CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

Th	e C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Commis 00058399	,	2 Total page	es filed: 104
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
	OFFICEHOLDER	The Honorable	Nathaniel W.				
	NAME					Date Received	
						ELECTRON	NICALLY FILED
		NICKNAME	LAST		SUFFIX	07/15/2024	
		Tan	Parker		IV		
L_						N	
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delive	red or Date Postmarked
	MAILING	P.O. Box 271741				5	
	ADDRESS					Receipt #	Amount
	Change of Address	Flower Mound, TX 7502	7-1741				
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER	Dr.	Hugh Z.				
	NAME		Huyn Z.				
		NICKNAME	LAST		SUFFIX		
			Pruett				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO F	PO BOX PLEASE);	AP	r / SUITE #; CITY;		STATE; ZIP CODE
	ADDRESS	4024 Pruett Ln.					
	(Residence or Business)						
	(Argyle, TX 76226					
7	CAMPAIGN TREASURER		ONE NUMBER	EXTENSION			
	PHONE	(940) 455-7466					
8	REPORT TYPE					1 15th day offe	ar compoign trocouror
		January 15	30th day before		Runoff		er campaign treasurer (officeholder only)
		X July 15	8th day before	election	Exceeded modified	Final Report	(Attach C/OH-FR)
					reporting limit	4	
9	PERIOD	Month Day Yea	r		Month Day	Year	
	COVERED	01/01/2024	TI	HROUGH	06/30/202	1	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Yea	r 🗖 🖡	Primary	Runoff	Other	
		11/05/2024		General	Special		
						(if 1/2 01/2)	
111	OFFICE	OFFICE HELD (if any)	2		12 OFFICE SOUGHT		
1		State Senator District 12	<u>-</u>		State Senator Dis		
L							
1							
			GO T	FO PAGE 2			
L For	ms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	S	Ve	ersion V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 104

13 C / OH NAME	Parker IV, Nathaniel	W. (The Honorable)		(Ethics Commission Filers)			
			00058399				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politica These expenditures may have been may d officeholders are required to report this	de without the candidate's or office	eholder's knowledge or			
Additional Pages		COMMITTEE NAME					
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 267,762.93			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$ 6,979.87				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 200,279.81			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS	OF THE LAST DAY OF THE	\$ 713,509.52			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT	-						
			nder penalty of perjury, that the acc includes all information required t ion Code.				
		The	e Honorable Nathaniel W. Park	ker IV			
		S	ignature of Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of	f office.				
Cignotive of -ff	oor administerior	Drintod name of officer educidity		r administarias ast			
Signature of Office	cer administering	Printed name of officer administeri		r administering oath			
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.d378aba0			

FORM C/OH

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33,946.70

	CC	VER SHEET PG 3 3 of 104
	Filer ID 00058399	(Ethics Commission Filers)
Parker IV, Nathaniel W. (The Honorable)		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 267,762.93
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 166,333.11
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	S	\$

SUBTOTALS - C/OH

8.

9.

10.

11.

12.

TO FILER

X

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete tl	nis fo	rm.	1	Total pages Schedule A1: Sch: 1/30 Rpt: 4/104	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
-		athaniel W. (The Honorable)			•	00058399	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	04/15/2024	Achilles Living Trust					\$1,000.00
		6 Contributor address; City; State; Zip Code					
_		Dallas, TX 75219	<u> </u>				
8	3 Principal occupation / Job title (See Instructions)9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC)		Amount of Contribution (\$)	
	05/09/2024	Archer, III, Ira					\$250.00
		Contributor address; City; State; Zip Code					
		- "					
		Dallas, TX 75206	<u> </u>				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor Out-of-state PAC	404			Amount of Contribution (\$)	
	02/27/2024	Full name of contributor Out-of-state PAC Atmos Energy Corporation PAC	(ID#)			\$3,000.00
	021211202-1	Contributor address; City; State; Zip Code					Ψ0,000.00
		Contributor address, City, State, Lip Code					
		Dallas, TX 75240					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	±4 000 00
	02/22/2024	Bailey, Roy					\$1,000.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75220					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	05/01/2024	Bancroft, Sue					\$2,602.54
		Contributor address; City; State; Zip Code					
		Aroudo TV 76006					
	Bringinal occu	Argyle, TX 76226 pation / Job title (See Instructions)	— r	Employer (See Instructions	\		
	retired			retired)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/30 Rpt: 5/104	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
	Parker IV, N	athaniel W. (The Honorable)			00058399	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/04/2024	Bancroft, Sue				\$7,500.00
	I	6 Contributor address; City; State; Zip Code				
	I					
		Argyle, TX 76226				
	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions) retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/29/2024	Belew, Paul				\$149.10
	I	Contributor address; City; State; Zip Code				
	I					
	I	Decatur, TX 76234				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	 •\		
				<i></i>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/19/2024	Billingsley, Lucy				\$10,000.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Dallas, TX 75201				
-	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ו)		
	CEO		Billingsley Company	''		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	03/01/2024	Bird, Brandi	/			\$2,500.00
	I	Contributor address; City; State; Zip Code				-
	I					
	I					
L		Lantana, TX 76226				
		pation / Job title (See Instructions)	Employer (See Instructions)			
L	President		Bird Advocacy & Consul	ltin	-	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷=00 F4
	04/13/2024	Bonarrigo, Paul				\$520.51
	I	Contributor address; City; State; Zip Code				
	I	I				
	I	Grapevine, TX 76051				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	I;)		
┢						

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/30 Rpt: 6/104	
2 FILER NAME Parker IV, Na	athaniel W. (The Honorable)		3 Filer ID (Ethics Commission 00058399	on Filers)
4 Date 01/30/2024	5 Full name of contributor out-of-state PAC (ID#: Brawley, James)	7 Amount of Contribution (\$)	\$100.00
	6 Contributor address; City; State; Zip Code			-
	Flower Mound, TX 75028			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Date 03/01/2024	Full name of contributor X out-of-state PAC (ID#: <u>CI</u> Bristol-Myers Squibb Company PAC Contributor address; City; State; Zip Code	00035675)	Amount of Contribution (\$)	\$750.00
Principal occu	Washington, DC 20004 Ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
Dale 05/09/2024	Full name of contributor out-of-state PAC (ID#: Callewart, Cheryl	,	Amount of Contribution (\$)	\$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75225			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/02/2024	Cargo, Jon			\$250.00
	Contributor address; City; State; Zip Code			
Principal occu	Flower Mound, TX 75028 pation / Job title (See Instructions)	Employer (See Instructions)		
)	
Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Chantilis, Samuel Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$500.00
	Dallas, TX 75205			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	I			

	The Instru	ction Guide explains how to complete this forn	n.	1	Total pages Schedule A1: Sch: 4/30 Rpt: 7/104	
2	FILER NAME Parker IV, Na	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 05/09/2024	5 Full name of contributor out-of-state PAC (ID#: Coffee, Jr., Roy		7	Amount of Contribution (\$)	\$1,000.00
	l	6 Contributor address; City; State; Zip Code				
		Dallas, TX 75205				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions))		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#: Coffman, Susan)		Amount of Contribution (\$)	\$21.07
	Principal occı	Bridgeport, TX 76426 Ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	·			,		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Cotton, Steven contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal agai	Dallas, TX 75229				
	Ρπιτοιραί στου	ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Crocker, Patricia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Dallas, TX 75252				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Crocker, Patricia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Dallas, TX 75252				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
		i				

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	The Instru	ction Guide explains how to	complete this fe	orm.	1	Total pages Schedule A1: Sch: 5/30 Rpt: 8/104	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
_		athaniel W. (The Honorable)				00058399	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/31/2024	Crocker, Patricia					\$104.10
		6 Contributor address; City; State;	; Zip Code				
					ĺ		
		Dallas, TX 75252					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/29/2024	Crocker, Patricia					\$104.10
		Contributor address; City; State;					
		Dallas, TX 75252					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
			ļ				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/29/2024	Crocker, Patricia					\$104.10
		Contributor address; City; State;	; Zip Code				
		Dallas, TX 75252					
	Principal occu	pation / Job title (See Instructions)	ļ	Employer (See Instructions)	;)		
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/29/2024	Crocker, Patricia					\$104.10
		Contributor address; City; State;					
L	,	Dallas, TX 75252]			
	Principal occu	pation / Job title (See Instructions)	ļ	Employer (See Instructions)	;)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	04/29/2024	Crocker, Patricia		/			\$104.10
	0		· Zip Code				 .
		Dallas, TX 75252					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	;)		
			·•				

	The Instru	ction Guide explains how to cor	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 6/30 Rpt: 9/104	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		athaniel W. (The Honorable)			•	00058399	
4	Date	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/29/2024	Crocker, Patricia					\$104.10
		6 Contributor address; City; State; Zip C					
		Dallas, TX 75252					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Date	Full name of contributor 🛛 out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2024	Crocker, Patricia					\$104.10
		Contributor address; City; State; Zip C					
		Dallas, TX 75252	r				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					-		
	Date		f-state PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2024	Crosland, Lucien					\$2,500.00
		Contributor address; City; State; Zip C	Code				
		Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor 🛛 out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2024	Deason, Darwin					\$12,000.00
		Contributor address; City; State; Zip C					
	Deinsinglasse	Dallas, TX 75219			Ĺ		
	Chairman	pation / Job title (See Instructions)		Employer (See Instructions Deason Capital Services			
╘					> 		
	Date		f-state PAC (ID#:)		Amount of Contribution (\$)	# 2,000,00
	05/09/2024	Deason, Doug					\$3,000.00
		Contributor address; City; State; Zip C	Code				
		Dallas, TX 75229					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	President			Deason Capital Services	S		
Γ							

