CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:				OFFICE U	SE ONLY
	00081605		83				Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST			MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	Nathan M.				03/01/2024	
		NICKNAME	LAST			SUFFIX		
	ORIGINAL		Johnson	r		if-)	Date Hand-delivered or I	Date Postmarked
4	REPORT TYPE	January 15	Runoff	reporting limi	Other (s	pecity)	Receipt #	Amount
		30th day before election	15th day after cam				-	Anount
		\mathbf{X} 8th day before election	appointment (office	holder only)			Date Processed	1
-				,	Dav	Voor	_	
5	ORIGINAL PERIOD COVERED	Month Day Yea 01/26/2024	THROUGH	Month 02/2	Day 24/2024	Year	Date Imaged	
6	EXPLANATION OF (02/1				
		mended to include in-kind o	ontributions missing f	rom the origi	inal report.			
			C C	Ū	·			
_								
ĺ	AFFIDAVIT			ear, or affirr correct.	n, under pe	enalty of perjury	, that this corrected	report is true
			Che	ck the box r	next to any	and all applica	ble statements:	
				was made	e in good fa	ith and without	affirm that the origin an intent to mislead ned in the report.	
			\mathbf{X}	report not that the re swear, or	later than t port as orig	he 14th busine ginally filed is ir any error or or	that I am filing this c ss day after the date haccurate or incomple nission in the report a	e I learned ete. I
					The Ho	norable Nath	an M. Johnson	
							e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE			Jiynalu	ie of Canuludle		
	Sworn to and subso	ribed before me, by the sai	b			. this t	he	day
		, 20, to cert						
	Signature of offic	er administering oath	Printed name of o	fficer admini	istering oat	h	Title of officer admini	stering oath
		Remember To Att Nee	ach Any Part Of ded To Report A				ort Form	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00081605		2 Total pages	i filed: 83
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI		USE ONLY
OFFICEHOLDER	The Honorable	Nathan M.				
NAME					Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	03/01/2024	
		Johnson				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
MAILING	P.O. Box 670994					
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75367-0994					
	,				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mrs.	Sharon				
	NICKNAME	LAST		SUFFIX		
		Young				
		5				
6 CAMPAIGN			4.0			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BUX PLEASE),	AP	T / SUITE #; CITY;	5	TATE; ZIP CODE
ADDRESS	8333 Douglas Avenue					
(Residence or Business)	Ste. 900					
(,	Dallas, TX 75225					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER PHONE	(214) 855-2942					
THOME						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		campaign treasurer
		-			-	officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	Tł	HROUGH	02/24/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	03/05/2024		General	Special		
			Beneral	Special		
				1		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Senator District 16			State Senator Dis	strict 16	
	1			1		
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ve	rsion V3.5.1.9000c471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 83

13 C / OH NAME	Johnson, Nathan M.	(The Honorable)	14 Filer ID (00081605	Ethics Cor	nmission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's kr	nowledge or		
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME						
	X GENERAL	Texas Realtors Political Action Committee					
		COMMITTEE ADDRESS					
	SPECIFIC	1115 San Jacinto Blvd					
		Ste 200					
		Austin, TX 78701					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Cantu, Leslie					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
		PO Box 2246					
		Austin, TX 78768		_			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	235,804.93		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	3,030.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	424,258.02		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$	444,796.60		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT	•			•			
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Honora	able Nathan M. Johns	son			
		Signature of	Candidate or Officehole	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the		day		
		ertify which, witness my hand and seal of office.	·				
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administe	ring oath		
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version \	/3.5.1.9000c471		

FORM C/OH COVER SHEET PG 3

					4 01 05
18 FIL	ER NA	ЛЕ	19 Filer ID	(Ethics (Commission Filers)
Jo	hnson,	Nathan M. (The Honorable)	00081605		
	HEDUL	SU	BTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	201,446.84
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	34,358.09
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	424,248.02
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	10.00
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	5,038.56
				•	
I					

SUBTOTALS - C/OH

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/46 Rpt: 5/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		athan M. (The Honorable)			00081605	
4	Date	5 Full name of contributor X out-of-state PAC (ID#:	: C00577155)	7	Amount of Contribution (\$)	
	02/16/2024	APEX Clean Energy Inc. PAC				\$5,000.00
		6 Contributor address; City; State; Zip Code		1		
		Charlottesville, VA 22902-5299				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>.</u> 5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/16/2024	AT&T Texas PAC				\$3,000.00
		Contributor address; City; State; Zip Code		ł		
		Austin, TX 78701-2471				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	02/12/2024	Ablon, Michael B.	/			\$250.00
	021121202.			ł		Ψ200.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230-3404				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 3)		
	Real estate d		PegasusAblon			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
	02/18/2024	Abuhamad, Karim N.	/			\$500.00
	021101202-					ψυυυ.υυ
		Contributor address; City; State; Zip Code				
		Dallas, TX 75225-7123				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	Not Employe		Not Employed	"		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	450.00
	02/12/2024 Arends, Susan					\$50.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Dallas, TX 75238-1623		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Registered D	Jietitian	Texas Health Dallas			

	The Instru	ction Guide explains how to co	omplete this for	m.	1	Total pages Schedule A1: Sch: 2/46 Rpt: 6/83	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Johnson, Na	than M. (The Honorable)				00081605	,
4	Date	5 Full name of contributor	t-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/03/2024	Austin, Derst. K (Deke)					\$100.00
		6 Contributor address; City; State; Zip			1		
		Dallas, TX 75229-6359					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>ا</u> چ)		
	Attorney	,		Self employed			
⊨	Date	Full name of contributor	t-of-state PAC (ID# ⁻)	Γ	Amount of Contribution (\$)	
	02/18/2024	Austin, Derst. K (Deke)		/		(*)	\$100.00
		Contributor address; City; State; Zip					
		Dallas, TX 75229-6359					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Self employed			
	Date	Full name of contributor	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/20/2024	 Barksdale, Jay					\$500.00
		Contributor address; City; State; Zip	o Code				
		Waxahachie, TX 75165-6516					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Consultant			Barksdale Public Affairs			
	Date	Full name of contributor 🛛 🗌 out	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/07/2024	Beer Alliance of Texas PAC					\$2,500.00
		Contributor address; City; State; Zip	o Code				
		Austin TX 79701 2656					
┝	Bringinal occu	Austin, TX 78701-2656 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Fincipal Occu				<i>)</i>		
╞	Date	Full name of contributor 🛛 out	t-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Benoy, Sue					\$100.00
		Contributor address; City; State; Zig					
		Dallas, TX 75231-5716					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
			•				
1							

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/46 Rpt: 7/83	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Johnson, Na	than M. (The Honorable)			00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/05/2024	Berman, Jon				\$25.00
	I	6 Contributor address; City; State; Zip Code				
	I	1	ļ			
		Dallas, TX 75231-4180				
8	Principal occu Sales	pation / Job title (See Instructions)	9 Employer (See Instructions) Unico	,)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Bourgeois, Robert				\$500.00
	Contributor address; City; State; Zip Code					
	I	1	ļ			
	I	Irving, TX 75062-4506	ļ			
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Not employe	d	Not employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/16/2024	Branson, Jacalyn				\$25.00
	I	Contributor address; City; State; Zip Code				
		Richardson, TX 75080-5820				
Γ		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Not Employe	.d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/29/2024	Brashear, Lynda				\$10.00
	I	Contributor address; City; State; Zip Code]			
	I	1	ļ			
	I	Dallas, TX 75243-8029				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	, ;)		
	Not Employe	:d	Not Employed			
F	Date	Full name of contributor X out-of-state PAC (ID#: C	C00035675)	Γ	Amount of Contribution (\$)	
	02/01/2024	Bristol-Myers Squibb Company PAC	ļ			\$750.00
	I	Contributor address; City; State; Zip Code				
	I	1	ļ			
	I	Austin, TX 78737-4740	ļ			
⊢	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Pilitipai occu			J		
⊢		!	<u> </u>			

	The Instru	ction Guide explains how to complete thi	is form.	1	otal pages Schedule A1: ch: 4/46 Rpt: 8/83	
2	FILER NAME			3 F	iler ID (Ethics Commission	n Filers)
		athan M. (The Honorable)			0081605	
4	Date	5 Full name of contributor Out-of-state PAC (IE	D#:)	7 A	mount of Contribution (\$)	
	02/02/2024	Brooks, Rita				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75214-3508				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			
	Date	Full name of contributor Out-of-state PAC (IE		A	mount of Contribution (\$)	
	02/16/2024 Brotherhood of Locomotive Engineers & Trainmen (PAC)				•••••••••••••••••••••••••••••••••••••••	\$500.00
				•		
		Richland Hills, TX 76118-6372				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (II		A	mount of Contribution (\$)	
	02/06/2024	Brusniak, John Stephen				\$50.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76132-2024				
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Tax Consulta	ant	Brusniak Property Tax			
	Date	Full name of contributor out-of-state PAC (IE	D#:)	A	mount of Contribution (\$)	
	02/09/2024	Bryant, Judy				\$25.00
		Contributor address; City; State; Zip Code]		
		Dallas, TX 75231-5883				
	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	5)		
				1 _		
	Date 02/17/2024	Full name of contributor out-of-state PAC (II Bryant, Judy	D#:)		mount of Contribution (\$)	\$25.00
	02/11/2024					Φ20.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75231-5883				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	,		

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/46 Rpt: 9/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		than M. (The Honorable)			00081605	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	ť:)	7	Amount of Contribution (\$)	
	01/28/2024	Buckstein, Sandra				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78738-6168				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#)		Amount of Contribution (\$)	
	01/29/2024	Bush, Janie R				\$25.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75229-4960				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#)		Amount of Contribution (\$)	
	02/17/2024	Bush, Janie R				\$25.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75229-4960				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor X out-of-state PAC (ID#	t: C00384818)		Amount of Contribution (\$)	
	02/16/2024	CVS Health PAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20004-2448				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	ť:)		Amount of Contribution (\$)	
	02/09/2024	Carlock, David				\$100.00
		Contributor address; City; State; Zip Code]		
		Dallas, TX 75209-5513		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	20	Not Employed			

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/46 Rpt: 10/83
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	than M. (The Honorable)		00081605
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/17/2024	Carrell, Allyn		\$10.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75231-8155		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Actor		Not employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/24/2024	Carrell, Karen		\$5.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Not employe	d	Not employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/20/2024	Cassidy, James		\$25.00
	Contributor address; City; State; Zip Code		
	Corinth, TX 76210-1721	-	
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe	d	Not Employed	
Date	Full name of contributor X out-of-state PAC (ID#:	C00148031)	Amount of Contribution (\$)
02/16/2024	Caterpillar Employee Political Action Committee		\$1,500.00
	Contributor address; City; State; Zip Code		
	Liberty Hill, TX 78642-4031		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/02/2024	Chance, Mari		\$50.00
	Contributor address; City; State; Zip Code		
	San Angelo, TX 76904-7401		
-	pation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe	d	Not Employed	

	The Instru	ction Guide explains how to co	malete this fo	rm	1	Total pages Schedule A1:	
		-			L	Sch: 7/46 Rpt: 11/83	
2	FILER NAME				3	Filer ID (Ethics Commission	ו Filers)
		athan M. (The Honorable)			L	00081605	
4	Date		-of-state PAC (ID#:)	7	Amount of Contribution (\$)	÷== 00
	02/02/2024	Clardy, Karen					\$50.00
		6 Contributor address; City; State; Zip	Code				
		1					
		Dallas, TX 75243-6314					
8	Principal occu	I upation / Job title (See Instructions)	ę	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Not Employe			Not Employed			
	Date	Full name of contributor out-o	-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/04/2024	Clay, Dorothy					\$20.00
	I	Contributor address; City; State; Zip					
		1					
		1					
		Bullhead City, AZ 86429-7710					
	-	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not employe	d		Not employed			
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Coats, Sam					\$500.00
		Contributor address; City; State; Zip	Code				
		1					
		Dallas, TX 75230-1972					
⊢	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	$\sum_{i=1}^{n}$		
	Not Employe			Not Employed	リ		
-	Date				—	Amount of Contribution (\$)	
	02/16/2024	Cobb Fendley PAC	0T-State PAC (ID#)		Amount of Contribution (\$)	\$500.00
							Ψ000.00
			Code				
		Houston, TX 77040-6153					
\vdash	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	;)		
F	Date	Full name of contributor out-o	-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/13/2024	Collins, Donna					\$10.00
	I	Contributor address; City; State; Zip	Code				
		1					
		1					
L		Dallas, TX 75229-5239					
		upation / Job title (See Instructions)		Employer (See Instructions			
L	court reporte	r/captioner		Collins Realtime Reporti	ing	P.C.	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/46 Rpt: 12/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		than M. (The Honorable)			00081605	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/02/2024	Collins-Bratton, Calvert				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75229-2942				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Vice Preside	ent	Methodist Health Syster	m		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	02/22/2024	Cone, Wendy				\$25.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75248-1649				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Event Repre	sentative	JURA inc			
⊨	Date	Full name of contributor X out-of-state PAC (ID#:_	C00793711)	Γ	Amount of Contribution (\$)	
	02/23/2024	Constellation Energy Corporation PAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20001-2133				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/23/2024	Cortright, Clyde				\$10.00
		Contributor address; City; State; Zip Code		1		
		Weymouth, MA 02189-1018				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/05/2024	Cox, Alan				\$100.00
		Contributor address; City; State; Zip Code		1		
L		Dallas, TX 75230-4265				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
I I						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/46 Rpt: 13/83
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Johnson, Nathan M. (The Honorable)	00081605
4 Date 5 Full name of contributor out-of-state PAC (ID#:)) 7 Amount of Contribution (\$)
01/31/2024 Crain, William	\$50.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75238-2518	
8Principal occupation / Job title (See Instructions)9Employer (See Instruct	tions)
Sr. Account Manager Brenntag Southwest	t
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
02/05/2024 Cutshall, Hannah Davis	\$100.00
Contributor address; City; State; Zip Code	
Dallas, TX 75219-4693	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Investments Self employed	
Date Full name of contributor Out-of-state PAC (ID#:)) Amount of Contribution (\$)
02/01/2024 DTH Strategies LLC	\$1,000.00
Contributor address; City; State; Zip Code	
Austin, TX 78701-1618	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Date Full name of contributor Out-of-state PAC (ID#:)) Amount of Contribution (\$)
01/31/2024 Davidson, Giles	\$500.00
Contributor address; City; State; Zip Code	
Pittsburgh, PA 15232-2850	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
02/06/2024 Dawson, Lisa	\$500.00
Contributor address; City; State; Zip Code	
Dallas, TX 75230-5049	
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Principal occupation / Job title (See Instructions)Employer (See Instructmodel agentKim Dawson Agency	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/46 Rpt: 14/83	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Johnson, Na	athan M. (The Honorable)			00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/30/2024	De La Cruz, Sandra				\$25.00
	I	6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75220-3749				
			9 Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/12/2024	De La Cruz, Sandra				\$10.00
	I	Contributor address; City; State; Zip Code		1		
		Dallas, TX 75220-3749				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/23/2024	De La Cruz, Sandra				\$10.00
	1	Contributor address; City; State; Zip Code		1		
		Dallas, TX 75220-3749				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Not Employe	3d	Not Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/02/2024	Dion, Shannon				\$100.00
	I	Contributor address; City; State; Zip Code		1		
\vdash	D i vizel eser	Carrollton, TX 75006-5209		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe		Not Employed	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/22/2024	Dishner, Emma]		\$25.00
		Contributor address; City; State; Zip Code				
		Dallas TV 75205 1226				
⊢	Drive sized easy	Dallas, TX 75205-1336	Encloser (Cas Instructions	L		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Ntidc			
1						

