			Date Hand-delivered or Date Postmarked			
	Receipt #		Amount	Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Adrienne Bradleigh	MI				
	NICKNAME	LAST Schatzline	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13037 Monte Alto St.  Fort Worth, TX 76244						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(469)	337-9547					
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2023		06	30	2023
<b>10</b> ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 93 Tarrant			<b>12</b> OFFICE SOUGHT (if known)			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Schatzline, Nathaniel (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00086108
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,620.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	10,551.32
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	39,343.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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.

\_\_\_\_\_  
 The Honorable Nathaniel Schatzline  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Schatzline, Nathaniel (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00086108
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,620.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 10,449.32
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 102.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alu, Alessandro <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions) Citizens Defending Freedom
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bravenboer, Troy <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Troy Brave LLC
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bruce, Robert <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Narrator Broadcast Production		Employer (See Instructions) Self-Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bryan, Cam <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Public Office		Employer (See Instructions) Government
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bucy , Glen <hr/> Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City of Arlington

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Caldwell III, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westland, MI 41185	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Commercial Refrigeration		<b>9</b> Employer (See Instructions) Climate Engineering and Operator One HVACR
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Ashley <hr/> Contributor address; City; State; Zip Code  Fort Worth , TX 76111	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Mercy Culture Prep
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Defend Texas Liberty PAC <hr/> Contributor address; City; State; Zip Code  Willow Park, TX 76087	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dewalt, Rod <hr/> Contributor address; City; State; Zip Code  Fort Worth , TX 76137	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Captain		Employer (See Instructions) American Airlines
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elder, Ginny <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Epperson, Emily	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244		
<b>8</b> Principal occupation / Job title (See Instructions) Assistant		<b>9</b> Employer (See Instructions) Two Crazy Dreamers
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hanson, Mark (Dr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76012		
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Mark R. Hanson
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardin, Tim	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Fort Worth , TX 76131		
Principal occupation / Job title (See Instructions) Non Profit		Employer (See Instructions) TFR
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffines , Don	Amount of Contribution (\$)  \$1,500.00
Contributor address; City; State; Zip Code  Dallas, TX 75205		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self-Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffines , Russell	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75206		
Principal occupation / Job title (See Instructions) Fireworks		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juso, Sharon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roanoke, TX 76262	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Unemployed		<b>9</b> Employer (See Instructions) None
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koebele, Stephen <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawson, Brent <hr/> Contributor address; City; State; Zip Code  Van Alstyne, TX 75495	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leonard, Michelena <hr/> Contributor address; City; State; Zip Code  Fort Worth , TX 76262	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowry , Robert <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Umemployed		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez , Glenda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pueblo, CO 81005	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Unemployed		<b>9</b> Employer (See Instructions) None
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire Woods Federal PAC Fund <hr/> Contributor address; City; State; Zip Code  Richmond , VA 23219	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merando, Richard <hr/> Contributor address; City; State; Zip Code  Williston, FL 32696	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Cornerstone Church
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Denise <hr/> Contributor address; City; State; Zip Code  Royce City, TX 75189	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pendleton, Nancy <hr/> Contributor address; City; State; Zip Code  Fort Worth , TX 76131	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pulido, Heather <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Paralegal		<b>9</b> Employer (See Instructions) Law Office of Elizabeth Rivera
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rhodes, Fran <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) True Texas Project
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schatzline, Nate <hr/> Contributor address; City; State; Zip Code  Forth Worth , TX 76244	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Non Profit Ops Director		Employer (See Instructions) Mercy Culture
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schatzline, Pat <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Two Crazy Dreamers LLC
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schatzline, Pat <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$4,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Two Crazy Dreamers LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schatzline, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Northport, AL 35473	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Bishop		<b>9</b> Employer (See Instructions) FIF
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seago, John <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Right to Life
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wallace , Bonnie <hr/> Contributor address; City; State; Zip Code  Llano, TX 78643	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) None
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weekley, Richard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Senior Chairman		Employer (See Instructions) Texans for Lawsuit Reform

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/21
<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, David	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Public Blueprint
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Don	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Austin, TX 78726	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Zimwin Enterprises LLC