The I	Instruc	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/30 Rpt: 10/104	
2 FILER Parke		athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
	51 1 1 , 1 .	5 Full name of contributor		C00211210			
4 Date 03/01	1/2024	Deloitte PAC	X out-of-state PAC (ID#:		1	Amount of Contribution (\$)	\$2,000.00
		6 Contributor address; City; S	tate; Zip Code				
		Washington, DC 20044					
8 Princip	pal occu	pation / Job title (See Instructions	;)	9 Employer (See Instructions	5)		
Date		Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
03/27	7/2024	Delorbe, Sue					\$36.44
		Contributor address; City; S	tate; Zip Code				
		Flower Mound, TX 75028					
Princip	pal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/20	0/2024	Denning, Misty	_				\$500.00
		Contributor address; City; S	tate; Zip Code				
		Ponder, TX 76259					
Princip	pal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/29	9/2024	Dodson, George					\$100.00
		Contributor address; City; S					
		Colleyville, TX 76034					
Princip	pal occuj	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/30	0/2024	Downs, Lynda					\$50.00
		Contributor address; City; S	tate; Zip Code				
		Bedford, TX 76021					
Princip	pal occu	pation / Job title (See Instructions	;) ;)	Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to complete	this f	orm.	1	Total pages Schedule A1: Sch: 8/30 Rpt: 11/104	
2	FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)
-		athaniel W. (The Honorable)			ľ	00058399	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:_)	7	Amount of Contribution (\$)	
	05/09/2024	Driegert, Robert					\$500.00
		6 Contributor address; City; State; Zip Code					
		1					
		Richardson, TX 75080					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PA	AC (ID#:_)	Γ	Amount of Contribution (\$)	
	04/29/2024	Dumond, Eva					\$10.41
		Contributor address; City; State; Zip Code					
		1					
		1					
		McKinney, TX 75070					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)	
	04/11/2024	Eldred, Kenneth					\$10,410.16
		Contributor address; City; State; Zip Code					
		1					
		1					
		Southlake, TX 76092					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	CEO			Living Rock			
F	Date	Full name of contributor out-of-state PA	AC (ID#:_)		Amount of Contribution (\$)	
	03/06/2024	Enlow, Al					\$104.10
		Contributor address; City; State; Zip Code					
		1					
		Coppell, TX 75019					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
⊨	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	04/22/2024	Evans, Jim				.,	\$300.00
		Contributor address; City; State; Zip Code					·
		1					
		Odessa, TX 79762					
	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	;)		
		•			,		
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	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 9/30 Rpt: 12/104	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		athaniel W. (The Honorable)			00058399	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	03/01/2024	FOMCPAC				\$5,000.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
				<u> </u>		
	Date		(ID#:)		Amount of Contribution (\$)	¢500 51
	03/23/2024					\$520.51
	Contributor address; City; State; Zip Code					
		Austin, TX 78817				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/06/2024	Fedcock, Richard				\$20.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75244		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	06/15/2024	Fedcock, Richard				\$25.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75244		ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	(ID#:)	Т	Amount of Contribution (\$)	
	05/09/2024	Fischer, John				\$500.00
		Contributor address; City; State; Zip Code				
	Dringing ogg	Irving, TX 75063	Employer (See Instructions			
	Principal OCCU	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/30 Rpt: 13/104	
2	FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)
-		athaniel W. (The Honorable)			-	00058399	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/27/2024	Frazier, Jean					\$26.03
		6 Contributor address; City; S	State; Zip Code				
		Roanoke, TX 76262					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/26/2024	Frazier, Jean					\$50.00
	Contributor address; City; State; Zip Code						
		Boonoko TX 76262					
	Roanoke, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u>		
	Philopai occu		5))		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2024	Fredrick, Stanley					\$1,000.00
		Contributor address; City; S	State; Zip Code				
		Flammed TV 76000	、				
	Dringingloppy	Flower Mound, TX 75022			Ļ		
	Ρηποιραί στου	pation / Job title (See Instructions	3)	Employer (See Instructions))		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/20/2024	Freeman, Jr., Jerry					\$10,000.00
		Contributor address; City; S					
		Irving, TX 75062					
\vdash	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	.)		
	Owner		,	Freeman Auto Group	,		
⊢	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/31/2024	Gilchrist, Jennie					\$260.25
		Contributor address; City; S	tate; Zip Code				
			·				
		Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions))		

	The Instru	ction Guide explains how to complete this	form.		ages Schedule A1: L1/30 Rpt: 14/104	
2	FILER NAME			3 Filer ΙΓ	D (Ethics Commissio	on Filers)
		athaniel W. (The Honorable)		00058		
4	Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amour	nt of Contribution (\$)	
	01/26/2024	Gilchrist, Jennie				\$260.25
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75225	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
╞	Date	Full name of contributor out-of-state PAC (ID#)	Amour	nt of Contribution (\$)	
	03/01/2024	Goins, Myron				\$52.05
	Contributor address; City; State; Zip Code					
	Contributor address, City, State, Zip Code					
		Flower Mound, TX 75022				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i <u> </u>		
F	Date	Full name of contributor out-of-state PAC (ID#	·)	Amour	nt of Contribution (\$)	
	05/09/2024	Goldberg, Ken				\$5,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#)	Amour	nt of Contribution (\$)	
	02/06/2024	Green, George				\$500.00
		Contributor address; City; State; Zip Code				
		Argyle, TX 76226				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#)	Amour	nt of Contribution (\$)	
	03/20/2024	Green, William				\$5.21
		Contributor address; City; State; Zip Code				
	Deinsinglasse	Sanger, TX 76266		<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	•)		

	The Instru	ction Guide explains hov	<i>w</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/30 Rpt: 15/104	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		lathaniel W. (The Honorable)				00058399	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/11/2024	Greer, Alan					\$52.05
		6 Contributor address; City; S	State; Zip Code				
		Argyle, TX 76226					
8	Principal occu	upation / Job title (See Instruction	is)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	\square	Amount of Contribution (\$)	
	02/27/2024	Gruber, Mike	—				\$1,000.00
		Contributor address; City; S					
			nute, zip oode				
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instruction	ls)	Employer (See Instructions	L;)		
					,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>)		Amount of Contribution (\$)	
	05/09/2024	Gruber, Mike		/		Allount of Contineation (+)	\$1,000.00
	00/00/202 .						Ψ1,000.00
		Contributor address; City; S	state; Zip Code				
		Dallas, TX 75201					
	Dringingl occu	upation / Job title (See Instructions		Employer (See Instructions	\square		
	Philopai occu		5)		9		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	\square	Amount of Contribution (\$)	
	05/09/2024	Haft, Sondra		/		Allount of Contribution (+)	\$2.08
	001001202-		Ptata: Zin Oada				Ψ2.00
		Contributor address; City; S	State; Zip Code				
		Lewisville, TX 75067					
	Dringing occu		1	Employer (See Instructions	Ļ		
	Principal occu	upation / Job title (See Instruction:	S)	Employer (See Instructions)		
	Data	Tull some of contributor		<u> </u>	_	Amount of Contribution (ft)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀጋና በጋ
	04/23/2024						\$26.03
		Contributor address; City; S	State; Zip Code				
			~				
		Flower Mound, TX 75028		- · · · · ·	Ļ		
	Principal occu	upation / Job title (See Instructions	.S)	Employer (See Instructions)		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/30 Rpt: 16/104	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
		athaniel W. (The Honorable)			00058399	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/02/2024	Hammer & Nails Club - Candidate				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76102				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/30/2024	Harper, Alan				\$5,000.00
	Contributor address; City; State; Zip Code			1		
	Arlington, TX 76016					
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	President Harper Investments					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/20/2024	Hendee, Nina				\$520.51
		Contributor address; City; State; Zip Code		ł		
		Houston, TX 77024				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/20/2024	Hernandez, Michael				\$10,000.00
		Contributor address; City; State; Zip Code		1		
		Colleyville, TX 76034		Ļ		
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/31/2024	HillCo PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
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The Instruc	ction Guide explains how to complete this f	orm.		es Schedule A1: 30 Rpt: 17/104	
2 FILER NAME				(Ethics Commission)	on Filers)
Parker IV, Na	athaniel W. (The Honorable)		0005839		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	f Contribution (\$)	
03/27/2024	Houston Police Officers' Union				\$2,500.00
	6 Contributor address; City; State; Zip Code				
	Houston, TX 77007				
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	f Contribution (\$)	
03/08/2024	Humble, Monty				\$2,500.00
	Contributor address; City; State; Zip Code				
Driv singl again	Austin, TX 78746				
Principal occupation / Job title (See Instructions)Employer (See InstrManaging DirectorHigh Road Clean					
Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:)	Amount or	f Contribution (\$)	ቀ⊏ ባባባ ባበ
00/20/2024	Hunt, Ray				\$5,000.00
	Contributor address; City; State; Zip Code				
	Dallas, TX 75201				
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
Executive Ch	ıairman	Hunt Consolidated			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	f Contribution (\$)	
06/09/2024	Hunt, Woody				\$2,500.00
	Contributor address; City; State; Zip Code				
	El Paso, TX 79913				
	pation / Job title (See Instructions)	Employer (See Instructions)		
Executive Ch	Iairman	Hunt Companies			
Date	Full name of contributor X out-of-state PAC (ID#:	C00034405)	Amount of	f Contribution (\$)	
03/01/2024	International Paper PAC				\$2,000.00
	Contributor address; City; State; Zip Code				
	Washington, DC 20004				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/30 Rpt: 18/104	
2	FILER NAME Parker IV, Na	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 06/30/2024	5 Full name of contributor out-of-state PAC (ID#: Jackson, Rebecca	_	7	Amount of Contribution (\$)	\$1,500.00
		6 Contributor address; City; State; Zip Code				
Ļ		Irving, TX 76226		Ĺ		
8	Principal occu retired	ipation / Job title (See Instructions)	9 Employer (See Instructions) retired) 		
	Date 04/16/2024	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 Ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
╞═	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/27/2024	Kellner, Paul Contributor address; City; State; Zip Code			/	\$37.03
		Flower Mound, TX 75028				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#: Kennedy, Eileen			Amount of Contribution (\$)	\$26.03
		Contributor address; City; State; Zip Code				
┢	Principal occu	Krum, TX 76249 Ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_ Kerley, Bradley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing occ	Addison, TX 75001	Employer (Soo Instructions			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	.)		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/30 Rpt: 19/104	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission 00058399	on Filers)
<u> </u>		· · · ·		Ļ		
4	Date 04/25/2024	5 Full name of contributor out-of-state PAC (ID#: Korenvaes, Max		7	Amount of Contribution (\$)	\$10,000.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
8	Principal occu Principal	ipation / Job title (See Instructions)	9 Employer (See Instructions) Korenvaes Management		LC	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/09/2024	Krueger, Michael				\$500.00
	00,011	Contributor address; City; State; Zip Code				T
	Contributor address, City, State, Zip Code					ļ
		Dallas, TX 75225				
<u> </u>	Dringinal occi	1	Employor (Soo Instructions	Γ		
	Рппсіраї осси	ipation / Job title (See Instructions)	Employer (See Instructions)	9		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/15/2024	Landon, Robert				\$1,000.00
		Contributor address; City; State; Zip Code				
	Principal occu	Allen, TX 75013 Ipation / Job title (See Instructions)	Employer (See Instructions)			
				י 		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/09/2024	Lewis, Keet				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2024	Mach, Steven				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77219				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
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	The Instru	ction Guide explains how	/ to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/30 Rpt: 20/104	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		athaniel W. (The Honorable)			-	00058399	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/26/2024	Malone, Ellen					\$52.05
		6 Contributor address; City; St					
		Argyle, TX 76226	<u>.</u>		Ĺ		
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 (\$)	
	05/06/2024	Marocco, Peter					\$500.00
	Contributor address; City; State; Zip Code						
	Coppell, TX 75019						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
					—		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/15/2024	Matthews, John					\$500.00
		Contributor address; City; St	.ate; Zip Code				
		Ovilla, TX 75154					
	Principal occu	pation / Job title (See Instructions	<u></u> ا	Employer (See Instructions	<u> </u> ເ)		
			,		·)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/27/2024	McBryde Franco PLLC					\$2,500.00
		Contributor address; City; St	ate; Zip Code				
	Deire eine Las en	Houston, TX 77042		Environ (Or a la struction	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
╞		1 — II			—		
	Date 06/30/2024	Full name of contributor McCallum, Erick	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	00/30/2024		tata: Zia Oada				φ <u>2</u> ,000.00
		Contributor address; City; St	ate; Zip Code				
		Fort Worth, TX 76140					
_	Principal occu	I pation / Job title (See Instructions	\$)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Owner			Cleaning Guys	,		