Т	he Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 11/46 Rpt: 15/83	
2 FI	ILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Jc	ohnson, Na	than M. (The Honorable)				00081605	
4 Da	ate	5 Full name of contributor out-of-state PA	PAC (ID#:)	7	Amount of Contribution (\$)	
02	2/22/2024	Dixon, Joyce					\$8.46
	I	6 Contributor address; City; State; Zip Code					ļ
	ļ	1					
		Dallas, TX 75219-3710					
	rincipal occu etired	pation / Job title (See Instructions)	9	Employer (See Instructions None	;)		
Da	ate	Full name of contributor out-of-state P/	PAC (ID#:)		Amount of Contribution (\$)	
02	2/02/2024	Dixon-Peabody, Michael					\$10.00
	P	Contributor address; City; State; Zip Code	•••••				
1	ļ	1					
1	ł	1					
		Dallas, TX 75243-5703					
		pation / Job title (See Instructions)		Employer (See Instructions	;)		
Ie	eacher			Dallas ISD	_		
	ate	Full name of contributor out-of-state P/	•AC (ID#:)	Γ	Amount of Contribution (\$)	
02	2/21/2024	Downs, John					\$100.00
	ļ	Contributor address; City; State; Zip Code		ļ			
	ļ	1					
	ł	Dallag TV 75220 6626					
		Dallas, TX 75229-6626		Employer (Cool Instructions	Ĺ		
	nncipai occu hysician	pation / Job title (See Instructions)		Employer (See Instructions US Oncology	9		
	-				—		
	ate	Full name of contributor X out-of-state P/	AC (ID#: <u>C00</u>	523233)		Amount of Contribution (\$)	*1 000 00
02	2/05/2024	EDF Renewables Inc. PAC					\$1,000.00
	ļ	Contributor address; City; State; Zip Code					
	ļ	1					
	ļ	Portland, OR 97205-3060					
Pr	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions	ل ۱		
	interpet. 111				·)		
	ate	Full name of contributor out-of-state PA			—	Amount of Contribution (\$)	
	ale 2/16/2024	EYE PAC of the Texas Ophthalmologica		,,,		Allount of Contribution (\$)	\$2,500.00
-	-/ -0, -0	Contributor address; City; State; Zip Code					Ψ2,000
	ļ						
	ļ	1					
	ļ	Austin, TX 78701-1667					
Pr	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
1							
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2 FILER					3	Filer ID (Ethics Commissi	on Filers)
		than M. (The Honorable)				00081605	
4 Date		5 Full name of contributor out-of-st	tate PAC (ID#:)	7	Amount of Contribution (\$)	
01/29/	/2024	Eichorst, Fran					\$100.00
		6 Contributor address; City; State; Zip Co			1		
		Dallas, TX 75214-3443					
9 Drincin		ballas, 1X 75214-5445		Employer (See Instructions	<u> </u>		
	mploye		5	Not Employed	5)		
					<u> </u>	Amount of Contribution (ft)	
Date 02/06/	12024		tate PAC (ID#:)		Amount of Contribution (\$)	\$100.00
02/00/	12024						ΦT00.00
		Contributor address; City; State; Zip Co	de				
		Dallas, TX 75238-4125					
Princip	oal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ه)		
Attorn				Munsch Hardt	-)		
Date		Full name of contributor out-of-si)	Г	Amount of Contribution (\$)	
01/31	12024	Farrier, Sydney	lale PAC (ID#)		Amount of Contribution (\$)	\$30.00
01/01/	.72024						400.00
			ue				
		Dallas, TX 75214-3836					
Princip	cal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Not E	mploye	d		Not Employed			
Date		Full name of contributor out-of-st	tate PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/06/	/2024	Farrier, Sydney					\$50.00
		Contributor address; City; State; Zip Co			1		
		Dallas, TX 75214-3836					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
Not E	imploye	d		Not Employed			
Date		Full name of contributor out-of-st	tate PAC (ID#:)		Amount of Contribution (\$)	
02/22	/2024	Fertitta, Tilman					\$10,000.00
		Contributor address; City; State; Zip Co					
		Houston, TX 77027-9505			Ĺ		
	oal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
CEO				Landry's Inc.			

Johnson, Nathan M. (The Honorable) 00081605						·	
2 FLER NAME 3 Filer ID (Elitics Commission Filers) Johnson, Nathan M. (The Honorable) 0utofsate PAC (DF,) 7 Amount of Contribution (3) 01/31/2024 File, Lawrence 7 Amount of Contribution (3) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (3) 8 Principal occupation / Job Itle (See Instructions) 9 Employer (See Instructions) Attorney Fold name of contributor out-state PAC (DF,) Amount of Contribution (3) 02/20/2024 Full name of contributor out-state PAC (DF,) Amount of Contribution (3) 9 Employer (See Instructions) S100.00 02/20/2024 Full name of contributor out-state PAC (DF,) Amount of Contribution (3) 02/20/2024 Full name of contributor out-state PAC (DF,) Amount of Contribution (5) 02/24/2024 Full name of contributor out-state PAC (DF,	The Instruc	tion Guide explains how to com	plete this form		1		
Johnson, Nathan M. (The Honorable) 00081605 4 Date 5 Full name of contributor	2 FILER NAME				3	-	on Filers)
01/31/2024 Fine. Lawrence \$10.00 6 Contributor address; City; State; Zip Code		than M. (The Honorable)					
6 Contributor address; City; State; 2ip Code Dallas, TX 75219-5672 9 8 Principal occupation / Job title (See Instructions) Attorney Self employed Date O2/20/2024 Fogarty, Marlene	4 Date	5 Full name of contributor out-of-s	state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Dallas, TX 75219-5672 9 8 Principal occupation / Job tile (See Instructions) Attorney Self employed Date Full name of contributor out-of-state PAC (De 02/20/2024 Full name of contributor out-of-state PAC (De Date Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job tile (See Instructions) Employed Amount of Contribution (\$) Principal occupation / Job tile (See Instructions) Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (De Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (De Amount of Contribution (\$) Date Dallas, TX 75223-1104 Employed Amount of Contribution (\$) Principal occupation / Job tile (See Instructions) Not Employed Amount of Contribution (\$) Not Employed Full name of contributor out-of-state PAC (De Amount of Contribution (\$) 02/05/2024 Full name of contributor out-of-state PAC (De Amount of Contribution (\$) 02/05/2024 Fuln ame of contributor	01/31/2024						\$10.00
8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Self employed Date 02/20/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$100.00 Date 02/20/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Date 02/24/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$100.00 Date 02/24/2024 Full name of contributor Date Dates, TX 75223-1104 Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$1,000.00 Date 02/05/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Date 01/26/2024 Employer (See Instructions) Contributor address; City; State, Zip Code Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name o							
8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Self employed Date 02/20/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$100.00 Date 02/20/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Date 02/24/2024 Full name of contributor out-of-state PAC (IDE:) Not Employed Amount of Contribution (\$) \$100.00 Date 02/24/2024 Full name of contributor out-of-state PAC (IDE:) Not Employed Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$1,000.00 Date 02/05/2024 Full name of contributor out-of-state PAC (IDE:) Not Employed Amount of Contribution (\$) \$1,000.00 Date 01/26/2024 Full name of contributor out-of-state PAC (IDE:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name of contributor out-of-state PAC (IDE:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 <td></td> <td>I</td> <td></td> <td></td> <td></td> <td></td> <td></td>		I					
8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Self employed Date 02/20/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$100.00 Date 02/20/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Date 02/24/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$100.00 Date 02/24/2024 Full name of contributor Date Dates, TX 75223-1104 Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$1,000.00 Date 02/05/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Date 01/26/2024 Employer (See Instructions) Contributor address; City; State, Zip Code Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name of contributor Contributor address; City; State, Zip Code Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name o		I					
Attorney Self employed Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/20/2024 Fogarty, Marlene S100.00 Contributor address; City State; Zip Code Employed Amount of Contribution (\$) Dallas, TX 75207-6403 Employed Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employed Amount of Contribution (\$) Not Employed Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/24/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/24/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/24/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/05/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/05/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/05/2024 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID# Amount of Contri		· · ·					
Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 02/20/2024 Fogarty, Marlene \$100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 02/24/2024 Forsythe-Lill, Veletta A. S100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Date Dallas, TX 75223-1104 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 02/05/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) 01/26/2024		pation / Job title (See Instructions)			5)		
02/20/2024 Fogarty, Marlene \$100.00 Contributor address; City; State; Zip Code	Attorney			Self employed			
Contributor address; City; State; Zip Code Dallas, TX 75207-6403 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date 02/24/2024 Full name of contributor out-of-state PAC (IDE:) Forsythe-Lill, Veletta A. Amount of Contribution (\$) \$100.00 Contributor address; City; State; Zip Code Dallas, TX 75223-1104 Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) \$1,000.00 Date 02/05/2024 Full name of contributor out-of-state PAC (IDE:) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dallas, TX 75230-1330 Amount of Contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$10.00 Date 01/26/2024 Full name of contributor out-of-state PAC (IDE:) <td< td=""><td>Date</td><td>Full name of contributor out-of-s</td><td>state PAC (ID#:</td><td>)</td><td></td><td>Amount of Contribution (\$)</td><td></td></td<>	Date	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	02/20/2024						\$100.00
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (D#:							
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02/24/2024 Forsythe-Lill, Veletta A. \$100.00 Contributor address; City; State; Zip Code	Not Employe	d	N	Not Employed			
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Contributor address; City; State; Zip Code Employed Employer (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Code Amount of Contribution (\$) \$1,000.00 02/05/2024 Friends of UT Southwestern Medical Center Amount of Contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75230-1330 Employer (See Instructions) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$1,000.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 Date Full name of contributor out-of-state PAC (ID#:) Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$10.00 01/26/2024 Galloway, Helen K Contributor address; City, State; Zip Code Atkinson, NH 03811-0436 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 \$10.00 \$10.00	02/24/2024						\$100.00
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Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Friends of UT Southwestern Medical Center Amount of Contribution (\$) 02/05/2024 Friends of UT Southwestern Medical Center \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75230-1330 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code							
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Friends of UT Southwestern Medical Center Amount of Contribution (\$) 02/05/2024 Friends of UT Southwestern Medical Center \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75230-1330 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code		I					
Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 Friends of UT Southwestern Medical Center \$1,000.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$1,000.00 Dallas, TX 75230-1330 Employer (See Instructions) Amount of Contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Galloway, Helen K \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Atkinson, NH 03811-0436 Employer (See Instructions)							
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/05/2024 Friends of UT Southwestern Medical Center \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75230-1330 \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Full name of contributor out-of-state; Zip Code Atkinson, NH 03811-0436 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)					5)		
02/05/2024 Friends of UT Southwestern Medical Center \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75230-1330 \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Galloway, Helen K \$10.00 Contributor address; City; State; Zip Code \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Not Employe	d	N	Not Employed			
Contributor address; City; State; Zip Code Dallas, TX 75230-1330 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Galloway, Helen K Contributor address; City; State; Zip Code Atkinson, NH 03811-0436 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-s	state PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Dallas, TX 75230-1330 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Galloway, Helen K Contributor address; City; State; Zip Code Atkinson, NH 03811-0436 Principal occupation / Job title (See Instructions) Employer (See Instructions)	02/05/2024						\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Galloway, Helen K \$10.00 Contributor address; City; State; Zip Code Atkinson, NH 03811-0436 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Galloway, Helen K Contributor address; City; State; Zip Code \$10.00 Atkinson, NH 03811-0436 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Galloway, Helen K \$10.00 Contributor address; City; State; Zip Code Atkinson, NH 03811-0436 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)							
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/26/2024 Galloway, Helen K \$10.00 Contributor address; City; State; Zip Code Atkinson, NH 03811-0436 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)							
01/26/2024 Galloway, Helen K \$10.00 Contributor address; City; State; Zip Code \$10.00 Atkinson, NH 03811-0436 Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	E	Employer (See Instructions)	5)		
01/26/2024 Galloway, Helen K \$10.00 Contributor address; City; State; Zip Code \$10.00 Atkinson, NH 03811-0436 Employer (See Instructions)							
Contributor address; City; State; Zip Code Atkinson, NH 03811-0436 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		state PAC (ID#:)		Amount of Contribution (\$)	
Atkinson, NH 03811-0436 Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/26/2024	Galloway, Helen K					\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Co	ode				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		I					
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Not Employed Not Employed					5)		
	Not Employe	d	N	Not Employed			
			· ·				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 14/46 Rpt: 18/83	
2 FILER NAME			3 Filer ID (Ethics Commissio	on Filers)
	athan M. (The Honorable)		00081605	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/28/2024	Galloway, Helen K			\$10.00
	6 Contributor address; City; State; Zip Code			
	Atkinson, NH 03811-0436			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/30/2024	Galloway, Helen K			\$6.00
	Atkinson, NH 03811-0436			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Not Employe		Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/16/2024	Garland Fire Fighters Community Interest Com		Amount of Contribution (+)	\$2,500.00
021101202.				Ψ2,000.00
	Contributor address; City; State; Zip Code			
	Garland, TX 75046-2341			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/05/2024	Garrison, Donna			\$10.00
	Contributor address; City; State; Zip Code			
	Briarcliff, TX 78669-2529			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Not employe	ed .	Not employed		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/16/2024	Garrison, Michael			\$500.00
	Contributor address; City; State; Zip Code			
	Allen, TX 75013-4765			
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions))	
Engineer		BGE Inc.		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/46 Rpt: 19/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Johnson, Na	athan M. (The Honorable)			00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/05/2024	Gifford, Greg				\$10.00
	I	6 Contributor address; City; State; Zip Code	1			
	I	1				
		Dallas, TX 75219-6100				
8			9 Employer (See Instructions)	;)		
	Learning and	d Development	ACT Inc			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
	02/04/2024	Goodstein, Heather				\$100.00
	I	Contributor address; City; State; Zip Code	1			
	l	1	1			
	l	1	1			
		Dallas, TX 75230-2221]			
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
L	Not Employe	;d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ē	Amount of Contribution (\$)	
	02/06/2024	Goodwin, Rosemary				\$10.00
	I	Contributor address; City; State; Zip Code]			
	l	1	1			
	l	1	1			
L		Dallas, TX 75231-8128]			
		upation / Job title (See Instructions)	Employer (See Instructions)	;)		
L	Admin		Zion Lutheran Church			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/02/2024	Gray, Heather				\$10.00
	l	Contributor address; City; State; Zip Code				
	I	1				
	I					
\vdash	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dallas, TX 75230-2026		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions))		
L	unemployed		none	—		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/16/2024	Greenberg Traurig P.A. Political Action Committ	.ee			\$1,500.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Austin TV 70701 4226				
⊢		Austin, TX 78701-4236		ŕ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
L			<u> </u>			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/46 Rpt: 20/83	
	FILER NAME Johnson, Na	athan M. (The Honorable)		3	Filer ID (Ethics Commission 00081605	n Filers)
	Date 01/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ Griffin, Carol Avis		7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75209-5518				
	Principal occu Not employe		9 Employer (See Instructions Not employed	3)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: Griffin, Timothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dallas, TX 75229-5935 Ipation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe	ed I	Not Employed			
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: Grover, Davinder)	Γ	Amount of Contribution (\$)	\$500.00
		Contributor address; City; State; Zip Code Dallas, TX 75205-2623				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Opthalmology Surgery C		nter of Dallas	
		Full name of contributor Out-of-state PAC (ID#:		T		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: Gulf States Toyota Inc State PAC)		Amount of Contribution (\$)	\$2,000.00
	02,20,222	Contributor address; City; State; Zip Code				42,000.00
		Houston, TX 77077-2026				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
╞═	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/23/2024	HNTB Holdings Ltd. Political Action Committee				\$500.00
		Contributor address; City; State; Zip Code				
		Kansas City, MO 64105-1310				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