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 12/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
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<b>4</b> Date 04/17/2023	<b>5</b> Payee name Amazon
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<b>6</b> Amount (\$) \$57.43	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/17/2023	Payee name Amazon
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Amount (\$) \$44.80	Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/17/2023	Payee name Amazon
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Amount (\$) \$108.23	Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 13/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 04/17/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$7.57	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2023	Payee name Bath, Jagjit	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 360 Nueces St. Ste. 1007 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Austin Housing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Apartment Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2023	Payee name Bath, Jagjit	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 360 Nueces St. Ste. 1007 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Austin Housing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Apartment Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 14/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
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<b>4</b> Date 05/24/2023	<b>5</b> Payee name Cook, David
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<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code 309 E. Broad St.  Mansfield, TX 76063
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chairman Gift
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/22/2023	Payee name For Liberty And Justice
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1701 Oakhurst Scenic Dr.  Fort Worth , TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2023	Payee name Hubspot Inc
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Amount (\$) \$575.63	Payee address; City; State; Zip Code 25 First Street 2nd Floor Cambridge, MA 02141
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 15/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
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<b>4</b> Date 05/25/2023	<b>5</b> Payee name Lynn Stucky Campaign
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<b>6</b> Amount (\$) \$64.95	<b>7</b> Payee address; City; State; Zip Code 5885 Canyon Rd.  Sanger, TX 76266
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chairman Gift
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/09/2023	Payee name Schmidt, Karl
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Amount (\$) \$50.00	Payee address; City; State; Zip Code PO Box 2910  Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/09/2023	Payee name Schmidt, Karl
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Amount (\$) \$67.87	Payee address; City; State; Zip Code PO Box 2910  Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 16/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
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<b>4</b> Date 03/09/2023	<b>5</b> Payee name Schmidt, Karl
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<b>6</b> Amount (\$) \$94.34	<b>7</b> Payee address; City; State; Zip Code PO Box 2910  Austin, TX 78768
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Meals
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/09/2023	Payee name Schmidt, Karl
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Amount (\$) \$295.45	Payee address; City; State; Zip Code PO Box 2910  Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Outing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/10/2023	Payee name Texas Conservative Coalition
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 919 Congress Ave. Ste. 450 Austin , TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 17/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 04/04/2023	<b>5</b> Payee name Texas House Republican Caucus	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1100 Congress Ave.  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2023	Payee name Texas Values	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1005 Congress Ave.  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2023	Payee name The Texan	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 1011 San Jacinto Ste. 315 Austin , TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Subscription	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Media Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 18/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
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<b>4</b> Date 04/17/2023	<b>5</b> Payee name The Texan
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<b>6</b> Amount (\$) \$9.00	<b>7</b> Payee address; City; State; Zip Code 1011 San Jacinto Ste. 315 Austin , TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Subscription	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Media Subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/17/2023	Payee name The Texan
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Amount (\$) \$9.00	Payee address; City; State; Zip Code 1011 San Jacinto Ste. 315 Austin , TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Media Seubscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/20/2023	Payee name The Texan
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Amount (\$) \$9.00	Payee address; City; State; Zip Code 1011 San Jacinto Ste. 315 Austin , TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Media Subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 19/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
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<b>4</b> Date 01/09/2023	<b>5</b> Payee name Walmart Supercenter
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<b>6</b> Amount (\$) \$376.71	<b>7</b> Payee address; City; State; Zip Code 710 E. Ben White Blvd.  Austin, TX 78704
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Supplies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2023	Payee name Walmart Supercenter
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Amount (\$) \$13.98	Payee address; City; State; Zip Code 710 E. Ben White Blvd.  Austin, TX 78704
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2023	Payee name Walmart Supercenter
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Amount (\$) \$31.36	Payee address; City; State; Zip Code 710 E. Ben White Blvd.  Austin, TX 78704
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 20/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 06/03/2023	<b>5</b> Payee name Donor Box	
<b>6</b> Amount (\$) \$17.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code The Hearst Building, 53rd St. Suite 900 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation Platform
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/09/2023	Payee name Donor Box	
Amount (\$) \$17.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code The Hearst Building, 53rd St. Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/03/2023	Payee name Donor Box	
Amount (\$) \$17.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code The Hearst Building, 53rd St. Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 21/21	<b>2</b> FILER NAME Schatzline, Nathaniel (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086108
<b>4</b> Date 03/03/2023	<b>5</b> Payee name Donor Box	
<b>6</b> Amount (\$) \$17.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code The Hearst Building, 53rd St. Suite 900 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation Platform
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/03/2023	Payee name Donor Box	
Amount (\$) \$17.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code The Hearst Building, 53rd St. Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/03/2023	Payee name Donor Box	
Amount (\$) \$17.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code The Hearst Building, 53rd St. Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation Platform
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held