SCHEDULE	A1
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/30 Rpt: 21/104	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Parker IV, N	athaniel W. (The Honorable)		00058399	
4 Date	5 Full name of contributor X out-of-state PAC (ID#:	C00225342)	7 Amount of Contribution (\$)	
06/20/2024	McGuire Woods Federal PAC Fund			\$500.00
	6 Contributor address; City; State; Zip Code			
	Richmond, VA 23219			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
			, 	
Date	Full name of contributor X out-of-state PAC (ID#:	C00108035)	Amount of Contribution (\$)	
05/31/2024	McKesson Corporation Employees PAC Fund			\$1,500.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20004			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor X out-of-state PAC (ID#:	C00108035)	Amount of Contribution (\$)	
05/31/2024	05/31/2024 McKesson Corporation Employees PAC Fund			\$1,000.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20004			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/29/2024	Meaders, Philip			\$100.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75039			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
г Шори ооса)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/14/2024	Mello, Nancy			\$1,000.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
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	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/30 Rpt: 22/104	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		athaniel W. (The Honorable)				00058399	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/24/2024	Mikulec, Kirk					\$116.59
		6 Contributor address; City; S	tate; Zip Code				
		The Colony, TX 75056					
8	Principal occu	pation / Job title (See Instruction	S)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/06/2024	Mikulec, Kirk					\$116.72
	Contributor address; City; State; Zip Code						
		The Colony, TX 75056					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/20/2024	Mildfelt, W.J.	—				\$15.00
		Contributor address; City; S	tate; Zip Code				
		Lewisville, TX 75067					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/14/2024	Miles, Marshall					\$250.00
		Contributor address; City; S	tate; Zip Code		1		
		Flower Mound, TX 75028					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/31/2024	Moon River Ranch Resor	t, LLC				\$5,000.00
		Contributor address; City; S	tate; Zip Code		1		
		Arlington, TX 76006					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		

	The Instru	ction Guide explains how to con	mplete this fc	orm.	1	Total pages Schedule A1: Sch: 20/30 Rpt: 23/104	
2	FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
-		athaniel W. (The Honorable)				00058399	
4	Date	5 Full name of contributor out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/10/2024	Moore, Matt					\$250.00
		6 Contributor address; City; State; Zip C					
		1					
		1					
_		Dallas, TX 75252	r		Ĺ		
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	.)		
	Date	Full name of contributor 🗌 out-of	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/11/2024	Morish, Janet					\$10.00
	Contributor address; City; State; Zip Code						
		1					
<u> </u>	Little Elm, TX 75068 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions			
	Principal occu	Jation / Job lille (See instructions)		Employer (See Instructions)		
-	Date	Full name of contributor 🗌 out-of	of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/12/2024	Muras, Andrew					\$100.00
		Contributor address; City; State; Zip C	Code				
		1					
		1					
		Grapevine, TX 76051					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
╞═	Date	Full name of contributor	of-state PAC (ID#:		_	Amount of Contribution (\$)	
	04/15/2024	Myers, Roxanne	1-Slate FAC (10#	/			\$500.00
	0-110,202						4000.00
			JULE				
		1					
		Burleson, TX 76028					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/29/2024	Osborne, John					\$104.10
		Contributor address; City; State; Zip C					
		1					
		Southlake, TX 76092					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 21/30 Rpt: 24/104	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
		athaniel W. (The Honorable)			00058399	,
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	03/08/2024	Parker Chiropractic Clinic, PC				\$500.00
		6 Contributor address; City; State; Zip Code		"		
		Irving, TX 75038				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID)		Amount of Contribution (\$)	
	03/08/2024	Peck, Jr., John				\$20,000.00
	Contributor address; City; State; Zip Code					
	Dallas, TX 75225					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor 🛛 out-of-state PAC (ID)		Amount of Contribution (\$)	
	06/28/2024	Perot, Jr., Ross				\$20,000.00
		Contributor address; City; State; Zip Code		"		
		Dallas, TX 75219				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Chairman		Hillwood Development			
	Date	Full name of contributor 🛛 out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	03/02/2024	Phillips, Elizabeth				\$2,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75219				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Executive Di		Phillips Foundation	-,		
⊨	Date	Full name of contributor Out-of-state PAC (ID	· ·	Т	Amount of Contribution (\$)	
	05/09/2024	Pick, Jacki	///)			\$3,000.00
	00/00/2021			·		\$0,000.00
	Contributor address; City; State; Zip Code					
		Dallas, TX 75229				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	research & e		self	-		
\vdash			<u> </u>			

The	e Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/30 Rpt: 25/104	
2 FILE	RNAME				3	Filer ID (Ethics Commissio	on Filers)
		athaniel W. (The Honorable)				00058399	
4 Date	;	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/1	5/2024	Portales, Alfredo					\$15.00
		6 Contributor address; City; Sta	ate; Zip Code		ĺ		
		Bedford, TX 76021					
8 Princ	cipal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
Date	;	Full name of contributor	out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
05/2	27/2024	Prati, Kevan	—				\$100.00
		Contributor address; City; Sta					
		-	· ·				
		Flower Mound, TX 75028					
Princ	cipal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
Date)	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
04/2	2/2024	Profanchik, John					\$1,000.00
	Contributor address; City; State; Zip Code						
		Diana TV 75025					
Drine		Plano, TX 75025 pation / Job title (See Instructions)	\	Employer (See Instructions	<u> </u>		
EINK	ιμαι υττα)		<i>)</i>		
Date	;	Full name of contributor	out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
05/0	2/2024	Roberts, Christopher					\$104.10
		Contributor address; City; Sta	ate; Zip Code				
		-	· ·				
		Prosper, TX 75078		-			
Princ	cipal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
Date)	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
04/1	5/2024	Ross, Ronald					\$2,000.00
		Contributor address; City; Sta	ate; Zip Code		1		
		McKinney, TX 75072					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
EXE	cutive			SRS Distribution, Inc.			

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/30 Rpt: 26/104	
2 FILER NAME Parker IV, Na	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission 00058399	on Filers)
4 Date 05/09/2024	5 Full name of contributor out-of-state PAC (ID#: Rouse, Thomas		7	Amount of Contribution (\$)	\$2,500.00
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75225				
8 Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions) retired	s)		
Date 05/03/2024	Full name of contributor out-of-state PAC (ID#: Rutherford, Teresa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
Principal occu	Colleyville, TX 76034 pation / Job title (See Instructions)	5)			
Data	Full name of contributor Out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
Date 04/24/2024	Full name of contributor out-of-state PAC (ID#: Rutherford, Teresa)		Amount of Contribution (\$)	\$50.00
	Contributor address; City; State; Zip Code Colleyville, TX 76034				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)		
Date 06/30/2024	Full name of contributor out-of-state PAC (ID#: Ryan, Denis)		Amount of Contribution (\$)	\$21.07
	Contributor address; City; State; Zip Code Argyle, TX 76226				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ټ)		
Date 05/09/2024	Full name of contributor out-of-state PAC (ID#: Salazar, Orlando Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dallas, TX 75205				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/30 Rpt: 27/104	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		athaniel W. (The Honorable)		•	00058399	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/27/2024	Schwartz, Page, & Harding, LLP				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77056	i			
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 (\$)	
	05/09/2024	Scott, John				\$500.00
		Contributor address; City; State; Zip Code				
	Baird, TX 79504					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/10/2024	Smith, Greg				\$1,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75254				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
				,		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/26/2024	Smith, Thomas				\$50.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75067				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2024	Stein, Sheldon				\$1,000.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75254				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/30 Rpt: 28/104	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
-		athaniel W. (The Honorable)				00058399	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	05/02/2024	Strader, Haynes					\$500.00
		6 Contributor address; City; S	state; Zip Code		1		
_		Dallas, TX 75209	<u>`</u>		Ĺ		
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/30/2024	Susser, Sam					\$2,500.00
		Contributor address; City; S			1		
		Dallas, TX 75220					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Chairman			Susser Bank			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/27/2024	Sysco Corp. Good Gover	nment Committee				\$1,000.00
		Contributor address; City; S	state; Zip Code				
		Houston, TX 77077					
	Dringing ogg	pation / Job title (See Instruction	c)	Employer (See Instructions	$\frac{1}{2}$		
	Fincipal occu		5)		>)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2024	TX Assn. of Property Tax					\$1,000.00
		Contributor address; City; S			1		
		Helotes, TX 78023					
	Principal occu	pation / Job title (See Instruction	c)	Employer (See Instructions	<u> </u>		
	Philipai occu		5)		>)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/08/2024	Taylor, Catherine					\$2,500.00
		Contributor address; City; S	state; Zip Code		1		
		Dallas, TX 75209					
		pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	farmer-inves	tor		self			

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 26/30 Rpt: 29/104	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
[athaniel W. (The Honorable)			00058399	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/26/2024	Taylor, Tommy				\$71.07
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75225				
	Dringing age		Employer (Cap Instructions			
0	Philipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/30/2024	Taylor, Tommy				\$250.00
		Contributor address; City; State; Zip Code		1		
	· · · · · · · · · · · · · · · · · · ·					
		Dallas, TX 75225				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/27/2024	Texans for Lawsuit Reform PAC				\$15,000.00
		Contributor address; City; State; Zip Code		·		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/31/2024	Texans for Reasonable Solutions PAC				\$5,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78741				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/02/2024	Texas Optometric PAC				\$1,000.00
		Contributor address: City: State: Zip Code		ł		
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 27/30 Rpt: 30/104	
2	FILER NAME			3	Filer ID (Ethics Commissi	ion Filers)
		athaniel W. (The Honorable)			00058399	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/30/2024	Texas Sands PAC				\$4,500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	1	9 Employer (See Instructions)	ل ۱		
-				·/		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/31/2024	Texas Society of Certified Public Accountants PA	AC			\$500.00
		Contributor address; City; State; Zip Code				
	Addison, TX 75001					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/15/2024	Texas Wine and Grape Growers PAC				\$1,000.00
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
-	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/09/2024	Troutt, Lisa				\$10,000.00
		Contributor address; City; State; Zip Code				
		1				
		Dallas, TX 75229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	homemaker		self			
_	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/01/2024					\$1,000.00
		Contributor address; City; State; Zip Code		ł		
		San Antonio, TX 78288				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/30 Rpt: 31/104	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		athaniel W. (The Honorable)				00058399	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/01/2024	Union Pacific Corporation					\$1,500.00
		6 Contributor address; City; St	tate; Zip Code				
		Washington, DC 20004					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/09/2024	Venable Royalty, LTD					\$3,000.00
		Contributor address; City; State; Zip Code					
	Dallas, TX 75206						
	Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions	 ;)		
					''		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/01/2024	Veterinarian PAC					\$500.00
		Contributor address; City; St	tate; Zip Code				
	<u> </u>	Austin, TX 78754	-				
	Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	06/30/2024	Wenson, Raymond		/			\$2.08
		-	tate: Zip Code				
		Lewisville, TX 75067					
	Principal occu	pation / Job title (See Instructions	\$)	Employer (See Instructions	5)		
 					-		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	ቀጋ ዐር
	02/09/2024	Wenson, Raymond					\$2.86
		Contributor address; City; St	iate; Zip Code				
		Lewisville, TX 75067					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	;)		
1							

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/30 Rpt: 32/104	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
[athaniel W. (The Honorable)				00058399	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/28/2024	Wenson, Raymond					\$5.21
		6 Contributor address; City; S	itate; Zip Code				
		Lewisville, TX 75067					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/22/2024	Wick, Chad					\$1,061.02
	Contributor address; City; State; Zip Code						
	Denton, TX 76209						
	Principal occupation / Job title (See Instructions) Employer (See Instruction			;)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/09/2024	Willding, John	—				\$250.00
		Contributor address; City; S	state; Zip Code				
		Dallas, TX 75214					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/27/2024	Wilson, Jr., Welcome					\$1,000.00
		Contributor address; City; S	itate; Zip Code				
		Houston, TX 77057					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	;)		
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/15/2024	Wilson, Robert					\$500.00
		Contributor address; City; S	state; Zip Code				
		Dallas, TX 75214					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	;)		
1							