The Instru	iction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 17/46 Rpt: 21/83	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Johnson, Na	athan M. (The Honorable)			00081605	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
02/17/2024					\$500.00
	6 Contributor address; City; State; Zip Code		1		
	Dallas, TX 75230-5407				
8 Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions Medical Center	s)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
02/16/2024	Halff Associates State PAC				\$500.00
	Contributor address; City; State; Zip Code		1		
	Richardson, TX 75081-2220				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
Elliopa occa			5)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
02/04/2024	Hammond, Phyllis			· · · · · · · · · · · · · · · · · · ·	\$10.00
	Contributor address; City; State; Zip Code		·		
	Dallas, TX 75243-7413				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Not Employe	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
01/29/2024	Harper, Anne				\$25.00
	Contributor address; City; State; Zip Code		1		
	Dallas, TX 75382-0874				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Not Employe	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
01/30/2024	Harrington, Tamara				\$100.00
	Contributor address; City; State; Zip Code	1	1		
	Dallas, TX 75206-2611				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
VP		LISD			

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/46 Rpt: 22/83	
2	FILER NAME			3 Filer ID (Ethics Commission File	ers)
		than M. (The Honorable)		00081605	-,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	02/14/2024	Havran, Jay		\$3	00.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75219-8517			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Treasurer		Stonewall Democrats of	f Dallas	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	01/31/2024	Heard, Victoria		\$	10.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75238-3756			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Not Employe	ed	Not Employed		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	02/14/2024	Hebley, Sandi		\$	10.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75251-2344			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	,	
	RN LMSW		Faith Presbyterian Hosp	pice	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/23/2024	Hein, H.A. Tillmann		\$1	.00.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75220-1950			
		pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Physician		Self Employed		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/30/2024	Helsell, Hedy			\$5.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75231-3911			
		pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Not Employe	ed	Not Employed		

	The Instru	ction Guide explains how to complete this fo	vrm.	1	Total pages Schedule A1: Sch: 19/46 Rpt: 23/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Johnson, Na	than M. (The Honorable)			00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/04/2024	Henry, LaRue H				\$100.00
	I	6 Contributor address; City; State; Zip Code				
	I	1				
		Dallas, TX 75209-2021				
8	Principal occu Not Employe		9 Employer (See Instructions) Not Employed)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/09/2024	Henry, Matthew				\$5,000.00
	I	Contributor address; City; State; Zip Code				
	I	1				
		Dallas, TX 75218-4340				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Attorney		Oncor			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/01/2024	Hochheim Prairie PAC		l		\$1,000.00
	I	Contributor address; City; State; Zip Code		l		
		Yoakum, TX 77995-1318				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/07/2024	Holleman, Virginia				\$100.00
	I	Contributor address; City; State; Zip Code				
	l	1				
	I					
\vdash		Dallas, TX 75206-5832		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions))		
L	Not Employe		Not Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* ~~ ~~
	02/23/2024	Hopton-Jones, Gaynelle				\$20.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75238-3468				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
\vdash		L				

The Instruction Guide expla	lins how to complete this	form.	1 Total pages Schedule A1: Sch: 20/46 Rpt: 24/83		
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)	
Johnson, Nathan M. (The Honora	able)		00081605	,	
4 Date 5 Full name of contri	ibutor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
02/02/2024 Horton, Marilyn				\$20.00	
	ss; City; State; Zip Code		1		
Dallas, TX 75214					
8 Principal occupation / Job title (See In	nstructions)	9 Employer (See Instructions	3)		
Doctor		Oak Street Health			
Date Full name of contri	ibutor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/10/2024 Howard, Janet				\$100.00	
Contributor addres	ss; City; State; Zip Code				
Richardson, TX	75081-5905				
Principal occupation / Job title (See I	nstructions)	Employer (See Instructions	\$)		
Not Employed		Not Employed			
Date Full name of contri	ibutor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/16/2024 Huitt-Zollars Inc.				\$500.00	
	ss; City; State; Zip Code		1		
Dallas, TX 75240					
Principal occupation / Job title (See I	nstructions)	Employer (See Instructions	3)		
Date Full name of contri	ibutor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/16/2024 Hunt, Ray				\$2,500.00	
Contributor addres	ss; City; State; Zip Code				
Dallas, TX 75202	1-2300				
Principal occupation / Job title (See I	nstructions)	Employer (See Instructions			
CEO		Hunt Consolidated Ener	ſġу		
Date Full name of contri	ibutor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
02/04/2024 Ikemba, Catherir	ne			\$20.85	
Contributor addres	ss; City; State; Zip Code		1		
Dallas, TX 75218	8-4503				
Principal occupation / Job title (See I		Employer (See Instructions	2)		
Physician	nstructions)	Employer (See Instructions	2)		
Thysiolan	nstructions)	UT Southwestern			

	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 21/46 Rpt: 25/83	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		than M. (The Honorable)				00081605	,
4	Date	5 Full name of contributor out-of-	state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/16/2024	Independent Bankers Association of	of Texas PAC				\$500.00
		6 Contributor address; City; State; Zip Co	ode				
		Austin, TX 78701-1683					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date	Full name of contributor 🔲 out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	02/05/2024	Invenergy Investment Company LL					\$1,500.00
	Contributor address; City; State; Zip Code						
		Chicago, IL 60606-4630					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date		state PAC (ID#:)		Amount of Contribution (\$)	
	02/07/2024	Invenergy Investment Company LL	С				\$5,000.00
		Contributor address; City; State; Zip Co	ode				
		Chicago, IL 60606-4630					
-	Bringinal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Fincipal occu)		
╞	Dete					Amount of Contribution (¢)	
	Date 02/04/2024	Full name of contributor out-of- Ireilly, James	state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	02/04/2024	-	l -				\$100.00
		Contributor address; City; State; Zip Co	ode				
		Dallas, TX 75219-5510					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe			Not Employed			
⊢	Date	Full name of contributor	state PAC (ID#:)		Amount of Contribution (\$)	
	02/19/2024	Jagoda, Jo		,			\$10.00
		Contributor address; City; State; Zip Co	ode				
		Dallas, TX 75230-4201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	d		Not Employed			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/46 Rpt: 26/83	
2 FILER NAME Johnson, Na	athan M. (The Honorable)		3	Filer ID (Ethics Commission 00081605	on Filers)
4 Date 02/23/2024	5 Full name of contributor out-of-state PAC (ID#: Jagoda, Jo	_	7	Amount of Contribution (\$)	\$15.00
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75230-4201		Ĺ		
8 Principal occu Not Employe	ed	9 Employer (See Instructions) Not Employed	s)		
Date 02/16/2024	Full name of contributor 🔀 out-of-state PAC (ID#: <u>C</u> Jim Turner for Congress Committee Contributor address; City; State; Zip Code	00308387)		Amount of Contribution (\$)	\$2,500.00
Principal occu	Crockett, TX 75835-0780 Ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
Principal occu Not Employe	Mesquite, TX 75149-8806 Ipation / Job title (See Instructions)	Employer (See Instructions) Not Employed	s)		
Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: Johnson, Jody Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
Principal occu Attorney	Dallas, TX 75248-3938 Ipation / Job title (See Instructions)	Employer (See Instructions) Self employed] 5)		
Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: K&L Gates LLP Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
Principal occu	Dallas, TX 75201-7342 Ipation / Job title (See Instructions)	Employer (See Instructions)	s)		
	<u> </u>				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/46 Rpt: 27/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Johnson, Na	athan M. (The Honorable)			00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/16/2024	Kang, Julia				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Irving, TX 75063-0013				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Consultant		Self			
-	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/28/2024	Kerwin MD, Diana				\$10.00
				1		
		Dallas, TX 75230-5403				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Texas Health			
	Date Full name of contributor out-of-state PAC (ID#:			Γ	Amount of Contribution (\$)	
	01/28/2024	Kerwin MD, Diana				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75230-5403	i			
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
L	Physician		Texas Health			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	02/16/2024	Kimmey, Anthony				\$500.00
		Contributor address; City; State; Zip Code]		
		Flower Mound TV 75022 9160				
\vdash	Dringing oog	Flower Mound, TX 75022-8160		->		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
╘	Engineer		LJA Engineering Inc.	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷10.00
	01/31/2024	Korteling, Kathleen				\$10.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78703-3781				
⊢	Drincinal occu		Employer (See Instructions	<u> </u>		
	Not Employe	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
⊢		;u	Νοι Επρισχεά			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1:	
		· · ·		L	Sch: 24/46 Rpt: 28/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		athan M. (The Honorable)		Ļ	00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	* 50.00
	02/14/2024	Kuykendall, Kyle				\$50.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75220-3746				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Federal Emp	oloyee	US Government			
	Date	Full name of contributor out-of-state PAC (ID#	±:)	Γ	Amount of Contribution (\$)	
	02/16/2024	LaMantia, Lauren Amanda				\$5,000.00
		Contributor address; City; State; Zip Code		1		
			I			
			I			
		Boerne, TX 78015-6557				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Investor		LP5 Investments LLC	_		
	Date	Full name of contributor out-of-state PAC (ID#	#)	T	Amount of Contribution (\$)	
	01/30/2024	Labauve, Glenn				\$10.00
		Contributor address; City; State; Zip Code]		
			1			
		Dallas, TX 75211-5920	I			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
	owner		LaBauve Tax Consulting			
╞━	Date	Full name of contributor Out-of-state PAC (ID#		Ē	Amount of Contribution (\$)	
	02/04/2024	Full name of contributor out-of-state PAC (ID# Lanphier, Marianne	:)			\$10.00
	0210412024	Contributor address; City; State; Zip Code		•		Ψ10.00
		Continuation duditess, City, State, Zip Code	1			
			1			
		Richardson, TX 75080-7207	I			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	€d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#)	Γ	Amount of Contribution (\$)	
	02/04/2024	Lawson, Gayle				\$500.00
		Contributor address; City; State; Zip Code		1		
			I			
			I			
		Dallas, TX 75231-5320				
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Not Employe	30	Not Employed			

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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/46 Rpt: 29/83	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
ľ		than M. (The Honorable)			ľ	00081605	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/08/2024	Legacy 44 PAC					\$5,000.00
		6 Contributor address; City; Sta	te; Zip Code		1		
		Austin, TX 78756-3522					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/29/2024	Lindsey, Margaret					\$10.00
	Contributor address; City; State; Zip Code						
		Rochester, NY 14625-1711	L				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			Self employed			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Lloyd Gosselink Rochelle &	L Townsend P.C.				\$1,000.00
		Contributor address; City; Sta	te; Zip Code				
		Austin, TX 78701-2478					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/22/2024	Locke Lord LLP					\$2,500.00
		Contributor address; City; Sta	te; Zip Code				
		Houston, TX 77002-2914					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/04/2024	Love, William					\$500.00
		Contributor address; City; Sta	te; Zip Code		1		
		Irving, TX 75039-4208					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CEO			DFW Hospital Council			

The Instru	ction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
			Sch: 26/46 Rpt: 30/83
2 FILER NAME	athan M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081605
4 Date	· · ·	PAC (ID#:)	7 Amount of Contribution (\$)
02/12/2024	Lowy, Martin	AC (ID#)	\$25.00
02,12,202	6 Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Dallas, TX 75230-3709		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Retired		NA	
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
01/27/2024	MacDowell, Kelly		\$25.00
	Contributor address; City; State; Zip Code		
<u> </u>	Garland, TX 75044-2805		
-	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Not Employ		Not Employed	
Date		PAC (ID#:)	Amount of Contribution (\$)
01/29/2024	Madsen Miller, Sara		\$500.00
	Contributor address; City; State; Zip Code		
	Irving, TX 75039-3648		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)
COO		1820 Productions	
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
02/05/2024	Marlett, Charles		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75220-3737		
	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Retired		American Airlines	
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
02/01/2024	Marshall, Denise		\$2,500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75230-5137		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Contractor		Samsung	,

					_		
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 27/46 Rpt: 31/83	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		than M. (The Honorable)				00081605	
4	Date	5 Full name of contributor out-of-state PAC (II	D#:)	7	Amount of Contribution (\$)	
	02/04/2024	Marshall, Lisa					\$10.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75214-2038					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Administrativ	ve Asst		Self			
⊨	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	02/01/2024	Martin, Irene					\$100.00
		Dallas, TX 75219-5503					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ວ		
	Not employe			Not employed	''		
╞					_		
	Date	Full name of contributor out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	02/24/2024	Mazero, John					\$500.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75214					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor 🛛 out-of-state PAC (II	D#:)		Amount of Contribution (\$)	
	02/16/2024	McCarroll, Shannon					\$25.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75214-2137					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
⊨	Date	Full name of contributor Out-of-state PAC (II	 D#:)		Amount of Contribution (\$)	
	02/03/2024	McGarrahan, Andy		/			\$3.00
		Contributor address; City; State; Zip Code					
		Contributor address, City, State, Zip Code					
		Dallas, TX 75248-1505					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ເ</u>		
	Psychologist			Self employed	,		
_							

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch: 28/46		
2	FILER NAME			3 Filer ID (E	thics Commissi	on Filers)
		than M. (The Honorable)		00081605		,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of C	ontribution (\$)	
	02/02/2024	McRoberts, Hunt				\$25.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75214-3501				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Independent	t Landman	Self employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of C	ontribution (\$)	
	02/12/2024	Meador, Marston	,			\$50.00
		Carrollton, TX 75007-2764				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of C	contribution (\$)	
	02/23/2024	Mercier, David)	Amount of C	οπαιρατίοπ (Φ)	\$250.00
	02/23/2024					φ230.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75231-7308				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician		University of Texas Sou			
╞	-	Full name of contributor Out-of-state PAC (ID#:				
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: Metropolitan Anesthesia Political Action Commit		Amount of C	contribution (\$)	¢2 500 00
	02/23/2024					\$2,500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219-4265				
⊢	Dringing ogg		Employer (See Instructions	N		
	Philipai occu	pation / Job title (See Instructions)	Employer (See Instructions)		
╞						
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of C	contribution (\$)	
	02/17/2024	Miklos, Robert				\$250.00
		Contributor address; City; State; Zip Code				
		Mesquite, TX 75150-4953				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		Ferguson Braswell Fras	er Kubasta		
I I						

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/46 Rpt: 33/83	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		athan M. (The Honorable)				00081605	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/23/2024	Morrison, Jean					\$100.00
	I	6 Contributor address; City; Sta	ate: Zip Code				
_	Dringing oog	Dallas, TX 75243-5056		Employer (Soo Instructions	<u> </u>		
δ	Principal occu	<pre>ipation / Job title (See Instructions) </pre>		9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/27/2024	Murphree, Cathy					\$50.00
	Contributor address; City; State; Zip Code						
	Richardson, TX 75080-4902						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ed be		Not Employed			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/01/2024	Nemmers, Joseph	—				\$25.00
	1	Contributor address; City; Sta	ate; Zip Code		1		
		Dallas, TX 75243-7528					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sales Execu	.tive		Heraeus			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/02/2024	Newman, Clarke	_				\$1,000.00
	I	Contributor address; City; Sta	ate; Zip Code		1		
		Dallas, TX 75219		,			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Optometrist			Self employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/02/2024	Newman, Clarke					\$1,000.00
		Contributor address; City; Sta	ite; Zip Code				
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)	,	Employer (See Instructions	5)		
	Optometrist			Self employed			

_							
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/46 Rpt: 34/83	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Johnson, Na	athan M. (The Honorable)				00081605	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/16/2024	North Texas Automobile Deal	lers PAC				\$5,000.00
	I	6 Contributor address; City; State;	, Zip Code				
	I						
	I						
		Irving, TX 75062-2781					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/15/2024	Nutting, Meghan					\$250.00
	I	Contributor address; City; State;					
	I						
	I						
		Wheat Ridge, CO 80212-7232	2				
	-	ipation / Job title (See Instructions)		Employer (See Instructions)		
	EVP of Government and Regulatory Affairs Sunnova						
	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	
	02/04/2024	Oppenheimer, Jay					\$1,000.00
	1	Contributor address; City; State;	Zip Code				
	I						
	I						
		Dallas, TX 75219-5544					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe			Not Employed			
	Date	_ _	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2024	Orr, Carol					\$100.00
	I	Contributor address; City; State;	Zip Code				
	I						
	I	Dallas TV 75220-21/7					
_	Dringing occu	Dallas, TX 75230-2147 Ipation / Job title (See Instructions)		Employer (See Instructions			
	publishing	pation / Job tille (See instructions)		self	9		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 500.00
	02/10/2024	Orwig, Melissa					\$500.00
	I	Contributor address; City; State;	Zip Code				
	I						
	I	Dallas, TX 75231-2607					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ן</u>		
	Not Employe			Not Employed	9		
┝			l				

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 31/46 Rpt: 35/83	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		athan M. (The Honorable)			-	00081605	
4	Date	5 Full name of contributor out-of-state P.	PAC (ID#:)	7	Amount of Contribution (\$)	
	02/18/2024	Orwig, Melissa					\$500.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75231-2607					
8		ipation / Job title (See Instructions)		9 Employer (See Instructions)		
	Not Employe	;d		Not Employed			
	Date	Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Padakandla, Menaca					\$250.00
	Contributor address; City; State; Zip Code						
		Carrollton, TX 75010-1145					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state P.	PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Parkhill PAC					\$500.00
		Contributor address; City; State; Zip Code					
		Lubbock, TX 79423-1930					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2024	Penn Entertainment Inc. Texas PAC					\$2,500.00
		Contributor address; City; State; Zip Code					
		Wyomissing, PA 19610-1247	r				
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)	
	02/02/2024	Perryman, Thomas					\$50.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75225-2835					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions)		
	teacher			Greenhill School			

The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 32/46 Rpt: 36/83	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Johnson, Nathan M. (The Honorable)				-	00081605	,
4 Date	5 Full name of contributor in out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	
02/23/2024	Pfaff, Anne					\$200.00
	6 Contributor address; City; State; Zip Code					
	Irving, TX 75062-3818					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions			9 Employer (See Instructions)		
Retired			Retired	,		
Date	Full name of contributor	tate PAC (ID#:)		Amount of Contribution (\$)	
02/16/2024	Poinsett PLLC					\$1,000.00
	Contributor address; City; State; Zip Code					+ -, - , - , -
	Austin, TX 78701-2134					
Principal occupation / Job title (See Instructions) Employer (See Instruction)		
Date	Full name of contributor out-of-sta	tate PAC (ID#:)		Amount of Contribution (\$)	
02/07/2024						\$850.00
	Contributor address; City; State; Zip Code					
Austin, TX 78768-2145						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date		tate PAC (ID#:)		Amount of Contribution (\$)	¢100.00
02/20/2024						\$100.00
	Contributor address; City; State; Zip Code					
	Irving, TX 75062-3843					
			Employer (See Instructions)		
Attorney		American Airlines				
Date	Full name of contributor	tate PAC (ID#:)		Amount of Contribution (\$)	
02/19/2024	Pruitt, Sandi					\$150.00
	Contributor address; City; State; Zip Code					
	Dallas, TX 75220-6305					
Principal occupation / Job title (See Instructions)		Employer (See Instructions)				
Professor		UT Southwestern Medic	al	Center		

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/46 Rpt: 37/83	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		than M. (The Honorable)				00081605	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/16/2024	Raba-Kistner PAC Inc.					\$500.00
		6 Contributor address; City; Sta	ate; Zip Code				
		San Antonio, TX 78249-22					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/29/2024	Reyes, Mario					\$50.00
		Contributor address; City; St					
		Dallas, TX 75243-8050					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Sales			Omnitracs			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/19/2024	Reznik, Staci F					\$25.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75220-1871					
\vdash	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	L;)		
	Not Employe	d		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/16/2024	STV Infrastructure PAC					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Dallas, TX 75235-2393					
L	Principal occu	pation / Job title (See Instructions)	N .	Employer (See Instructions	<u> </u>		
	Principal Occu)		•)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/20/2024	Sandarusi, Kamal	—				\$1,000.00
		Contributor address; City; St	ate; Zip Code				
L		Katy, TX 77450-4376					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Not Employe	:0		Not Employed			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/46 Rpt: 38/83
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	athan M. (The Honorable)		00081605
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/01/2024	Sanders, Byron		\$100.00
	6 Contributor address; City; State; Zip Code		1
	Addison, TX 75001		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>۱</u> ۶)
CEO	· ·	Big Thought	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/04/2024	Satawake, Bob	,	\$500.00
02,0	Contributor address; City; State; Zip Code		
	כטוונווטענטו מעטובסס, כונץ, סומוכ, בוף כסמכ		
	Dallas, TX 75209-5101		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Not Employe		Not Employed	,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/28/2024	Schultz, Jaynie	/	\$100.00
01,20,202	Contributor address; City; State; Zip Code		
	Contributor address, Gity, State, Lip Sour		
	Dallas, TX 75230-3263		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
City Council		City of Dallas	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/10/2024	Seldin, Ellen		\$6.00
	Contributor address; City; State; Zip Code		•
	Dallas, TX 75230-2437		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Physician		EMCARE	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/23/2024	Seldin, Ellen		\$15.00
	Contributor address; City; State; Zip Code		•
	Dallas, TX 75230-2437		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Physician		EMCARE	

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 35/46 Rpt: 39/83	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	athan M. (The Honorable)		00081605	/
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)	
01/27/2024			\$	\$50.00
	6 Contributor address; City; State; Zip Code			
	Spring, TX 77379-6792			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Not Employ	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	· ·)	Amount of Contribution (\$)	
02/11/2024	—			\$50.00
	Contributor address; City; State; Zip Code			
	Contributor address, Only, State, Zip Code			
	Spring, TX 77379-6792			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Not Employ		Not Employed	*/	
Date	—)	Amount of Contribution (\$)	
02/12/2024			\$	\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-1831			
	upation / Job title (See Instructions)	Employer (See Instructions	6)	
attorney-me	diator	self		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
02/04/2024	Sigler, Tim		\$1	L00.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214-3416			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Not employe	ed	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	<u>ا</u>	Amount of Contribution (\$)	
02/20/2024		/		\$25.00
0_,_0,_0_	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	Henderson, TX 75654			
Dringing acc		Employor (Soc Instructions))	
Not employe	upation / Job title (See Instructions)	Employer (See Instructions Not employed	<i>)</i>	
	σu			