	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/30 Rpt: 33/104	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
[athaniel W. (The Honorable)			ľ	00058399	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/01/2024	Wise Republican Women					\$300.00
		6 Contributor address; City; State;					
		Boyd, TX 76023					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/09/2024	Woodall, Laura	. –				\$250.00
		Contributor address; City; State;					
		,,,					
	Dallas, TX 75209						
⊢	Principal occupation / Job title (See Instructions) Employer (See Instructions			<u>ا</u> چ)			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/09/2024	Wright, II, Sylvester		/		()	\$125.00
			7in Code				
			2.6 0000				
		Frisco, TX 75035					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/02/2024	Zachry Corporation PAC					\$2,500.00
		Contributor address; City; State;			1		
		-					
		San Antonio, TX 78265					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
I							
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor 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:			3 Filer ID (Ethics Commission Filers)		
-	Sch: 1/41 Rpt: 34/104	Parker IV, Nathaniel W. (The Honorable)		00058399		
4	Date 01/16/2024	ayee name T&T				
_			2			
6	Amount (\$) \$205.38	ayee address; City; State; Zip O Box 536216 tlanta, GA 30353	Code			
8	PURPOSE		(h) Description			
0	OF	ategory (See Categories listed at the top of this schedule)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense phone service for officeholder		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held		
	Date	ayee name				
	01/31/2024	Т&Т				
	Amount (\$)	ayee address; City; State; Zip	Code			
	\$100.00	O Box 536216 tlanta, GA 30353				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense phone service for officeholder staff		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held		
	Date	ayee name				
	02/14/2024	T&T				
-	Amount (\$)	ayee address; City; State; Zip	Code			
	\$205.40	O Box 536216				
		tlanta, GA 30353				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense phone service for officeholder		
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name Office	sought	Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Or Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Legal Services Salaries/			oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Cabadula F1	2	The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID							(Ethios Commission Filors)
T	1 Total pages Schedule F1: 2 FILER N/ Sch: 2/41 Rpt: 35/104 Parker I ¹			ке IV, Nathaniel W. (The Honorable)					Filer ID 00058399	(Ethics Commission Filers)
4	Date	5	Payee name							
	02/29/2024									
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$100.00		PO Box 536216							
			Atlanta, GA	30353						
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	nedule)	(b) Description			
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wireless telephone service for officeholder										
							wireless tele	epno	one service ic	or onicenoider stan
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	C	Office soug	ht		Office hel	d
	Date		Payee name							
	03/14/2024		AT&T							
	Amount (\$)		Payee addres	s; City;	State:	; Zip Coo	le			
	\$236.60		PO Box 536		,	,p				
	+_00.00									
			Atlanta, GA	30353						
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at th nead/Rental Exp		nedule)	Check if Austin	n, TX	ide of Texas. Comp , officeholder living o ONE SERVICE fC	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	C	Office soug	ht		Office hel	d
	Date		Payee name							
	03/31/2024		AT&T							
Amount (\$) Payee address; City; State; Zip Code										
	\$100.00 PO Box 536216									
		Atlanta, GA 30353								
	PURPOSE OF	(a)		e Categories listed at the		nedule)	(b) Description			
	EXPENDITURE		Office Overh	nead/Rental Exp	ense		Check if Austin	n, TX	ide of Texas. Comp , officeholder living o ONE SERVICE fC	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	C	Office sou	ht		Office hel	d

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin				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 ID (Ethics Commission Filers)						
-	Sch: 3/41 Rpt: 36/104	I	Parker IV, Nathaniel W. (The He	00058399						
4	Date 04/15/2024		Payee name AT&T							
6	Amount (\$)			Stato	· Zin Co					
0	\$200.34		7 Payee address; City; State; Zip Code PO Box 536216							
			Atlanta, GA 30353							
8	PURPOSE OF		Category (See Categories listed at the top		nedule)	(b) Description				
	Check if Austin, TX, officeholder living expense Wireless telephone service for officeholder									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date		Payee name							
	04/30/2024									
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$100.00									
			Atlanta, GA 30353							
			Category (See Categories listed at the top Office Overhead/Rental Expens		Check if Austi	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Vireless telephone service for officeholder staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date		Payee name							
	05/14/2024		AT&T							
-	Amount (\$)		Payee address; City;	State	· Zin Co	1e				
	Amount (\$) Payee address; City; State; Zip Code \$159.11 PO Box 536216									
		Atlanta, GA 30353								
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top Office Overhead/Rental Expens		nedule)	Check if Austi	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wireless telephone service for officeholder			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held		

			EXPENDITURE CA	TEGOR	IES 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 Expens nittee Legal Services The Instruction Guide ex		Office Over Polling Exp 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					3	Filer ID (Ethics Commission Filer	re)
1	Sch: 4/41 Rpt: 37/104		Parker IV, Nathaniel W. (The Ho	norable	e)			00058399	3)
4	Date 05/31/2024		Payee name AT&T						
_				01-1-1	7: 0				
6	Amount (\$) \$100.00	F	Payee address; City; PO Box 536216 Atlanta, GA 30353	State;	Zip Coc	e			
8	PURPOSE	(a) (Cotogon/			b) Decoription			
0	OF		Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)	Check if Austin	ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense One service for officeholder staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	O	ffice soug	ht		Office held	
	Date	F	Payee name						
	06/14/2024	/	AT&T						
	Amount (\$)	F	Payee address; City;	State;	Zip Coc	e			
	\$159.11		PO Box 536216 Atlanta, GA 30353						
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)	Check if Austin	ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense ONE Service for officeholder	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Of	ffice soug	ht		Office held	
	Date	۱ ۱	Payee name						
	06/30/2024		AT&T						
-	Amount (\$)	F	Payee address; City;	State:	Zip Coo	e			
	\$100.00		PO Box 536216	,	p				
		,	Atlanta, GA 30353						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)	Check if Austin	ı, TX	side of Texas. Complete Schedule T. K, officeholder living expense ONE Service for officeholder staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Ot	ffice soug	ht		Office held	

			EXPENDITURE CATEGO	ORIES FOR	R BO	OX 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 explain	Office Ove Polling Ex Printing E Salaries/V	erhea pense xpens Vages	se s/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 Cabadula F1	12		3 1100 10 00	mpi		2	Filer ID (Ethics Commission Filers)		
1	Total pages Schedule F1: Sch: 5/41 Rpt: 38/104		PILER NAME Parker IV, Nathaniel W. (The Honora	ble)			3	Filer ID (Ethics Commission Filers) 00058399		
4	Date	5	Payee name							
	06/10/2024		American Airlines							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$419.04		1 Skyview Drive							
			Fort Worth, TX 76155							
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District	,			outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
			Officeholder staff travel to Austin for legi							
						meetings				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	02/12/2024		American Airlines							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	nde					
	\$392.64		1 Skyview Drive	.c, zip oc	Juc					
	\$392.04		I Skyview Drive							
			Fort Worth, TX 76155		-					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel Out of District	chedule)	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense If flight to Austin for legislative		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	l Ight			Office held		
	Date		Payee name							
	05/23/2024		American Airlines							
				7.0						
	Amount (\$)		5	e; Zip Co	bue					
	\$40.00		1 Skyview Drive							
			Fort Worth, TX 76155							
-	PURPOSE				(b)	Description				
	OF		Category (See Categories listed at the top of this s Fees	chequie)	()		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		1003					officeholder living expense		
								ff checked bag fee		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight			Office held		

			EXPENDITURE CATEGOR	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 Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	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	FILER NAME			3	Filer ID (Ethics Commission Filers	s)
	Sch: 6/41 Rpt: 39/104		Parker IV, Nathaniel W. (The Honorable	e)			00058399	,
4	Date 01/14/2024	5	Payee name American Express					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$5,795.75		P.O. Box 650448					
			Dallas, TX 75265					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Credit Card Payment				ide of Texas. Complete Schedule T. , officeholder living expense	
							t card payment	
					Campaign ci	cui	r card payment	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	Jht		Office held	
	Date		Payee name					
	02/03/2024		American Express					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$4,606.34		P.O. Box 650448	•				
	+ 1,000101							
			Dallas, TX 75265					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	ide of Toylog, Complete Schodule T	
	EXPENDITURE		Credit Card Payment				ide of Texas. Complete Schedule T. , officeholder living expense	
							t card payment	
					1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O)ffice sou	Jht		Office held	
F	Date		Payee name					
	03/01/2024		American Express					
-	Amount (\$)		-	Zip Co	10			
	\$10,339.29		P.O. Box 650448					
	Ψ10,000.20		1.0. Dox 030440					
			Dallas, TX 75265					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	e	ide of Toylog, Complete Cohodyle T	
	EXPENDITURE		Credit Card Payment				ide of Texas. Complete Schedule T. , officeholder living expense	
							t card payment	
					eampaign of	201		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	office soug	uht		Office held	
	expenditure to benefit C/Oł				jin			
-								

			EXPENDITURE CA	TEGOF	RIES FOR	во	X 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 Expens Imittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	rhead ense pense ages/	e 'Contract Labor		Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categor	nt & Related Expense
	Total pages Schedule F1:	2		·		·		3	Filer ID (Ethi	cs Commission Filers)
	Sch: 7/41 Rpt: 40/104		Parker IV, Nathaniel W. (The Ho	norabl	e)			5	00058399	
4	Date	5	Payee name							
	04/03/2024		American Express							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$2,774.32		P.O. Box 650448							
			Dallac TV 75265							
			Dallas, TX 75265							
8	PURPOSE OF		Category (See Categories listed at the top o	f this sche	edule)	(b)	Description			
	EXPENDITURE		Credit Card Payment						de of Texas. Complete So officeholder living expens	
									card payment	
							Campaigner	cun	ouro payment	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	С	Dffice soug	ght			Office held	
⊨	Date		Payee name							
	05/03/2024		American Express							
_			-	Chata	7:0 000	da				
	Amount (\$)		Payee address; City;	State;	Zip Coo	Je				
	\$11,596.75		P.O. Box 650448							
			Dallas, TX 75265							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Credit Card Payment	f this sche	edule)	(b)			de of Texas. Complete So officeholder living expens	
							Campaign cre	edit	card payment	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office souç	ght			Office held	
	Date		Payee name							
	06/03/2024		American Express							
	Amount (\$)		Payee address; City;	State:	Zip Co	de				
	\$2,248.47		P.O. Box 650448		•					
			Dallas, TX 75265							
	PURPOSE OF		Category (See Categories listed at the top o	f this sche	edule)	(b)	Description			
	EXPENDITURE		Credit Card Payment						de of Texas. Complete So	
									officeholder living expense card payment	se
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought					Office held		

			EXPENDITURE CATEGOR	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 Expense Legal Services The Instruction Guide explains h	Office Over 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 Filers)
	Sch: 8/41 Rpt: 41/104		Parker IV, Nathaniel W. (The Honorable	e)			00058399
4	Date 01/14/2024		Payee name Blakemore & Associates				
6	Amount (\$) \$2,500.00		Payee address; City; State; 1 E Greenway Plaza, Suite 225 Houston, TX 77046	Zip Coo	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	02/01/2024		Blakemore & Associates				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$2,500.00		1 E Greenway Plaza, Suite 225 Houston, TX 77046				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense C CS
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	03/01/2024		Blakemore & Associates				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$2,500.00		1 E Greenway Plaza, Suite 225				
			Houston, TX 77046				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CES
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name O	office sou	ht		Office held