				1	Total pages Schedule A1:	
	The Instru	ction Guide explains how to complete this f	orm.	ľ	Sch: 36/46 Rpt: 40/83	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Johnson, Na	than M. (The Honorable)			00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/31/2024	Singer, Rebecca				\$10.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75248-2961				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Self employed			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/22/2024	Smiedt, Evan				\$2,000.00
		Contributor address; City; State; Zip Code				
		San Diego, CA 92130-6844		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions The Fundworks LLC	5)		
	Business Ov			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/22/2024	Smith, Suzanne				\$250.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75204-1378				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נ)		
	Consultant		Social Impact Architects			
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/16/2024	Solomon, Christopher)			\$500.00
	02/10/2024	Contributor address; City; State; Zip Code				\$500.00
		Contributor address, City, State, Zip Code				
		Cedar Park, TX 78613-4144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Engineer		SAM Companies			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/01/2024	Southern, Pam				\$500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75243-6803				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			

	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1:	
				Ļ	Sch: 37/46 Rpt: 41/83	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		athan M. (The Honorable)		\downarrow	00081605	
4	Date	_	D#:)	7	Amount of Contribution (\$)	÷=00.00
	02/01/2024	Southern, Pam				\$500.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75243-6803				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	 (2)		
	Not Employe		Not Employed	137		
⊨				$\overline{}$	Amount of Contribution (\$)	
	Date 01/30/2024	Full name of contributor out-of-state PAC (II Stevens, Christa	D#:)		Amount of Contribution (\$)	\$25.00
	01/30/2024					Φ20.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75248-3825				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		nment Affairs/ Lobbyist	Autism Speaks			
⊨	Date	Full name of contributor Out-of-state PAC (II	 D#:)	Τ	Amount of Contribution (\$)	
	01/27/2024	Suffness, Dorit	Jπ,		,	\$10.00
	C	Contributor address; City; State; Zip Code				
		Dallas, TX 75230-4246				
		upation / Job title (See Instructions)	Employer (See Instructions	is)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (II	D#:)	T	Amount of Contribution (\$)	
	02/05/2024	Suffness, Dorit				\$300.00
		Contributor address; City; State; Zip Code		"		
∟		Dallas, TX 75230-4246		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	ıS)		
L	Not Employe		Not Employed			
	Date	Full name of contributor Out-of-state PAC (II	D#:)		Amount of Contribution (\$)	÷25 00
	02/22/2024	Sukkar, Claris				\$25.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75214-3550				
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Self employe		Sukkar Management LL			
┡						

				1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/46 Rpt: 42/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		than M. (The Honorable)			00081605	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/28/2024	Swift, Galvin				\$10.53
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75209-2822				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor X out-of-state PAC (ID#:	000361758)	Γ	Amount of Contribution (\$)	
	02/16/2024	T-Mobile Political Action Committee	/			\$2,000.00
		Contributor address; City; State; Zip Code		ł		. ,
		Contributor address, City, State, Zip Code				
		Washington, DC 20004-2665				
	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu			5)		
_	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/11/2024	Talkington, Kyle Chapman)			\$50.00
	02/11/2024					φ30.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219-4431				
_	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Consultant		Robert Half Internationa			
				u T		
	Date	Full name of contributor			Amount of Contribution (\$)	** === ==
	02/23/2024	Taylor Morrison Inc. Building Strong Business P	AC			\$1,500.00
		Contributor address; City; State; Zip Code				
		Scottsdale, AZ 85251-7656				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/24/2024	Taylor, Tom				\$25.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75243				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not employe	d	Not employed			

=				1	Total pages Schedule A1:	
	The Instru	ction Guide explains how to complete this fo	orm.		Sch: 39/46 Rpt: 43/83	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Johnson, Na	athan M. (The Honorable)			00081605	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/01/2024	Texas Association of Health Plans PAC				\$1,000.00
	I	6 Contributor address; City; State; Zip Code				
	I					
	I					
0		Austin, TX 78701-5002	Employer (See Instructions			
õ		upation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/16/2024	Texas Automobile Dealers Association PAC				\$2,500.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Austin, TX 78701-2181		Ļ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/01/2024	Texas Construction Association PAC	/		,	\$5,000.00
	-					
	I					
	I					
		Austin, TX 78701-1905				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
			<u> </u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	±. =
	02/16/2024					\$1,500.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Austin, TX 78704-3644				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
		1				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/16/2024	Texas Farm Bureau Agfund Inc.				\$1,000.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
<u> </u>	Deir einel esse	Waco, TX 76702-2689		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 40/46 Rpt: 44/83	
2 FILER NAME Johnson, Na	athan M. (The Honorable)		3 Filer ID (Ethics Commission 00081605	on Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/07/2024				\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701-1671			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/23/2024	Texas Medical Association PAC			\$20,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-1624			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	[])	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/23/2024	Texas Optometric PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78705-2004			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/01/2024	Texas Property Tax Leinholders Association PA			\$3,500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-1724			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/01/2024	Texas REALTORS Political Action Committee			\$5,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78768-2246			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 41/46 Rpt: 45/83	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Johnson, Na	athan M. (The Honorable)		00081605	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/16/2024				\$15,000.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78768-2246			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/16/2024				\$3,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78767-1429			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	.)	
			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/23/2024	Texas Society of Anesthesiologists PAC		l	\$3,000.00
	Austin, TX 78701-1665			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u></u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	_
02/16/2024	Texas State Association Of Fire Fighters PAC		l	\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-2170			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
02/07/2024		/	Amount of Contribution (+)	\$2,000.00
	Contributor address; City; State; Zip Code			- ,
	Austin, TX 78759-8327		<u> </u>	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:	
_		· · ·		Sch: 42/46 Rpt: 46/83	=1
2	FILER NAME	than M. (The Honorable)	1	3 Filer ID (Ethics Commission 00081605	on Fliers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	·····	7 Amount of Contribution (\$)	
4	02/16/2024	The Political Action Committee of the Texas Hos			\$5,000.00
	02,20,202	6 Contributor address; City; State; Zip Code			<i>40,000.0</i>
	l	Continuation address, City, State, Zip Code			
	l				
		Austin, TX 78701-2180			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/22/2024	The Real Estate Council PAC			\$2,500.00
	I	Contributor address; City; State; Zip Code			
	I				
		D-11-2 TV 75201 1104			
	Dringing occu	Dallas, TX 75201-1104 pation / Job title (See Instructions)	Employer (See Instructions)		
	Principal occu				
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	02/20/2024	Thompson, Jane	/		\$100.00
		Contributor address; City; State; Zip Code			Ψ100.00
	1				
		Dallas, TX 75214-1639			
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions) Not Employed		
		pation / Job title (See Instructions)	Not Employed	Amount of Contribution (\$)	
	Not Employe	pation / Job title (See Instructions) cd	Not Employed		\$1,000.00
	Not Employe	pation / Job title (See Instructions) ed Full name of contributor X out-of-state PAC (ID#:	Not Employed		\$1,000.00
	Not Employe	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: <u>C</u> Toyota Motor North America PAC	Not Employed		\$1,000.00
	Not Employe	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: <u>C</u> Toyota Motor North America PAC Contributor address; City; State; Zip Code	Not Employed		\$1,000.00
	Not Employe Date 02/16/2024	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: <u>C</u> Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801	Not Employed	Amount of Contribution (\$)	\$1,000.00
	Not Employe Date 02/16/2024	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: <u>C</u> Toyota Motor North America PAC Contributor address; City; State; Zip Code	Not Employed	Amount of Contribution (\$)	\$1,000.00
	Not Employe Date 02/16/2024 Principal occu	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801 pation / Job title (See Instructions)	Not Employed	Amount of Contribution (\$)	\$1,000.00
	Not Employe Date 02/16/2024 Principal occu Date	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#:_ Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	Not Employed	Amount of Contribution (\$)	
	Not Employe Date 02/16/2024 Principal occu	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Tucker, Andy	Not Employed	Amount of Contribution (\$)	\$1,000.00
	Not Employe Date 02/16/2024 Principal occu Date	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#:_ Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_	Not Employed	Amount of Contribution (\$)	
	Not Employe Date 02/16/2024 Principal occu Date	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Tucker, Andy	Not Employed	Amount of Contribution (\$)	
	Not Employe Date 02/16/2024 Principal occu Date	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Tucker, Andy	Not Employed	Amount of Contribution (\$)	
	Not Employe Date 02/16/2024 Principal occu Date 01/31/2024	pation / Job title (See Instructions) ed Full name of contributor x out-of-state PAC (ID#: Toyota Motor North America PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Tucker, Andy Contributor address; City; State; Zip Code	Not Employed	Amount of Contribution (\$)	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 43/46 Rpt: 47/83
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Johnson, Nathan M. (The Honorable)	00081605
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)
02/23/2024 US Anesthesia Partners - Texas	\$5,000.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75251-2237	
8 Principal occupation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/16/2024 Valero Energy Corporation PAC	\$1,000.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78269-6000	
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/15/2024 Van Ort, Molly Nelson	\$50.00
Contributor address; City; State; Zip Code	
Dallas, TX 75209-5016	
	r (See Instructions)
Not Employed Not Emp	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/05/2024 Vogel, Jonathan	\$500.00
Contributor address; City; State; Zip Code	
Dallas, TX 75204-1806	
	r (See Instructions)
Dentist Knox De	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/17/2024 Wade, Elise	\$10.00
Contributor address; City; State; Zip Code	
Dallas, TX 75214-2122	
	r (Coo Instructions)
Principal occupation / Job title (See Instructions) Employer Not Employed Not Emp	r (See Instructions)

The Instrue	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 44/46 Rpt: 48/83	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	than M. (The Honorable)		00081605	
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of Contribution (\$)	
02/20/2024	Wallace, Chris			\$250.00
	6 Contributor address; City; State; Zip Code			
	Irving, TX 75038-6436			
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
President/CE	:0	North Texas Commission	1	
Date	Full name of contributor 🛛 out-of-state PAC (ID)#:)	Amount of Contribution (\$)	
02/19/2024	Walne, Walter Alan			\$500.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75238-2129			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
CEO		Bottom Line Consultants		
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)	
Date 02/05/2024	Walter, Paula		Amount of Contribution (\$)	\$50.00
			Amount of Contribution (\$)	\$50.00
	Walter, Paula		Amount of Contribution (\$)	\$50.00
	Walter, Paula		Amount of Contribution (\$)	\$50.00
	Walter, Paula		Amount of Contribution (\$)	\$50.00
02/05/2024 Principal occu	Walter, Paula Contributor address; City; State; Zip Code	Employer (See Instructions)		\$50.00
02/05/2024	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467			\$50.00
02/05/2024 Principal occu	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions)	Employer (See Instructions)		\$50.00
02/05/2024 Principal occu Retired	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta	Employer (See Instructions) Retired		\$50.00
02/05/2024 Principal occu Retired Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID	Employer (See Instructions) Retired		
02/05/2024 Principal occu Retired Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta	Employer (See Instructions) Retired		
02/05/2024 Principal occu Retired Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code	Employer (See Instructions) Retired		
02/05/2024 Principal occu Retired Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta	Employer (See Instructions) Retired	Amount of Contribution (\$)	
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions)	Employer (See Instructions) Retired	Amount of Contribution (\$)	
02/05/2024 Principal occu Retired Date 02/18/2024	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions)	Employer (See Instructions) Retired	Amount of Contribution (\$)	
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions)	Employer (See Instructions) Retired	Amount of Contribution (\$)	
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu Not Employe	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) Retired	Amount of Contribution (\$)	
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu Not Employe Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions) ed Full name of contributor out-of-state PAC (ID	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.00
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu Not Employe Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions) ed Full name of contributor out-of-state PAC (ID Wentzel, Lisa	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.00
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu Not Employe Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions) ed Full name of contributor out-of-state PAC (ID Wentzel, Lisa	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.00
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu Not Employe Date	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions) ed Full name of contributor out-of-state PAC (ID Wentzel, Lisa	Employer (See Instructions) Retired	Amount of Contribution (\$)	\$2.00
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu Not Employe Date 01/31/2024	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor	Employer (See Instructions) Retired	Amount of Contribution (\$) Amount of Contribution (\$)	\$2.00
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions)	Employer (See Instructions) Retired	Amount of Contribution (\$)	
02/05/2024 Principal occu Retired Date 02/18/2024 Principal occu Not Employe Date 01/31/2024	Walter, Paula Contributor address; City; State; Zip Code Tucson, AZ 85712-5467 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Watson, Lesta Contributor address; City; State; Zip Code Grand Prairie, TX 75050-1303 pation / Job title (See Instructions) rd Full name of contributor Out-of-state PAC (ID Wentzel, Lisa Contributor address; City; State; Zip Code Dallas, TX 75231-4837	Employer (See Instructions) Retired	Amount of Contribution (\$) Amount of Contribution (\$)	\$2.0