			EXPENDITURE CATEGOR	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 Expense Legal Services The Instruction Guide explains h	Office Over 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 Filers)					
_	Sch: 9/41 Rpt: 42/104		Parker IV, Nathaniel W. (The Honorable	e)			00058399					
4	Date 04/01/2024	5	Payee name Blakemore & Associates									
6	Amount (\$) \$2,500.00	7	Payee address; City; State; 1 E Greenway Plaza, Suite 225 Houston, TX 77046	Zip Co	le							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Consulting Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CES					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held					
	Date		Payee name									
	05/01/2024		Blakemore & Associates									
	Amount (\$) \$2,500.00		Payee address; City; State; 1 E Greenway Plaza, Suite 225	Zip Co	le							
			Houston, TX 77046									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Consulting Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CES					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held					
	Date		Payee name									
	06/01/2024		Blakemore & Associates									
	Amount (\$) \$2,500.00		Payee address; City; State; 1 E Greenway Plaza, Suite 225	Zip Coo	le							
			Houston, TX 77046									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Consulting Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held					

		EXPENDITURE CATEGORIES F	OR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense I Expense g Expense es/Wages/Contract Labor 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:			3 Filer ID (Ethics Commission Filers)							
1	Sch: 10/41 Rpt:	Parker IV, Nathaniel W. (The Honorable)		00058399							
4	Date	Payee name									
	06/20/2024	Brent Hagenbuch Campaign									
6	Amount (\$)	Payee address; City; State; Zip	Code								
	\$3,000.00	800 Shoreline Dr #310									
		Denton, TX 76210									
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description								
		Contributions/Donations Made By		outside of Texas. Complete Schedule T.							
	EXPENDITURE	Candidate/Officeholder/Political Committee		n, TX, officeholder living expense							
			Donation to o	campaign							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name Office s	ought	Office held							
	Date	Payee name									
	01/14/2024	Carrabba's									
	Amount (\$)	Payee address; City; State; Zip	Code								
	\$625.35	115 Kirby Drive									
	ļ										
		louston, TX 77098									
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b) Description								
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
			Fundraising								
			-								
	Complete ONLY if direct expenditure to benefit C/OF	undidate/Officeholder name Office s	l ought	Office held							
F	Date	vayee name									
	01/23/2024	Constant Contact									
	Amount (\$)	Payee address; City; State; Zip	Code								
	\$768.36	.601 Trapelo Rd									
	·										
		Valtham, MA 02451-7357									
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b) Description								
	EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense							
				cription for campaign email and							
			database se								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name Office s	sought	Office held							
┢											

			EXPENDITURE CATEGO	RIES FOF	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 Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Lal	ense bor		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)
-	Sch: 11/41 Rpt:		Parker IV, Nathaniel W. (The Honorab	ole)				00058399
4	Date 06/07/2024		Payee name Cristina's					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
Ū	\$46.52		6424 Cross Timbers, Suite 1171 Flower Mound, TX 75022-6201	, zip 00				
_	DUDDOCE				(h) =			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)	Check i	if travel ou if Austin, ⁻	TX, d	le of Texas. Complete Schedule T. officeholder living expense slative meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	05/08/2024		DFW Airport Parking					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$32.00		2400 Aviation Dr Dallas, TX 75261					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	hedule)	Check i	if travel ou if Austin, ⁻	TX, d	le of Texas. Complete Schedule T. officeholder living expense ee for officeholder travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	05/16/2024		DFW Airport Parking					
	Amount (\$) \$112.43		Payee address; City; State 2400 Aviation Dr	e; Zip Co	de			
			Dallas, TX 75261					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	hedule)	Check i	if travel ou if Austin, ⁻	TX, d	le of Texas. Complete Schedule T. officeholder living expense ee for officeholder travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held

			EXPENDITURE CATEGORIE	ES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overh 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: 12/41 Rpt:		Parker IV, Nathaniel W. (The Honorable)				00058399
4	Date 05/25/2024	5	Payee name DFW Airport Parking				
6	Amount (\$) \$97.43	7	Payee address; City; State; 2 2400 Aviation Dr Dallas, TX 75261	Zip Cod	e		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Fees	ule) (Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense ee for officeholder travel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice soug	ht		Office held
	Date		Payee name				
	06/21/2024		DFW Airport Parking				
	Amount (\$) \$97.43		Payee address; City; State; 2 2400 Aviation Dr	Zip Cod	e		
	PURPOSE OF EXPENDITURE	(a)	Dallas, TX 75261 Category (See Categories listed at the top of this schedu Fees	ule) (Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense ee for officeholder travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Officeholder	ice soug	ht		Office held
	Date		Payee name				
	03/01/2024		Dallas Baptist University				
	Amount (\$) \$1,000.00		Payee address;City;State;Z3000 Mountain Creek Pkwy	Zip Cod	e		
			Dallas, TX 75211	i			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Event Expense	ule) (, тх,	de of Texas. Complete Schedule T. officeholder living expense ee for event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Officeholder	ice soug	ht		Office held

			EXPENDITURE CATEGO	RIES FOF	R 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 Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhea bense pens (ages	se s/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: 13/41 Rpt:	2	Parker IV, Nathaniel W. (The Honorab	ole)			3	00058399
4	Date	5	Payee name					
	01/01/2024		Eads, Everett					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$250.00		3425 Jameston Drive					
			Flower Mound, TX 75028					
8	PURPOSE	(0)			(h)	Description		
°	OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(u)	Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor					, officeholder living expense
								or campaign/officeholder services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	02/01/2024		Eads, Everett					
_	Amount (\$)			; Zip Co	do			
	\$350.00		3425 Jameston Drive	, Ζιρ C0	ue			
	\$350.00		3425 Jameston Drive					
			Flower Mound, TX 75028					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Contract labo	or to	or campaign/officeholder services
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	03/01/2024		Eads, Everett					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$350.00		3425 Jameston Drive	, _, _ =				
	\$000100							
			Flower Mound, TX 75028					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Contract labo	or to	or campaign/officeholder services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	supervisitore to serient 0/01							

				EXPENDIT	URE CATEGO	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	rials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead ense pense ages/	Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	
		-			n Guide explains	how to cor	nple	te this form.				
1	Total pages Schedule F1:	2			·				3	Filer ID	(Ethics Com	mission Filers)
	Sch: 14/41 Rpt:		Parker IV, N	lathaniel W.	(The Honorabl	le)				00058399		
4	Date	5	Payee name									
	04/01/2024		Eads, Evere	ett								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$350.00		3425 James	ston Drive								
			Flower Mou	nd, TX 7502	3							
8	PURPOSE	(a)					(h)	Description				
ľ	OF	"		e Categories listed	at the top of this sch	iedule)	()		outsid	de of Texas. Com	plete Schedule T	
	EXPENDITURE		Guidileo/We	iges/contrac	Labor		j	Check if Austin,	, тх,	officeholder living	expense	
								Contract labo	r fo	r campaign	officeholde/	r services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	e (Dffice sou	ght			Office he	eld	
	Date		Payee name									
	05/01/2024		Eads, Evere	ett								
_	Amount (\$)	┝	Payee addres	ss; City;	State	; Zip Co	he					
	\$350.00		3425 James		Oldie,	, 20 00						
	\$350.00		5425 June									
			Flower Mou	nd, TX 7502	3							
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed ages/Contrac	at the top of this sch t Labor	nedule)			, TX,	de of Texas. Com officeholder living	expense	
								Contract labo	. 10			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	e (Office sou	ght			Office he	eld	
	Date		Payee name									
	06/01/2024		Eads, Evere	ett								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$350.00		3425 James									
			Flower Mou	nd, TX 75028	3							
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed ages/Contrac	at the top of this sch t Labor	nedule)			, тх,	de of Texas. Com officeholder living o r campaign /	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offi	ceholder name	e (Dffice sou	ght			Office he	eld	

			EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
		-	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/41 Rpt:	2	FILER NAME3Filer ID(Ethics Commission Filers)Parker IV, Nathaniel W. (The Honorable)00058399
4	Date	5	Payee name
	01/01/2024		Eastwood, Nick
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Code 915 Keith Lane, Apt. 101 Austin, TX 78705
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description
J	OF	(u)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Salaries/Wages/Contract Labor (b) Description
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held
	Date		Payee name
	02/01/2024		Eastwood, Nick
	Amount (\$)		Payee address; City; State; Zip Code
	\$500.00		915 Keith Lane, Apt. 101 Austin, TX 78705
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought Office held
	Date		Payee name
	03/01/2024		Eastwood, Nick
	Amount (\$) \$500.00		Payee address;City;State;Zip Code915 Keith Lane, Apt. 101
			Austin, TX 78705
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder 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 B Candidate/Officeholder/Politic Credit Card Payment							
_		-	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 16/41 Rpt:	2	FILER NAME3 Filer ID(Ethics Commission Filers)Parker IV, Nathaniel W. (The Honorable)00058399				
4	Date	5	Payee name				
	04/01/2024		Eastwood, Nick				
6	Amount (\$) 7 Payee address; City; State; Zip Code 915 Keith Lane, Apt. 101 Austin, TX 78705						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held				
	Date		Payee name				
	05/01/2024		Eastwood, Nick				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$500.00		915 Keith Lane, Apt. 101 Austin, TX 78705				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held				
	Date		Payee name				
	06/01/2024		Eastwood, Nick				
	Amount (\$) \$500.00		Payee address;City;State;Zip Code915 Keith Lane, Apt. 101				
			Austin, TX 78705				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex 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					3	Filer ID (Ethics Commission Filers)
1	Sch: 17/41 Rpt:	2	Parker IV, Nathaniel W. (The Honorab	le)				00058399
4	Date	5	Payee name					
	05/07/2024		Flower Mound Chamber of Commerce	!				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$50.00		700 Parker Square					
			·					
			Flower Mound, TX 75028-7448					
_								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		de ef Teures, Osmanlada Oshaduda T
	EXPENDITURE		Fees					de of Texas. Complete Schedule T. officeholder living expense
								f tickets for event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
-	Date		Payee name					
	03/20/2024		Godaddy.com					
				· Zin Co	do			
	Amount (\$)			; Zip Co	ue			
	\$39.98 2155 East Godaddy Way							
			Tempe, AZ 85284					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE							officeholder living expense
						Campaign we	ebs	ite fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name 0	Office sou	ght			Office held
	Date		Payee name					
	03/21/2024		Godaddy.com					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$165.02		2155 East Godaddy Way	, בוף כס	uo			
	\$10010L							
			Tempe, AZ 85284					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	iedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.
								officeholder living expense
						Campaign we	ebs	ite iees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	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	FILER NAME		-	3	Filer ID (Ethics Commission Filers)	
_	Sch: 18/41 Rpt:		Parker IV, Nathaniel W. (The Honorabl	le)			00058399	
4	Date 06/09/2024		Payee name Godaddy.com					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$199.98 2155 East Godaddy Way							
8	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 website fees							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	yht		Office held	
	Date		Payee name					
03/01/2024 Graham, Shannon								
	Amount (\$) Payee address; City; State; Zip Code \$500.00 4205 Greenbrier Drive							
	PURPOSE OF EXPENDITURE	(a)	Dallas, TX 75225 Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. . officeholder living expense or campaign/officeholder services	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	04/01/2024		Graham, Shannon					
	Amount (\$) \$500.00		Payee address; City; State; 4205 Greenbrier Drive	; Zip Co	de			
			Dallas, TX 75225					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	iedule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense or campaign/officeholder services	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Tran Food/Beverage Expense Polling Expense Trav y - Gift/Awards/Memorials Expense Printing Expense Trav				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)	
-	Sch: 19/41 Rpt:		Parker IV, Nathaniel W. (The Honorable	e)		Ū	00058399	
4	Date 04/28/2024		Payee name Houston Marriott West					
				7: 0	-1 -			
6	Amount (\$) \$220.19	7 Payee address; City; State; Zip Code \$220.19 1750 West Loop South						
			Houston, TX 77027					
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense	
							ging for legislative meetings	
						U U	ging for logicitatio mootingo	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held							Office held	
	Date		Payee name					
	01/01/2024		Humphrey, Caleb					
Amount (\$) Payee address; City; State; Zip Code								
	\$500.00 P.O. Box 271741							
			Flower Mound, TX 75027					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Consulting se			
					e e nearrig e e			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held	
	expenditure to benefit C/OI							
	Date		Payee name					
	02/01/2024		Humphrey, Caleb					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$500.00		P.O. Box 271741					
			Flower Mound, TX 75027					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Consulting St	21 VI		
_	Complete ONUV if direct	L	andidata/Officeholder same)ffico com	abt		Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	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: 20/41 Rpt:		Parker IV, Nathaniel W. (The Honorab	le)			00058399			
4	Date 03/01/2024		5 Payee name Humphrey, Caleb							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$1,600.00 P.O. Box 271741 Flower Mound, TX 75027 Flower Mound, TX 75027									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Consulting Expense Consulting Services									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ıht		Office held			
	Date		Payee name							
	04/01/2024		Humphrey, Caleb							
	Amount (\$) \$1,600.00		Payee address; City; State P.O. Box 271741	; Zip Co	le					
			Flower Mound, TX 75027							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Consulting Expense	iedule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ICES			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ıht		Office held			
	Date		Payee name							
	05/01/2024		Humphrey, Caleb							
	Amount (\$) \$1,600.00		Payee address; City; State P.O. Box 271741	; Zip Co	le					
			Flower Mound, TX 75027							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Consulting Expense	iedule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ICES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	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	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	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)
-	Sch: 21/41 Rpt:		Parker IV, Nathaniel W. (The Honorable	e)			00058399
4	Date	5	Payee name				
	06/01/2024		Humphrey, Caleb				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$1,600.00		P.O. Box 271741				
			Flower Mound, TX 75027				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense
					Consulting se		
					e e ne e		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O)ffice sou	Jht		Office held
-	Date		Payee name				
	02/04/2024		Install Connect				
Amount (\$) Payee address; City; State; Zip Code							
\$5,000.00 505 W State Street							
	\$5,000.00		SUS W State Street				
			Garland, TX 75040				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense
							ampaign signs
					mstanation o		
	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	iht		Office held
	expenditure to benefit C/OF				,		
	Date		Payee name				
	02/23/2024		Install Connect				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$2,500.00		505 W State Street				
			Garland, TX 75040				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.
							, officeholder living expense
					installation 0	i Cð	ampaign signs
	Complete ONUM Station	Ļ	And idea / Office helder		- la 4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	Int		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 Polling Expense 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: 22/41 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399					
4	Date 02/03/2024	Payee name Kubicek, Robert						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$300.00 6200 Canyon Falls Drive Argyle, TX 76226 Argyle, TX 76226							
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security for Saturday office hours at district office 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/06/2024	Kubicek, Robert						
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 6200 Canyon Falls Drive						
		Argyle, TX 76226						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense aturday office hours at district office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/04/2024	Kubicek, Robert						
	Amount (\$) \$250.00	Payee address;City;State; Zip Code6200 Canyon Falls Drive						
		Argyle, TX 76226						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense aturday office hours at district office					
	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
-	Sch: 23/41 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399					
4	Date 06/01/2024	5 Payee name Kubicek, Robert						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$250.00 6200 Canyon Falls Drive							
		Argyle, TX 76226						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security for Saturday office hours at district office							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/03/2024	Lincoln Cabinet PAC						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,500.00	P.O. Box 50748 Denton, TX 75206						
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense nembership dues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/11/2024	Lyft						
	Amount (\$) \$77.32	Payee address;City;State;Zip Code185 Berry St, Suite 5000						
		San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense staff travel for legislative meetings					
	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	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gitl/Awards/Memorials 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: 24/41 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399					
4	Date 01/12/2024	Payee name Lyft						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$55.55 185 Berry St, Suite 5000 San Francisco, CA 94107							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder staff travel for legislative meetings							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/13/2024	Lyft						
	Amount (\$) \$127.69	Payee address; City; State; Zip Code 185 Berry St, Suite 5000 San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel Check if Austin 	outside of Texas. Complete Schedule T. h, TX, officeholder living expense staff travel for legislative meetings					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/22/2024	Lyft						
	Amount (\$) \$15.27	Payee address; City; State; Zip Code 185 Berry St, Suite 5000						
		San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense staff travel during RPT Convention					
	Complete ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 25/41 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399					
4	Date 05/22/2024	5 Payee name Lyft						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$13.65 185 Berry St, Suite 5000 San Francisco, CA 94107							
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 Officeholder staff travel during RPT Convention							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/22/2024	Lyft						
	Amount (\$) \$39.52	Payee address; City; State; Zip Code 185 Berry St, Suite 5000						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense staff travel during RPT Convention					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/22/2024	Lyft						
	Amount (\$) \$70.26	Payee address;City;State;Zip Code185 Berry St, Suite 5000						
		San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense staff travel during RPT Convention					
	Complete ONLY 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 B Candidate/Officeholder/Politic Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_		-	· · · · ·	ow to con	piete this form.	1_	
1	Total pages Schedule F1: Sch: 26/41 Rpt:	2	FILER NAME Parker IV, Nathaniel W. (The Honorable))		3	Filer ID (Ethics Commission Filers) 00058399
4	Date	5	Payee name				
	05/23/2024		Lyft				
6	Amount (\$) 7 Payee address; City; State; Zip Code \$26.19 \$26.19 San Francisco, CA 94107						
8	DIIDDOSE	(a)			b) Description		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder staff travel during RPT Convention						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offi	fice soug	ht		Office held
	Date		Payee name				
	05/23/2024		Lyft				
	Amount (\$)		Payee address; City; State;	Zip Coc	e		
	\$50.90		185 Berry St, Suite 5000 San Francisco, CA 94107				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Travel Out of District	lule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ff travel during RPT Convention
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held
	Date		Payee name				
	06/11/2024		Lyft				
	Amount (\$) \$66.49		Payee address; City; State; 185 Berry St, Suite 5000	Zip Coc	е		
			San Francisco, CA 94107				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Travel Out of District	lule)	Check if Austir	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense ff travel for legislative meetings
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice 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		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over 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				2	Filer ID (Ethics Commission Filers)	
-	Sch: 27/41 Rpt:	2	Parker IV, Nathaniel W. (The Honorable	e)			00058399	
4	Date 06/11/2024	5 Payee name Lyft						
6	Amount (\$) \$ Amount (\$) \$ Amount (\$) \$ Payee address; City; State; Zip Code 185 Berry St, Suite 5000 San Francisco, CA 94107							
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder staff travel for legislative meetings 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice souç	ht		Office held	
	Date		Payee name					
	01/01/2024		Mann, Savannah					
	Amount (\$)Payee address;City;State;Zip Code\$350.003816 S Lamar Blvd, #2010							
			Austin, TX 78704					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Consulting Expense	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense CES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice souç	ht		Office held	
	Date		Payee name					
	01/15/2024		Mann, Savannah					
	Amount (\$) \$350.00		Payee address; City; State; 3816 S Lamar Blvd, #2010	Zip Coo	le			
			Austin, TX 78704					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Consulting Expense	dule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense C CS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice souç	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	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 F	· ·		• • • • • •	3	Filer ID (Ethics Commission Filers)			
-	Sch: 28/41 Rpt:		Parker IV, Nathaniel W. (The Honorab	le)			00058399			
4	Date 02/01/2024		^p ayee name Mann, Savannah							
6	Amount (\$) \$350.00	 Payee address; City; State; Zip Code 3816 S Lamar Blvd, #2010 Austin, TX 78704 								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting services									
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	F	Payee name							
	03/01/2024 Mann, Savannah									
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 50.00 3816 S Lamar Blvd, #2010 Austin, TX 78704								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Consulting Expense	nedule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense CES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıht		Office held			
	Date	F	Payee name							
	04/01/2024	ſ	Mann, Savannah							
	Amount (\$) \$350.00		Payee address; City; State 3816 S Lamar Blvd, #2010	; Zip Co	le					
			Austin, TX 78704							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting services 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Over 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			•	3	Filer ID (Ethics Commission Filers)			
	Sch: 29/41 Rpt:	-	Parker IV, Nathaniel W. (The Honorable	00058399						
4	Date	5	Payee name							
	05/01/2024		Mann, Savannah							
6	Amount (\$)			Zip Co	le					
	\$350.00		3816 S Lamar Blvd, #2010							
			Austin, TX 78704							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Consulting Expense				de of Texas. Complete Schedule T. officeholder living expense			
					Consulting se					
					5					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C)ffice sou	ht		Office held			
	Date		Payee name							
	06/01/2024		Mann, Savannah							
Amount (\$) Payee address; City; State; Zip Code										
	\$350.00		3816 S Lamar Blvd, #2010							
			Austin, TX 78704							
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Services 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C)ffice sou	ht		Office held			
	Date		Payee name							
	01/24/2024		McWilliams, Jane							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$763.00		902 Highland Village Rd							
			Highland Village, TX 75077							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense or campaign/officeholder services			
-	Complete <u>ONLY</u> if direct		Candidate/Officeholder name C)ffice sou	ht		Office held			
	expenditure to benefit C/OI	-								

	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 h	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: 30/41 Rpt:		Parker IV, Nathaniel W. (The Honorable	e)			00058399			
4	Date 06/27/2024		Payee name Metroport Chamber of Commerce							
_			-	7: 0	-					
6	Amount (\$)			Zip Coo	е					
	\$385.00		381 West Byron Nelson Blvd							
			Roanoke, TX 76262							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense			
							mbership dues			
					Onicerioidei	me				
9	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ht		Office held			
Ĵ	expenditure to benefit C/Oł				in the second seco					
_	Date									
	04/24/2024		Payee name PediPlace							
	Amount (\$) Payee address; City; State; Zip Code									
	\$750.00		502 South Old Orchard Lane							
			Lewisville, TX 75067							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)	b) Description	outsi	ide of Texas. Complete Schedule T.			
					Check if Austin Sponsorship		, officeholder living expense oport			
	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ht		Office held			
	expenditure to benefit C/OI									
	Date		Payee name							
	03/01/2024		Porter, James							
	Amount (\$)		Payee address; City; State;	Zip Coo	e					
	\$375.00		P.O. Box 720826							
			Oklahoma City, OK 73172							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description					
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.			
					Accounting s		, officeholder living expense			
					Accounting S	CIV	1000			
	Complete ONL V if direct	Ļ	Candidate/Officeholder name O	office soug	bt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			mice soug	111					
-										