The Instruc	ction Guide explains how to comp	1 Total pages Schedule A1: Sch: 45/46 Rpt: 49/83	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	than M. (The Honorable)	00081605	
4 Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7 Amount of Contribution (\$)
02/04/2024	Willbanks, Tom		\$25.00
	6 Contributor address; City; State; Zip Cod		
	Dallas, TX 75243-1370		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ls)
Not employe	d	Not employed	
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)
02/01/2024	Williams, Kendra Lee		\$25.00
	Contributor address; City; State; Zip Cod	le	
	Dallas, TX 75209-7343		
	pation / Job title (See Instructions)	Employer (See Instruction	is)
Physician		UTSW	
Date	Full name of contributor	ate PAC (ID#:)	Amount of Contribution (\$)
01/26/2024	Williamson, Ellen		\$5.00
	Contributor address; City; State; Zip Cod		
	1- 1- TV 75020 2224		
Dringingl oppu	Irving, TX 75039-3234	Employer (See Instruction	>
Attorney	pation / Job title (See Instructions)	Employer (See Instruction Self Employed	15)
Date		ate PAC (ID#:)	Amount of Contribution (\$)
01/30/2024			\$100.00
	Contributor address; City; State; Zip Cod	le	
	Dallas, TX 75218-3242		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	 1s)
Attorney	,	Farrow-Gillespie Heath	
Date	Full name of contributor Out-of-sta		Amount of Contribution (\$)
01/31/2024			\$100.00
02,02,202	Contributor address; City; State; Zip Code		
	Dallas, TX 75230-5443		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	IS)
Not Employe	:d		

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 46/46 Rpt: 50/83	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	athan M. (The Honorable)	00081605	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/27/2024	Wren, Pamela		\$10.00
	6 Contributor address; City; State; Zip Code		
	Richardson, TX 75080-6026		
	upation / Job title (See Instructions)	9 Employer (See Instructions	าร)
Not Employ	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/29/2024		/	\$25.00
01/20/2021			
	Contributor address; City; State; Zip Code		
	Farmers Branch, TX 75234-2221		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	าร)
Not Employ	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	<u>ا</u>	Amount of Contribution (\$)
01/30/2024)	\$25.00
01/30/2024			
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214-4133		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ns)
Not Employ	ed	Not Employed	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/4 Rpt: 51/83			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Johnson, Na	athan M. (The Honorable)	00081605			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 02/01/2024	 6 Full name of contributor out-of-state PAC (ID#: Irving Professional Fire Fighters PAC 7 Contributor address; City; State; Zip Code 	8 Amount of 9 In-kind contribution contribution (\$) description \$1,400.00 Campaign signs			
	Irving, TX 75017-1057		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: Irving Professional Fire Fighters PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,357.82 I Campaign event venue and catering		
	Irving, TX 75017-1057	Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Irving Professional Fire Fighters PAC Contributor address; City; State; Zip Code Irving, TX 75017-1057)	Amount of In-kind contribution contribution (\$) description \$75.86 Campaign signs		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/4 Rpt: 52/83			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	athan M. (The Honorable)	00081605			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 02/16/2024	7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution contribution (\$) description \$164.11 Campaign signs			
	Irving, TX 75017-1057	-	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			
Date 02/19/2024	Full name of contributor out-of-state PAC (ID#: Irving Professional Fire Fighters PAC Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description \$135.31 Push cards			
	Irving, TX 75017-1057		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	v firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description \$3.03 I Digital advertising		
	Irving, TX 75017-1057	Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributc	r's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/4 Rpt: 53/83			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Johnson, Na	athan M. (The Honorable)	00081605			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 02/23/2024	 6 Full name of contributor	8 Amount of 9 In-kind contribution contribution (\$) description \$16.38 Digital advertising			
	Irving, TX 75017-1057		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: Moak Casey PAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$306.04 I Event food and beverage		
	Austin, TX 78746-5776	Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 02/13/2024	Full name of contributor)	Amount of In-kind contribution contribution (\$) description \$5.75 Website endorsement		
	Waco, TX 76702-2689	Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	e (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	iction Guide explains how to complete this f	1	1 Total pages Schedule A2: Sch: 4/4 Rpt: 54/83		
2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Johnson, Na	athan M. (The Honorable)		00081605		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5	 5 Date 02/09/2024 6 Full name of contributor out-of-state PAC (ID#:) Texas REALTORS Political Action Committee 7 Contributor address; City; State; Zip Code Austin, TX 78768-2246 				Amount of 9 In-kind contribution contribution (\$) 6escription \$30,893.79 Direct Mail	
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JL	Check if travel outside of Texas. Complete Schedule T.	
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)	
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Bevera Gift/Awards/I Imittee Legal Service	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
_		-		ction Guide explains r	now to com	ipiete this form.	1		<u>,</u>
1	Total pages Schedule F1: Sch: 1/27 Rpt: 55/83		FILER NAME Johnson, Nathan M.	(The Honorable)			3	Filer ID (Ethics Commission File 00081605	ers)
4	Date			(
4	02/01/2024		Payee name 4Imprint						
6	Amount (\$)	7	Payee address; Cit	y; State;	Zip Cod	е			
	\$523.06		101 Commerce St						
			Oshkosh, WI 54901-	4864					
8	PURPOSE					b) Decemination			
0	OF		Category (See Categories	listed at the top of this sche	edule)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Printing Expense					, officeholder living expense	
						Campaign m	ate	rials printing	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder n	ame O	Office soug	ht		Office held	
	Date		Payee name						
	01/26/2024		ActBlue						
	Amount (\$)		Payee address; Cit	v: State:	Zip Cod	0			
	\$843.11		366 Summer St	y, State,					
	\$843.11 300 Summer St								
			Somerville, MA 0214	4-3132					
	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule) (b) Description			
	OF EXPENDITURE		Accounting/Banking		,	Check if travel	outsi	ide of Texas. Complete Schedule T.	
EXPENDITORE								, officeholder living expense	
					Credit card p	roc	cessing fees - 1/26/24 - 2/24/24		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			andidate/Officeholder n	ame O	Office soug	ht		Office held	
	Date		Payee name						_
	01/31/2024		Allen, Brenda						
				v: Stata:	Zin Cod				
	Amount (\$)		Payee address; Cit	y, State,	Zip Cod	e			
	\$3,000.00		1010 N Beckley Ave						
			Dallas, TX 75203-13	31					
	PURPOSE	(a)	Category (See Categories	listed at the top of this cobo	(alube	b) Description			
	OF		Salaries/Wages/Con				outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austir	ı, TX,	, officeholder living expense	
						Campaign sa	alar	У	
	Complete ONLY if direct		andidate/Officeholder n	ame O	Office soug	ht		Office held	
	expenditure to benefit C/OI	H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 2/27 Rpt: 56/83	Johnson, Nathan M. (The Honorable)	00081605					
4	Date 02/08/2024	5 Payee name Allen, Brenda						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	1010 N Beckley Ave						
		Dallas, TX 75203-1331						
8	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense ary					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/31/2024	Berlin Rosen						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$30,925.44 15 Maiden Ln							
	Ste 1600							
		New York, NY 10038-5111						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct mail								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/31/2024	Berlin Rosen						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$32,379.00	15 Maiden Ln						
		Ste 1600						
		New York, NY 10038-5111						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital advertising						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		- 	3	Filer ID (Ethics Commission Filers)			
-	Sch: 3/27 Rpt: 57/83		Johnson, Nathan M. (The Honorable)				00081605			
4	Date 02/01/2024	5	Payee name Berlin Rosen							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$8,238.08 15 Maiden Ln Ste 1600 New York, NY 10038-5111									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Direct mail									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	ht		Office held			
	Date		Payee name							
	02/01/2024		Berlin Rosen							
	Amount (\$) \$30,925.44		Payee address; City; State; Z 15 Maiden Ln Ste 1600 New York, NY 10038-5111	Zip Cod	e					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Advertising Expense	ıle) (ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	ht		Office held			
	Date		Payee name							
	02/07/2024		Berlin Rosen							
	Amount (\$) \$32,214.00		Payee address; City; State; Z 15 Maiden Ln Ste 1600 New York, NY 10038-5111	Zip Cod	e					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Advertising Expense	ıle) (ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	ht		Office held			

			EXPENDITURE CATEGOR	RIES FOR	BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 4/27 Rpt: 58/83		Johnson, Nathan M. (The Honorable)					00081605
4	Date 02/07/2024		Payee name Berlin Rosen					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$20,533.00		15 Maiden Ln	•				
	,		Ste 1600					
			New York, NY 10038-5111					
_								
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description		de ef Teures, Oemelede Oekerkule T
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
						Digital advert		
						9		.9
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O)ffice sou	ght			Office held
	Date		Payee name					
	02/13/2024		Berlin Rosen					
				Zip Co	do			
	Amount (\$)				ue			
	\$11,824.68		15 Maiden Ln					
			Ste 1600					
			New York, NY 10038-5111					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.
						Direct mail	, TX,	officeholder living expense
						Direct mail		
	Complete ONLY if direct		andidate/Officeholder name O	office cour	wht			Office held
	expenditure to benefit C/OF			office sou	JII			Onice field
	Date		Payee name					
	02/14/2024		Berlin Rosen					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$20,533.00		15 Maiden Ln					
			Ste 1600					
			New York, NY 10038-5111					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b)	Description		de ef Toures, Complete Cabadula T
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
						Digital advert		
						3		~
-	Complete ONLY if direct		andidate/Officeholder name O	office soug	thr			Office held
	expenditure to benefit C/OF				gin			Child Held
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		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/27 Rpt: 59/83	Johnson, Nathan M. (The Honorable)	00081605
4	Date 02/14/2024	Payee name Berlin Rosen	
6	Amount (\$) \$6,150.00	Payee address;City;State;Zip Code15 Maiden LnSte 1600New York, NY 10038-5111	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense ION SERVICES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/14/2024	Berlin Rosen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,150.00	15 Maiden Ln Ste 1600 New York, NY 10038-5111	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense ION SERVICES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/14/2024	Berlin Rosen	
	Amount (\$) \$6,194.00	Payee address;City;State;Zip Code15 Maiden LnSte 1600New York, NY 10038-5111	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ION SERVICES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 6/27 Rpt: 60/83	Johnson, Nathan M. (The Honorable)	00081605								
4	Date 02/15/2024	Payee name Berlin Rosen									
6	Amount (\$) 7 Payee address; City; State; Zip Code \$8,238.08 15 Maiden Ln Ste 1600 New York, NY 10038-5111										
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/19/2024	Berlin Rosen									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$33,932.08	15 Maiden Ln									
		Ste 1600									
		New York, NY 10038-5111									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/21/2024	Berlin Rosen									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$12,662.00	15 Maiden Ln									
		Ste 1600									
		New York, NY 10038-5111									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T. atin, TX, officeholder living expense ertising								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE CATE	GORIES F	OR E	3OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Polling Printin Salarie	Overhe Expen g Expe es/Wag	nse es/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 expl	ains now to	comp	blete this form.	-	
1	Total pages Schedule F1:	2		1			3	Filer ID (Ethics Commission Filers)
	Sch: 7/27 Rpt: 61/83		Johnson, Nathan M. (The Honorab	ie)				00081605
4	Date	5	Payee name					
	02/22/2024		Berlin Rosen					
6	Amount (\$)	7	Payee address; City; S	tate; Zip	Code	•		
	\$37,032.38		15 Maiden Ln					
			Ste 1600					
			New York, NY 10038-5111					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schodulo)	(b) Description		
	OF		Advertising Expense	is seliculic)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX	, officeholder living expense
						Direct mail		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ough	t		Office held
	Date		Payee name					
	02/22/2024		Berlin Rosen					
	Amount (\$)		Payee address; City; S	tate; Zip	Code			
	\$8,300.00		15 Maiden Ln	<i>i</i> F				
	+0,000.00		Ste 1600					
			New York, NY 10038-5111		1.0			
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	d)	Description	outei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Consulting Expense					, officeholder living expense
						Video produc		
	Complete ONLY if direct		Candidate/Officeholder name	Office s	sough	t		Office held
	expenditure to benefit C/OI	-						
	Date		Payee name					
	02/02/2024		Campaignly Group LLC					
	Amount (\$)		Payee address; City; S	tate; Zip	Code	9		
	\$4,500.00		4615 Jeannes Ct					
			West Chester, OH 45069-9293					
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b	Description		
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense
								l communications consulting
							5.00	
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office s		t		Office held
	expenditure to benefit C/Oł			Unices	Jouyn	ι		Onice neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category	& Related Expense	
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics	Commission Filers)	
	Sch: 8/27 Rpt: 62/83		ohnson, Nathan M. (The Hon	orable)				00081605	,	
4	Date 02/08/2024		ayee name ampaignly Group LLC							
6	Amount (\$)		ayee address; City;	Stato:	Zip Coo	0				
0	\$7,000.00	4	615 Jeannes Ct /est Chester, OH 45069-9293		Σiμ Cot	e				
8	PURPOSE	(2) (otogon			b) Description				
0	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office souç	ht		Office held		
	Date	F	ayee name							
	01/31/2024	C	lark, Ernest							
	Amount (\$)	F	ayee address; City;	State;	Zip Coo	е				
	\$500.00	1	259 Springbrook Dr vesoto, TX 75115-3100							
	PURPOSE OF EXPENDITURE	(a) (ategory (See Categories listed at the to alaries/Wages/Contract Labo		edule)		η, TX,	de of Texas. Complete Sche officeholder living expense y	edule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		
-	Date	F	ayee name							
	02/08/2024		lark, Ernest							
	Amount (\$)	F	ayee address; City;	State [.]	Zip Coo	P				
	\$1,000.00		259 Springbrook Dr	Olulo,		0				
		C	esoto, TX 75115-3100							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the tr alaries/Wages/Contract Labo		edule)		ι, TX,	de of Texas. Complete Sche officeholder living expense Y	edule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 9/27 Rpt: 63/83		n, Nathan M. (The Ho	norable)				00081605	· · · ·		
4	Date	Payee na									
	02/16/2024	Cobb, L									
6	Amount (\$)	Payee ad		State;	Zip Coo	le					
	\$136.68		an Gabriel St								
	Apt 416										
		Austin,	TX 78705-4734								
8	PURPOSE	a) Category	(See Categories listed at the	top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Out of District						nplete Schedule T.		
								, officeholder livin	g expense		
						Mileage reim	bui	Semeni			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate	/Officeholder name	C)ffice soug	ht		Office h	eld		
	Date	Payee na	ame								
	02/17/2024	Cobb, L									
	Amount (\$)	Payee ad	ldress; City;	State:	Zip Co	le					
	\$136.68		an Gabriel St	,							
	+200000	Apt 416									
		•	TX 78705-4734								
	PURPOSE	-				(b) Decemination					
	OF		' (See Categories listed at the Out of District	top of this sche	edule)	(b) Description Check if travel	outsi	ide of Texas. Con	nplete Schedule T.		
	EXPENDITURE	navere						, officeholder livin			
						Mileage reim	bur	rsement			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	/Officeholder name	С	Office soug	ht		Office h	eld		
	Date	Payee na	ame					-			
	02/22/2024	Constar	nt Contact								
	Amount (\$)	Payee ad	ldress; City;	State;	Zip Co	le					
	\$580.97	1601 Tr	apelo Rd								
		Walthan	n, MA 02451-7333								
	PURPOSE	a) Category	(See Categories listed at the	top of this sche	edule)	(b) Description					
	OF EXPENDITURE	Advertis	ing Expense						nplete Schedule T.		
	-					Email distribu		, officeholder living	g expense		
							JUO	11 301 1100			
	Complete ONLY if direct	Candidata	/Officeholder name		Office soug	ht		Office h	eld		
	expenditure to benefit C/OI	Canuluale		U	mice soul	nit		Office II	ธเน		
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				EXPENDITU	RE CATEGO	RIES FOR	вс	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (ls Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead lense pens ages	e /Contract Labor		Transportation E Travel in District Travel Out of Dis		
	Tatal same Oak adula E4						iipie	ete this form.		Eilen ID		en Filene)
1			FILER NAME		Llonoroblo)					Filer ID	(Ethics Commissi	on Fliers)
	Sch: 10/27 Rpt: 64/83	-		athan M. (The	Honorable)					00081605		
4	Date 02/15/2024		Payee name Costco									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$268.90		8055 Churc	hill Way								
			Dallas, TX 7	75251-2149								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	nead/Rental E	kpense						nplete Schedule T.	
								Snacks and s		officeholder living		
									pupi			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	() Office sou	ght			Office h	eld	
	Date		Payee name									
	01/30/2024		Dalton, Han	S								
	Amount (\$)	┢	Payee addres	ss; City;	State	; Zip Co	de.					
	\$350.00			County Down		, <u>_</u> , <u>p</u> ee.						
	\$000100		0002 10090	county bound								
		-	-	X 75070-1679								
	PURPOSE OF EXPENDITURE		Category _{(Se} Advertising	e Categories listed at Expense	the top of this sch	nedule)	(b)		, TX,	de of Texas. Com officeholder living	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	Date		Payee name		-					-		
	01/31/2024	1	Diaz, Alvaro)								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$300.00		2405 Monto	-		-						
			Apt 2224									
			Austin, TX 7	78741-6426								
-	PURPOSE						(b)	Decorintion				
	OF			e Categories listed at Iges/Contract I		nedule)	(0)	Description	outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Salaries/ We						, TX,	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial Imittee Legal Services The Instruction C	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)	,	
1	Sch: 11/27 Rpt: 65/83	2	Johnson, Nathan M. (The	Honorable)				00081605		
4	Date	5	Payee name							
	02/13/2024 Edwards & Patterson Signs									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$817.56		203 S Belt Line Rd							
			Irving, TX 75060-2158							
_	5055005					a >				
8	PURPOSE OF	(a)	Category (See Categories listed at	the top of this sche	edule)	(b) Description		ide of Tourse Operations Ophendula T		
	EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Campaign t-s				
						Gampaignee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	Jht		Office held		
		-							_	
	Date		Payee name							
	02/13/2024		Edwards & Patterson Sign	S						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$1,301.71		203 S Belt Line Rd							
			Irving, TX 75060-2158							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Advertising Expense	the top of this sch	iedule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense SignS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name	C	Office soug	Jht		Office held		
	Date		Payee name						-	
	01/31/2024		England, Rudy							
	Amount (\$)		Payee address; City;	State [.]	; Zip Coo	10				
	\$500.00		1219 S Lamar Blvd	Olule,	, 20 000					
	φ500.00									
			Apt 307							
			Austin, TX 78704-2371							
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract L	.abor				ide of Texas. Complete Schedule T.		
	LAFENDITORE							, officeholder living expense		
						Campaign sa	lar	У		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	Jht		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/27 Rpt: 66/83	Johnson, Nathan M. (The Honorable)	00081605
4	Date 02/16/2024	Payee name England, Rudy	
6	Amount (\$) \$143.38	Payee address; City; State; Zip Code 1219 S Lamar Blvd Apt 307 Austin, TX 78704-2371	
8	PURPOSE OF EXPENDITURE		tion (if travel outside of Texas. Complete Schedule T. (if Austin, TX, officeholder living expense e reimbursement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/17/2024	England, Rudy	
	Amount (\$) \$183.58	Payee address; City; State; Zip Code 1219 S Lamar Blvd Apt 307 Austin, TX 78704-2371	
	PURPOSE OF EXPENDITURE		tion c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense e reimbursement
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/12/2024	Facebook	
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 Hacker Way	
		Menlo Park, CA 94025-1456	
	PURPOSE OF EXPENDITURE		tion K if travel outside of Texas. Complete Schedule T. K if Austin, TX, officeholder living expense advertising
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGO	RIES FOR	R BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	-	Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District DTHER (enter a category r	& Related Expense
1	Total pages Schedule F1:	2	FILER NAME	3 F	Filer ID (Ethics	Commission Filers)		
-	Sch: 13/27 Rpt: 67/83	-	Johnson, Nathan M. (The Honorable)				00081605	,
4	Date	5	Payee name					
	02/20/2024		Facebook					
6	Amount (\$) \$900.00	7	Payee address; City; State 1 Hacker Way Menlo Park, CA 94025-1456	; Zip Co	de			
8	PURPOSE	(a)	Catagony		(b) Description			
0	OF EXPENDITURE	(d)	Category (See Categories listed at the top of this sch Advertising Expense	nedule)		n, TX, o	e of Texas. Complete Sche fficeholder living expense	dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	02/22/2024		Facebook					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$900.00		1 Hacker Way Menlo Park, CA 94025-1456					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	nedule)		n, TX, o	e of Texas. Complete Sche fficeholder living expense J	dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	02/02/2024		Gables Park Plaza					
	Amount (\$) \$2,544.71		Payee address; City; State 115 Sandra Muraida Way	; Zip Co	de			
			Austin, TX 78703-4696					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)		n, TX, o	e of Texas. Complete Sche fficeholder living expense rent	dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held	

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID (Ethics Commission Filers)	
	Sch: 14/27 Rpt: 68/83		Johnson, Nathan M. (The Hor	norable)				00081605	
4	Date	5	Payee name						
	02/05/2024	Green Apple Lane							
6	Amount (\$) 7 Payee address; City; State; Zip Code								
	\$1,042.00		PO Box 662						
			Kennedale, TX 76060-0662						
8	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	nedule)	b) Description			
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.	
						Website grap		, officeholder living expense	
						website grap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, design	
9	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	C	Office soug	ht		Office held	
	expenditure to benefit C/OI	-							
	Date		Payee name						
	02/20/2024 Gutierrez, Sarah								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	е			
	\$2,000.00 401 Middle Crk								
			Buda, TX 78610-2765						
	PURPOSE OF	(a)	Category (See Categories listed at the t	op of this sch	nedule)	b) Description			
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								ations consulting	
						Campaign of			
	Complete ONLY if direct		Candidate/Officeholder name	0	 Office soug	ht		Office held	
	expenditure to benefit C/OI	H							
	Date		Payee name						
	02/21/2024		Hootsuite						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	е			
	\$158.83		111 East 5th Avenue						
			Vancouver BC V5T4L1 Canac	la					
	PURPOSE OF	(a)	Category (See Categories listed at the t	op of this sch	nedule)	b) Description			
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								anagement software	
								.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	ht		Office held	
L									

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Gift/Awa Legal Se	verage Expense rds/Memorials E rvices	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Transportat Travel in Di Travel Out	ion Eo strict of Dist	raising Expense quipment & Related Expense trict category not listed above)		
				The Instruction Guide explains how to complete this form										
1	Total pages Schedule F1:	2	FILER NAME	ER NAME							Filer ID		(Ethics Commission Filers)	
	Sch: 15/27 Rpt: 69/83		Johnson, N	nson, Nathan M. (The Honorable) 00081605										
4	Date	5	Payee name	e name									_	
	01/31/2024		Hovatter, K											
6	Amount (\$)	7	Payee addre	SS;	City;	State;	Zip Co	de						-
	\$1,000.00		5226 Bassy	wood L	n		•							
			Austin, TX	78723-	5450									
_		<u> </u>												_
8	PURPOSE OF		Category (S				edule)	(D)	Description	outei	de of Tevas	Comr	plete Schedule T.	
	EXPENDITURE		Salaries/Wa	ages/C	ontract La	DOr			Check if Austin					
									Campaign sa			0	•	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholde	er name	C	Dffice sou	ght			Offic	e he	ld	_
	Date		Payee name											=
	01/31/2024		Internal Re		Service									
_	Amount (\$)	-	Payee addre	ec.	City;	State [.]	Zip Co	do						\dashv
	\$750.75		PO Box 93		City,	State,	, Zip C0	ue						
	\$150.15		FU DUX 93/	210										
			Louisville, ł	(Y 402	93									
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Salaries/Wa				edule)	(b)	Description Check if travel Check if Austin Payroll taxes	, тх,			olete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholde	er name	C	Office sou	ght			Offic	e he	ld	
	Date		Payee name											=
	02/08/2024		Internal Re		Service									
-	Amount (\$)		Payee addre	SS.	City;	State:	; Zip Co	de						
	\$247.50		PO Box 93		0.0),	otato,	, <u></u> p ee							
	¢2 11100													
			Louisville, ł	(Y 402	93									
	PURPOSE OF		Category (S				edule)	(b)	Description					
	EXPENDITURE		Salaries/Wa	ages/C	ontract La	bor			Check if travel Check if Austin Payroll taxes	, тх,			olete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholde	er name	C	Office sou	ght			Offic	e he	ld	-

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)									
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)									
-	Sch: 16/27 Rpt: 70/83	Johnson, Nathan M. (The Honorable)	00081605									
4	Date 02/22/2024	Payee name Johnson, Nathan M										
6	Amount (\$) \$434.00	Payee address; City; State; Zip Code 7825 Firefall Way Apt 2534 Dallas, TX 75230-7325										
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if Austin, TX, officeholder living expense Mileage reimbursement											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	01/31/2024	Lappinga, Lani										
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 7014 Asbury Dr										
		Austin, TX 78724-3696										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Ilary									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	02/08/2024	Lappinga, Lani										
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7014 Asbury Dr										
		Austin, TX 78724-3696										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Ilary									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office State Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 17/27 Rpt: 71/83	Johnson, Nathan M. (The Honorable)	00081605								
4	Date	Payee name									
	01/27/2024	Lappinga, Lani									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$278.05	\$278.05 7014 Asbury Dr									
		Austin, TX 78724-3696									
8	PURPOSE										
ľ	OF	b) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if trave	el outside of Texas. Complete Schedule T.								
	EXPENDITURE		in, TX, officeholder living expense								
		Mileage reir	nbursement								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/16/2024	Lappinga, Lani									
-	Amount (\$)	Payee address; City; State; Zip Code									
	\$139.36	7014 Asbury Dr									
	\$100.00										
		Austin, TX 78724-3696									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense nbursement								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/18/2024	Lappinga, Lani									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$138.02	7014 Asbury Dr									
	+200102										
		Austin, TX 78724-3696									
	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.								
	Check if Austin, TX, officenologi living expense										
		Mileage reir	noursement								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
⊢											