	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 explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense 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: 31/41 Rpt:		Parker IV, Nathaniel W. (The Honorable	e)				00058399		
4	Date	5	Payee name							
	04/19/2024		Republican Party of Texas							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$2,500.00		807 Brazos St., Suite 701							
			Austin, TX 78701							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T. officeholder living expense		
			Candidate/Officeholder/Political Commi	lillee				akfast for delegates at the RPT		
						Convention				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght			Office held		
	Date		Payee name							
	01/01/2024		Robinson, Trish							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$750.00 784 McMakin Road									
			Bartonville, TX 76226							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense or campaign/officeholder services		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght			Office held		
	Date		Payee name							
	02/01/2024		Robinson, Trish							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$750.00		784 McMakin Road							
			Bartonville, TX 76226							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense		
								or campaign/officeholder services		
							-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O)ffice sou	ght			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 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: 32/41 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399							
4	Date 03/01/2024	Payee name Robinson, Trish								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$750.00 784 McMakin Road Bartonville, TX 76226									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/01/2024	Robinson, Trish								
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 784 McMakin Road								
	PURPOSE	Bartonville, TX 76226 a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Salaries/Wages/Contract Labor	uutside of Texas. Complete Schedule T. TX, officeholder living expense r for campaign/officeholder services							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/01/2024	Robinson, Trish								
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 784 McMakin Road								
		Bartonville, TX 76226								
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense r for campaign/officeholder services							
	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		Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overh 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: 33/41 Rpt:		Parker IV, Nathaniel W. (The Honorable)				00058399			
4	Date 06/01/2024		Payee name Robinson, Trish							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$750.00 784 McMakin Road Bartonville, TX 76226									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offi	ice soug	nt		Office held			
	Date		Payee name							
	05/23/2024		San Antonio Marriott Riverwalk							
	Amount (\$) \$292.71		Payee address; City; State; 2 889 E Market Street	Zip Cod	e					
			San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Travel Out of District	ule) (Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense ff lodging for RPT Convention			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice sougl	nt		Office held			
	Date		Payee name							
	05/24/2024		San Antonio Marriott Riverwalk							
	Amount (\$) \$59.80		Payee address; City; State; 2 889 E Market Street	Zip Cod	e					
			San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Food/Beverage Expense	ule) (Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense I staff meeting			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice sougl	nt		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 Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	ר ר ר	Fravel in District Fravel Out of Dis	quipment & Related Expense	
_	T									
1	Total pages Schedule F1: Sch: 34/41 Rpt:		NAME r IV, Nathaniel W. (The	Honorable	e)			-iler ID)0058399	(Ethics Commission Filers)	
4	Date	Payee	name							
	05/24/2024	San A	ntonio Marriott Riverwa	-						
6 Amount (\$) \$249.05 \$249.05 7 Payee address; City; State; Zip Code 889 E Market Street San Antonio, TX 78205										
8	PURPOSE	a) Catego		top of this sch	odulo) (b) Description				
	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder lodging for RPT Convention								expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	nt		Office he	ld	
	Date	Payee	name							
	03/22/2024	Shera	ton							
	Amount (\$)	Payee	address; City;	State:	Zip Cod	e				
	\$221.04	701 E	ast 11th St , TX 78701-2622		·					
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the Out of District	top of this sche	edule) (Check if Austin	n, TX, of	fficeholder living	olete Schedule T. expense Austin for legislative	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	С	Office soug	nt		Office he	łd	
F	Date	Payee	name							
	03/22/2024	Shera								
	Amount (\$)	Pavee	address; City;	State [.]	Zip Cod	٩				
	\$263.04		ast 11th St	otato,	2.0 000	-				
		Austin	, TX 78701-2622							
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the Out of District	top of this sche	edule) (Check if Austin	n, TX, of	fficeholder living	olete Schedule T. expense Austin for legislative	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	nt		Office he	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 Expense Gift/Awards/Memorials Expense umittee Legal Services The Instruction Guide exp	C P P S	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense	
1	Total pages Schedule F1:	2	EII ER NAME			·	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 35/41 Rpt:		Parker IV, Nathaniel W. (The Hor	orable)				00058399		
4	Date 03/08/2024		Payee name Southwest Airlines							
6	6 Amount (\$) \$443.97 7 Payee address; City; State; Zip Code P.O. Box 36611 Dallas, TX 75235									
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder flight to Houston for legislative meeting 									xpense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice soug	nt		Office held	1	
	Date		Payee name							
	01/01/2024		The McIntosh Company, Inc.							
	Amount (\$)		Payee address; City;	State; 2	Zip Cod	е				
	\$3,000.00		9203 Esplanade Dallas, TX 75220							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Consulting Expense	this schedu	ıle) (ı, TX,	de of Texas. Comple officeholder living e CES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice soug	nt		Office held	ł	
	Date		Payee name							
	02/01/2024		The McIntosh Company, Inc.							
	Amount (\$) \$3,000.00		Payee address; City; 9203 Esplanade	State; 2	Zip Cod	e				
			Dallas, TX 75220							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Consulting Expense	this schedu	ule) (ı, ТХ,	de of Texas. Comple officeholder living e CES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice soug	nt		Office held	1	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	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			-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 36/41 Rpt:		Parker IV, Nathaniel W. (The Honorable))			00058399			
4	Date 03/01/2024		Payee name The McIntosh Company, Inc.							
6	6 Amount (\$) \$3,000.00 Payee address; City; State; Zip Code 9203 Esplanade Dallas, TX 75220									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Consulting Expense Image: Check if Austin, TX, officeholder living expense Consulting Services									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held			
	Date		Payee name							
	04/01/2024		The McIntosh Company, Inc.							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e					
	\$3,000.00		9203 Esplanade Dallas, TX 75220							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Consulting Expense	ule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held			
	Date		Payee name							
	06/01/2024		The McIntosh Company, Inc.							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e					
	\$3,000.00		9203 Esplanade							
			Dallas, TX 75220							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Consulting Expense	ule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense CES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	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)			
	Sch: 37/41 Rpt:		Parker IV, Nathaniel W. (The Honorable) 00058399							
4	Date	5	Payee name							
	05/01/2024		The McIntosh Company, Inc.							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$3,000.00		9203 Esplanade							
	Dallas, TX 75220									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.			
					Consulting se		, officeholder living expense			
					y					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C)ffice sou	Jht		Office held			
	Date		Payee name							
	03/11/2024		The Post Oak Hotel							
⊢	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$466.83		1600 West Loop South	·						
			•							
			Houston, TX 77027							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Travel Out of District				, officeholder living expense			
					Officeholder	lod	ging for legislative meetings			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		Office held			
	Date		Payee name							
	01/03/2024		The Prosper Group							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$6,500.00		PO Box 488	·						
			Greenwood, IN 46142							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	outo	ide of Taylog, Complete Cabadula T			
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Online adver					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	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	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	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			•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 38/41 Rpt:		Parker IV, Nathaniel W. (The Honorable	e)			00058399			
4	Date 03/01/2024		Payee name The Prosper Group							
6	Amount (\$)			Zip Co						
Ū	\$6,539.81 PO Box 488									
			Greenwood, IN 46142							
8	 8 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 Online advertising services 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	04/26/2024		The Prosper Group							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$6,500.00		PO Box 488 Greenwood, IN 46142							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense ng services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held			
	Date		Pavee name							
	05/02/2024		The Prosper Group							
	Amount (\$) \$6,506.80		Payee address; City; State; PO Box 488	Zip Co	le					
			Greenwood, IN 46142							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense 1g Services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name O	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	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	FILER NAME		·	3	Filer ID (Ethics Commission Filers)			
-	Sch: 39/41 Rpt:		Parker IV, Nathaniel W. (The Honorable	e)		ľ	00058399			
4	Date	5	Payee name							
	03/01/2024		The Prosper Group							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$6,521.88		PO Box 488							
			Greenwood, IN 46142							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Online adver					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O)ffice sou	Jht		Office held			
	Date		Payee name							
	05/21/2024		Tom Thumb							
-	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$62.21 4301 Cross Timbers Rd.									
			Flower Mound, TX 75028							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche		(b) Description					
	EXPENDITURE		Transportation Equipment And Related				ide of Texas. Complete Schedule T. , officeholder living expense			
			Expense		Officeholder					
⊢	Complete ONLY if direct		Candidate/Officeholder name O)ffice sou	iht		Office held			
	expenditure to benefit C/OI	Η								
⊨	Date		Pavee name							
	03/28/2024		Valentine Direct							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$9,601.78		14243 Proton Road	1						
	,									
			Farmers Branch, TX 75244							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
							sign and stationery printing			
					campaign yt		e.g. and claronory printing			
-	Complete ONLY if direct	L	Candidate/Officeholder name O	office soug	iht		Office held			
	expenditure to benefit C/OI			ance soul	j					
-										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment		Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense		nse ense ges/Contract Labor			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 40/41 Rpt:		Parker IV, Nathaniel W. (The Honorable))			00058399	
4	Date 02/20/2024		Payee name Watts, Kimberly					
6	Amount (\$)	7	Payee address; City; State; Z	Zin Cod	2			
-	\$440.00		1412 Berne Lane					
_			Lewisville, TX 75067					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	ule) (Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense or campaign/officeholder services	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offi	ice soug	nt		Office held	
	Date		Payee name					
	06/20/2024		Watts, Kimberly					
	Amount (\$)		Payee address; City; State; Z	Zip Cod	9			
	\$80.00		1412 Berne Lane Lewisville, TX 75067					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Salaries/Wages/Contract Labor	ule) (Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense or campaign/officeholder services	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	nt		Office held	
	Date		Payee name					
	01/01/2024		WinRed					
	Amount (\$)		Payee address; City; State; Z	Zip Cod	2			
	\$2,499.49		1776 Wilson Blvd	p 000	-			
			Arlington, VA 22209	i				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Fees	ule) (Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense ion processing fees for period 1/1 -	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offi	ice soug	nt		Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Exp Fees Food/Beve Gift/Awarc nmittee Legal Sen	Event Expense Loan Repayment/Reimbursement			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: 41/41 Rpt:		Parker IV, Nathani	el W. (The Honorable	e)				00058399	
4	Date	5	Payee name							
	04/28/2024		iStock.com							
6	Amount (\$) \$64.95	7	Payee address; 1240 20th Ave SE Suite 313 Calgary Alberta T2		Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categor Advertising Expens	ies listed at the top of this sche SE	edule)			, тх,	de of Texas. Com officeholder living aphics	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name O	office sou	ght			Office he	ld
	Date		Payee name							
	06/16/2024		iStock							
	Amount (\$)		Payee address;	City; State;	Zip Co	de				
	\$124.49		1240 20th Ave SE							
			Suite 313							
			Calgary Alberta T2	G1M8 Canada						
	PURPOSE	(a)		ies listed at the top of this sche	odulo)	(b)	Description			
	OF EXPENDITURE	. ,	Advertising Expense		uuic)			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE		0						officeholder living	expense
							Digital media	gra	aphics	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name O	ffice sou	ght			Office he	eld

			D	SCHEDULE F4	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award I Committee Legal Serv	rage Expense s/Memorials Expense ices	IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow 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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sch: 1/29 Rpt: 75/104		el W. (The Honorable	e)	00058399	
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE	D	
ISSUER	America	n Express	EXPENDITURES CHARGED TO A CRED CARD	\$ 4,336.52	
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Iss 04/03/2024	uer Paid	
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code	
			1 Hacker Way		
	Facebook				
			Menlo Park, CA 94025		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top of this schedule) Advertising Expense		Digital advertising		
X Political					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T			T. Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct Candidate/Officeholder name Off			ffice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$125.00	(b) Date of Charge 03/08/2024	(c) Date(s) Credit Card Iss 04/03/2024	uer Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	E s tost		1 Hacker Way		
	Facebook				
			Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Digital advertising		
X Political	Advertising Expense		Digital deventioning		
Non-Political					
	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	TX, officeholder living expense Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	oundiduite/onicentiduel	iname of	nice sought		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid	
	\$19.77	03/08/2024	04/03/2024		
	φ19.77	03/08/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
			1 Hacker Way		
	Facebook				
			Menlo Park, CA 94025		
PURPOSE OF	(a) Category		(b) Description		
	(See Categories listed at the top Advertising Expense	of this schedule)	Digital advertising		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held	
expenditure to benefit C/OH					