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
-	Sch: 18/27 Rpt: 72/83	Johnson, Nathan M. (The Honorable)	00081605
4	Date 02/21/2024	5 Payee name Las Colinas Country Club	
6	Amount (\$) \$1,080.01	7 Payee address; City; State; Zip Code 904 Lane St Irving, TX 75061-2340	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense eet and greet venue and catering
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/31/2024	Martin, Colleen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	7805 La Manga Dr	
		Dallas, TX 75248-3132	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense lary
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/05/2024	NGP VAN	
	Amount (\$) \$159.90	Payee address; City; State; Zip Code 655 15th St NW	
		Ste 650 Washington, DC 20005-5738	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense vare subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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.										
1	Total pages Schedule F1: Sch: 19/27 Rpt: 73/83	2 FILER NAME Johnson, Nathan M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081605									
4	Date	5 Payee name										
	02/05/2024	NGP VAN										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$345.32	\$345.32 655 15th St NW										
		Ste 650										
		Washington, DC 20005-5738										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF		l outside of Texas. Complete Schedule T.									
	EXPENDITURE		n, TX, officeholder living expense									
		Database su	Ibscription									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	01/31/2024	Nguyen, Codi Vinh-Hien										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$300.00	8701 W Parmer Ln										
		Apt 1123										
		Austin, TX 78729-4942										
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense alary									
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	02/02/2024	North Dallas Gazette										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$1,635.00	1425 W Pioneer Dr										
	\$1,000.00	Ste 123										
		Irving, TX 75061-7124										
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	l outside of Texas. Complete Schedule T.									
	EXPENDITURE		n, TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Award Imittee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Ex Polling Expense Travel in District Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed abor s how to complete this form. Solicitation/Fundraising Expense							
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)				
	Sch: 20/27 Rpt: 74/83	Johnson, Nathan M	1. (The Honorable)			00081605					
4	Date 02/06/2024	Payee name Peerly Inc.									
6	Amount (\$) \$9,600.00	Payee address; C 2232 Dell Range B Ste 287 Cheyenne, WY 820	lvd	Zip Code							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign texting service											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name C	office sought		Office he	ld				
	Date	Payee name									
	02/05/2024	Preston Hollow De	mocrats								
	Amount (\$) \$335.00	Payee address; 0 PO Box 670631	City; State;	Zip Code							
		Dallas, TX 75367-0	0631								
	PURPOSE OF EXPENDITURE	Contributions/Dona	es listed at the top of this sche tions Made By Ider/Political Comm			outside of Texas. Com I, TX, officeholder living					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H									
	Date	Payee name									
	01/29/2024	Public Policy Pollin	g								
	Amount (\$) \$8,000.00	Payee address; 0 2900 Highwoods B Ste 201 Raleigh, NC 27604	lvd	Zip Code							
	PURPOSE OF EXPENDITURE	Category _{(See Categori} Polling Expense	es listed at the top of this sche	edule) (b)		outside of Texas. Com I, TX, officeholder living					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	r name C	Office sought		Office he	ld				

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	nent/Reimbursement ead/Rental Expense nse pes/Contract Labor plete this form.									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)				
	Sch: 21/27 Rpt: 75/83		Johnson, Nathan M. (The Honoral	ole)				00081605					
4	Date	5	Payee name				<u> </u>						
	02/13/2024		Public Policy Polling										
6	Amount (\$)	7	Payee address; City; S	State; Zij	o Code	9							
	\$8,000.00		2900 Highwoods Blvd										
			Ste 201										
			Raleigh, NC 27604-1036										
8	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedule) (I) Description							
	OF		Polling Expense		,		outsi	ide of Texas. Com	plete Schedule T.				
	EXPENDITURE						I, TX,	, officeholder living	expense				
						Polling							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sougł	nt		Office he	eld				
	Date		Payee name										
	01/31/2024		Rayo, Rose Marie										
	Amount (\$)		Payee address; City; S	State; Zij	o Code	9							
	\$500.00		6831 Toland St										
			Dallas, TX 75227-3762										
	PURPOSE OF		Category (See Categories listed at the top of the Solicitation/Fundraising Expense	his schedule)) (1	Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.				
	EXPENDITURE		Solicitation/Fundraising Expense					, officeholder living					
						Campaign sa	alar	у					
	Complete ONLY if direct	C	andidate/Officeholder name	Office	e sough	ght Office held							
	expenditure to benefit C/OF	Н											
-	Date		Payee name										
	02/14/2024		Reilly Echols Printing										
	Amount (\$)			State; Zij	n Code	2							
	\$518.72		1710 S Harwood St	5tato, 24	0000								
	\$010HZ												
			Dallas, TX 75215-1221										
	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedule)) (I	Description							
	OF EXPENDITURE		Printing Expense					ide of Texas. Com					
								, officeholder living	expense				
						Campaign po	ารเ	calus					
						-							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e sougł	nt		Office he	eid				
		-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 22/27 Rpt: 76/83	Johnson, Nathan M. (The Honorable)	00081605								
4	Date 02/14/2024	 Payee name Reilly Echols Printing 									
6	Amount (\$) \$253.31	7 Payee address; City; State; Zip Code 1710 S Harwood St Dallas, TX 75215-1221									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Business cards											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/23/2024	Reilly Echols Printing									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,515.50	1710 S Harwood St Dallas, TX 75215-1221									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign doorhangers 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/23/2024	Reilly Echols Printing									
	Amount (\$) \$351.81	Payee address;City;State;Zip Code1710 S Harwood St									
		Dallas, TX 75215-1221									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa nmittee Legal Se	· verage Expense rds/Memorials Expense	Of Po Pri Sa	fice Overhe olling Exper inting Expe alaries/Wag	nse es/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME	ME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 23/27 Rpt: 77/83		Johnson, Nathan	M. (The Honora	able)				00081605			
4	Date	5	Payee name									
	02/15/2024		Renfroe, Rose									
6	Amount (\$)	7	Payee address;	City;	State; Z	ip Code						
	\$4,000.00	00.00 602 Linkcrest Dr										
			Duncanville, TX 7	5137-3914								
8	PURPOSE	(a)	Category (See Catego	ories listed at the top of	this schedule	e) (b) Description					
	OF EXPENDITURE		Advertising Exper			-,	Check if travel	outsi	de of Texas. Compl	lete Schedule T.		
	EXPENDITORE								officeholder living e	expense		
							Sign distribut	ion				
_						<u> </u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offic	e sough	t		Office hel	d		
	Date		Payee name									
	01/29/2024		Rideshare 2 Vote	Aware								
	Amount (\$)		Payee address;	City;	State; Z	ip Code	!					
	\$2,000.00		PO Box 801034									
			Dallas, TX 75380	1034								
	PURPOSE	(a)	Category (See Catego	ories listed at the top of	this schedule	_{e)} (b) Description					
	OF EXPENDITURE		Contributions/Dor						de of Texas. Compl			
			Candidate/Office	iolder/Political C	Committe	e	Check if Austin, TX, officeholder living expense Program contribution					
							riogramicon	uno	ution			
	Complete ONLY if direct		andidate/Officehold	er name	Offic	e sough	t		Office hel	d		
	expenditure to benefit C/OI				0	le cougn	•					
	Date		Payee name									
	02/02/2024		Slovic, Spencer									
-	Amount (\$)		Payee address;	City;	State; Z	ip Code						
	\$500.00		3902 De Longpre		01010, 1	p oodo						
			Los Angeles, CA	90027-4732								
	PURPOSE	(a)	Category (See Category	ories listed at the top of	this schedule	e) (b) Description					
	OF EXPENDITURE		Advertising Exper	ise					de of Texas. Compl			
	-						Campaign di		officeholder living e	expense		
							Campaign ui	yıtd	แรงกรุงแต่มุ			
	Complete ONLY if direct	L	andidate/Officehold	or nome	Offic	e sough	t		Office hel	d		
	expenditure to benefit C/OI				Unic	e sough	ι		Unice nel	u .		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filer							
	Sch: 24/27 Rpt: 78/83		Johnson, Nathan M. (The Honorable)				00081605					
4	Date	5	Payee name									
	02/01/2024		Texas Justice Democrats PAC									
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le							
	\$500.00	\$500.00 6333 E Mockingbird Ln										
			Ste 147									
			Dallas, TX 75214-2672									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Contributions/Donations Made By	cuule)		outs	ide of Texas. Complete Schedule T.					
	EXPENDITORE		Candidate/Officeholder/Political Comm	ittee			, officeholder living expense					
					Event spons	orsi	nip					
_	-											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name C	Office sou	ht		Office held					
	Date		Payee name									
	02/09/2024		Texas Senate Hispanic Caucus									
	Amount (\$)											
	\$3,000.00		PO Box 684754									
			Austin, TX 78768-4754									
	PURPOSE OF		Category (See Categories listed at the top of this sche Fees	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE						, officeholder living expense					
					Caucus Due	S						
			endidate (Office helder reces									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name C	Office sou	III		Office held					
	Date		Payee name									
	01/31/2024		Texas Workforce Commission									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$254.80		101 E 15th St									
			Austin, TX 78701-1442									
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.											
	Payroll taxes											
					. ayron tanod							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name C	Office sou	ht		Office held					
⊢												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	committee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Transportation Travel in Distric Travel Out of D					
1	Total pages Schedule F1:	FILER	FILER NAME 3 Filer ID (Ethics Con									
_	Sch: 25/27 Rpt: 79/83		n, Nathan M. (The H	onorable)			00081605					
4	Date 02/08/2024	Payee n Texas	ame Workforce Commissi	on								
6	Amount (\$) \$84.00	7 Payee address; City; State; Zip Code .00 101 E 15th St Austin, TX 78701-1442										
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	e/Officeholder name	C	Office sou	ht	Office h	eld				
	Date	Payee n	ame									
	02/09/2024	The Sh	eriff's Community Pa	rtnership								
	Amount (\$)	Payee a	ddress; City;	State	; Zip Co	le						
	\$2,500.00	133 N I	Riverfront Blvd									
		# LB31 Dallas,	TX 75207-4300									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gun Buy Back Program donation 										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held										
	Date	Payee n	ame									
	02/05/2024	The Ty	son Organization									
	Amount (\$)	Payee a	ddress; City;	State	; Zip Co	le						
	\$30,000.00	1351 N	listletoe Dr									
		Fort We	orth, TX 76110-1022									
	PURPOSE OF EXPENDITURE		Y (See Categories listed at th sing Expense	e top of this sch	iedule)		outside of Texas. Cor n, TX, officeholder livin hone calls					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate	e/Officeholder name	(Office sou	ht	Office h	eld				

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	verhea xpense Expense Wages	se s/Contract Labor	draising Expense Equipment & Related Expense t strict a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)					
	Sch: 26/27 Rpt: 80/83		Johnson, Nathan M. (The Honorable)					00081605					
4	Date	5	Payee name										
	02/20/2024		Vector Brewing										
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode								
	\$338.48	\$338.48 9850 Walnut Hill Ln											
			# 405										
			Dallas, TX 75238-2012										
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	abadula)	(b)	Description							
-	OF		Food/Beverage Expense	cheuule)			outsi	ide of Texas. Con	nplete Schedule T.				
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austin	, TX,	, officeholder livin	g expense				
						Meal with sta	lff ir	n Dallas					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office h	eld				
	Date		Payee name										
	02/20/2024		Westin										
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode								
	\$148.32		12720 Merit Dr										
			Dallas, TX 75251-1206										
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	(b)	Description	outoi	ida of Toylog Com	aplata Cabadula T				
	EXPENDITURE		Travel Out of District					, officeholder living	nplete Schedule T. g expense				
						Lodging for s			5 - · · · · · · ·				
						5 5							
	Complete ONLY if direct	C	andidate/Officeholder name	Office so	L ught			Office h	eld				
	expenditure to benefit C/OI	Н			5								
	Date		Payee name										
	02/20/2024		Westin										
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode								
	\$125.59		12720 Merit Dr										
			Dallas, TX 75251-1206		-								
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	(b)	Description							
	EXPENDITURE		Travel Out of District					ide of Texas. Con , officeholder livin	nplete Schedule T.				
						Lodging for s			א ביאהבוואב				
						Longing for 3	an						
-	Complete ONLY if direct		andidate/Officeholder name	Office so	laht			Office h	eld				
	expenditure to benefit C/OF			Junce 201	agin			Unice II					
-													

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)							
	Sch: 27/27 Rpt: 81/83	Johnson, Nathan M. (The Honorable)	00081605							
4	Date	5 Payee name								
	02/20/2024	Westin								
6	Amount (\$) \$125.59	7 Payee address; City; State; Zip Code 12720 Merit Dr Dallas, TX 75251-1206								
8	PURPOSE OF EXPENDITURE		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging for staff in Dallas							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/20/2024	Westin								
	Amount (\$) \$296.64	Payee address; City; State; Zip Code 12720 Merit Dr Dallas, TX 75251-1206								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ff in Dallas							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule G: Sch: 1/1 Rpt: 82/83	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson, Nathan M. (The Honorable) 00081605								
4	Date 02/14/2024	5 Payee name Hyatt Regency Dallas								
6	Amount (\$) \$5.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 300 Reunion Blvd E Dallas, TX 75207-4409								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Valet parking at event 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								
	Date 02/15/2024	Payee name Westin Dallas								
	Amount (\$) Payee address; City; State; Zip Code \$5.00 1201 Main St									
L	X political contributions intended	Dallas, TX 75202-3908								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense Valet parking at event								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ages Schedule K: ./1 Rpt: 83/83						
2	2 FILER NAME 3 Filer II					(Ethics Commission Filers)		
					00081	00081605		
4	Date	Date 5 Name of person from whom amount is received				8 Amount (\$)		
	02/01/2024		Berlin Rosen			\$5,038.56		
		6	Address of person from whom amount is received; City; State; Zip Code			•		
			New York, NY 10038					
		7		if polition	cal conti	ribution returned to filer		
			Postage refund					