	SCHEDULE F4				
	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politi	By - Gift/Award cal Committee Legal Serv	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir		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 F4	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sch: 2/29 Rpt: 76/104		el W. (The Honorabl	e)	00058399	
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE	5	
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT \$ 4,336.52	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid	
	\$77.89	03/08/2024	04/03/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	Facebook		1 Hacker Way		
	Facebook				
			Menlo Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
	Advertising Expense	or this solicidatey	Digital advertising		
X Political					
Non-Political				X, officeholder living expense	
			Office sought	Office held	
expenditure to benefit C/OH				2.1	
PAYMENT	(a) Amount Charged \$125.00	(b) Date of Charge 03/25/2024	(c) Date(s) Credit Card Issu 05/03/2024	ler Pald	
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code	
	Facebook				
	Facebook				
			Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
	Advertising Expense	or this solicidatey	Digital advertising		
X Political					
Non-Political		of Texas. Complete Schedule		X, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held	
expenditure to benefit C/OH PAYMENT		(b) Date of Charge	(a) Data(c) Cradit Card Ica	uor Daid	
PATMENT	(a) Amount Charged		(c) Date(s) Credit Card Issu 05/03/2024		
	\$175.00	04/03/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
			1 Hacker Way		
	Facebook				
			Menlo Park, CA 94025		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Digital advertising		
X Political					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Dffice sought	Office held	
expenditure to benefit C/OH					

	EXPENDITOR	SCHEDULE F4				
			ENDITURE CATEGOR			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Offic Food/Beverage Expense Poli By - Gift/Awards/Memorials Expense Prin		Office Overhead/Rental Expense T Polling Expense T Printing Expense T	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
		The Inst	ruction Guide explains h	now to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 3/29 Rpt: 77/104	Parker IV, Nathanie	el W. (The Honorable	e)	00058399	
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 4,336.52	
6	PAYMENT	(a) Amount Charged \$138.90	(b) Date of Charge 04/13/2024	(c) Date(s) Credit Card Issue 06/03/2024	er Paid	
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Facebook		1 Hacker Way		
		Tacebook		Marila Davis OA 04005		
8 PURPOSE OF (a) Category			Menlo Park, CA 94025 (b) Description			
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	Digital advertising		
	X Political	Advertising Expense		3		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. TX	, officeholder living expense	
9				office sought	Office held	
	xpenditure to benefit C/OH					
	PAYMENT	(a) Amount Charged \$40.03	(b) Date of Charge 04/13/2024	(c) Date(s) Credit Card Issue 06/03/2024	er Paid	
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
		Facebook		1 Hacker Way		
		Tacebook				
		(a) Category		Menlo Park, CA 94025		
	PURPOSE OF EXPENDITURE	(a) Categories listed at the top	of this schedule)	(b) Description Digital advertising		
	X Political	Advertising Expense		2 igital dation lig		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin TX	, officeholder living expense	
⊢	Complete ONLY if direct	Candidate/Officeholder		iffice sought	Office held	
e	xpenditure to benefit C/OH			Ŭ		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
		\$58.40	05/13/2024			
	PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code	
		Facabook		1 Hacker Way		
		Facebook				
⊢		(a) Category		Menlo Park, CA 94025 (b) Description		
	PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Digital advertising		
	X Political	Advertising Expense				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		, officeholder living expense	
⊢	Complete <u>ONLY</u> if direct	Candidate/Officeholder		iffice sought	Office held	
e	xpenditure to benefit C/OH		-	-		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Exp. Fees Food/Beve y - Gift/Award	erage Expense Is/Memorials Expense	ES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ	ient & Related E		
	Ū.		ow to complete this form.	o men (enter a bateg			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	nics Commiss	ion Filers)	
Sch: 4/29 Rpt: 78/104	Parker IV, Nathanie	el W. (The Honorable)	00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEN EXPENDITURES CHARGED TO A C CARD	\$	4,336.5	52	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid			
	\$418.85	05/14/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	FedEx Office		7900 Legacy Dr				
			Plano, TX 75024				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	Printing Expense		Signage printing for Human Trafficking Summit				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Check if Au	ustin, TX, officeholder living e	xpense		
9 Complete ONLY if direct Candidate/Officeholder name Of expenditure to benefit C/OH			fice sought	Office held			
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card	l Issuer Paid			
	\$100.00	02/23/2024	04/03/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Flower Mound Cha	mber of	700 Parker Square				
			Flower Mound, TX 7	75028-7448			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Fees	of this schedule)	Officeholder staff tickets for event				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	ustin, TX, officeholder living e	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held	<u>.</u>		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid			
	\$30.00	03/18/2024	05/03/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			700 Parker Square				
	Flower Mound Cha	mber of					
			Flower Mound, TX	75028-7448			
PURPOSE OF	(a) Category	of this schodule)	(b) Description				
	(See Categories listed at the top Fees		Chamber luncheon	ticket for staff			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		ustin, TX, officeholder living e	xpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Of	fice sought	Office held			

BANDER OF CARD Concentration Concentratin Concentration Concentration Concentration Concent		SCHEDULE F4					
Mediation Classes Controlled and the control of th							
Accounting Biorking Contributions of Subset 0; integrate contributions of the subset 0; integrate contris of the subset 0; integrate contributions of the subset 0; integ		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)			
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4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	UNITEMIZED TURES D TO A CREDIT	\$	4,336.5	2
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			Houston, TX 77056-4401				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	• • •	(b) Description Officeholder staff lodging for Texas Energy Summit			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living ex	kpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Daid		
PAIMENT	\$432.50	03/23/2024	05/03/2024		i Faiu		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	Hilton Garden Inn		301 West 1 Austin, TX 7	301 West 17th St			
PURPOSE OF	(a) Category		(b) Descriptio				
	(See Categories listed at the top Travel Out of District	of this schedule)	• • •	r lodging for le	gislative meet	tings	
X Political				-			
Non-Political		of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living ex	kpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought		Office held		

	SCHEDULE F4			
	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	/ - Gift/Award al Committee Legal Serv	erage Expense s/Memorials Expense rices	Office Overhead/Rental Expense T Polling Expense T Printing Expense T	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel in District Fravel Out of District DTHER (enter a category not listed above)
1 Total pages Schedule F4:	·			3 Filer ID (Ethics Commission Filers)
Sch: 7/29 Rpt: 81/104		el W. (The Honorable	e)	00058399
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED	,
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	\$ 4,336.52
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
	\$441.56	05/16/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Hilton Garden Inn		301 West 17th St	
	Hillon Garden Inn			
			Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
X Political	Travel Out of District		Officeholder lodging for I	egislative meetings
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			K, officeholder living expense
			Diffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
	\$158.85	06/07/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			301 West 17th St	
	Hilton Garden Inn			
			Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder lodging for I	agiclativo mostingo
X Political	Travel Out of District			egisialive meetings
Non-Political				6 6 1 1 1 1
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	C, officeholder living expense Office held
expenditure to benefit C/OH			inice beagin	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
	\$1,013.12	01/23/2024	03/03/2024	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Liest Cuite		180 Sansome St, Suite 4	100
	Hoot Suite			
			San Francisco, CA 9410	4
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
	Advertising Expense	,	Digital advertising	
X Political	L			
Non-Political		of Texas. Complete Schedule		K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	office sought	Office held

	EXPENDITORES MADE BI CREDIT CARD					
	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 8/29 Rpt: 82/104		el W. (The Honorable	e)	00058399		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	\$ 4,336.52		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$2,000.00	01/19/2024	03/03/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	It's Going to be OK		4232 South Westmorela	nd Rd.		
			Dallas, TX 75233			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Advertising Expense		Sponsorship support			
X Political						
Non-Political				X, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$395.00	02/01/2024	03/03/2024			
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code		
			551 North Valley Pkwy			
	Lewisville Chamber of Commerce					
			Lewisville, TX 75067			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Fees		Officeholder membershi	o dues		
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held		
	(a) Amount Chargod	(b) Data of Charge	(a) Data(a) Cradit Card Jaou	or Doid		
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 05/03/2024			
	\$1,500.00	03/27/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			551 North Valley Pkwy			
	Lewisville Chambe	r of Commerce				
			Lewisville, TX 75067			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Advertising Expense		Sponsorship support			
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held		

			U	SCHEDULE F4		
	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Serv	rage Expense s/Memorials Expense ices	Office Overhead/Rental Expense Polling Expense Printing Expense	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 F4:	2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)		
Sch: 9/29 Rpt: 83/104		el W. (The Honorable	e)	00058399		
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER		revious	EXPENDITURES CHARGED TO A CREDI CARD	\$ 4,336.52		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$330.46	05/22/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Mailchimp		675 Ponce De Leon Ave	North East, Suite 5000		
			Atlanta, GA 30308			
8 PURPOSE OF (a) Category			(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Campaign email service			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Offi			ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$269.55	(b) Date of Charge 04/17/2024	(c) Date(s) Credit Card Issu 06/03/2024	er Paid		
PAYEE	(a) Payee name	1	(b) Payee address; City, State, Zip Code			
			4351 Cross Timbers Rd			
	Marco's Pizza					
			Flower Mound, TX 7502	8		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Contributions/Donatio	,	Meal purchase donation for local day habilitation facility			
X Political	Candidate/Officehold	er/Political Committe	e			
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$100.00	02/05/2024	03/03/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		(a	381 West Byron Nelson	Blvd		
	Metroport Chamber	r of Commerce				
			Roanoke, TX 76262			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Two staff tickets for char	mbor ovent		
X Political	Fees	<i>.</i>	I WO SIAH UCKEIS IOI CHAI			
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held		

		EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimbursem Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo	Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Training Expense Travel Out of District				
		The Inst	ruction Guide explains I	now to complete this form					
1	Total pages Schedule F4:	2 FILER NAME			1	3 Filer ID (Ethics Commission Filers)			
	Sch: 10/29 Rpt:	Parker IV, Nathanie	el W. (The Honorabl	e)		00058399			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$	4,336.5	52	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card Issuer	Paid			
		\$74.97	04/16/2024	06/03/2024					
7	PAYEE	(a) Payee name		(b) Payee address	;	City,	State,	Zip Code	
				500 West 2nd, S	Suite 120				
		North Italia Restaur	ant						
				Austin, TX 7870	1				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
		Food/Beverage Exper	,	Officeholder and	I staff meet	ting			
	X Political								
	Non-Political		of Texas. Complete Schedule		k if Austin, TX, o	fficeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held			
e	xpenditure to benefit C/OH	(a) Amount Channed	(h) Data of Charge	(a) Data(a) Gradit (Dand Jacoban	Daid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (06/03/2024	Jard Issuer	Pald			
		\$165.64	05/08/2024						
-	PAYEE	(a) Payee name		(b) Payee address	:	City,	State,	Zip Code	
		(-))			500 West 2nd, Suite 120				
		North Italia Restaur	ant						
				Austin, TX 7870	1				
	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top Food/Beverage Exper	,	Officeholder and	Officeholder and staff meeting				
	X Political								
	Non-Political		of Texas. Complete Schedule		k if Austin, TX, o	fficeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held			
e.	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit (Card locuar	Doid			
	PATMENT	.,		05/03/2024		Palu			
		\$500.00	04/06/2024						
-	PAYEE	(a) Payee name		(b) Payee address		City,	State,	Zip Code	
	=	(a) r ayee name		502 South Old C			State,		
		PediPlace							
				Lewisville, TX 75	5067				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Sponsorship sup	oport				
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check	c if Austin, TX, o	fficeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held			
e	xpenditure to benefit C/OH								

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10	(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reiml Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contrac	Expense Tra Tra Tra	licitation/Fundraising ansportation Equipm avel in District avel Out of District FHER (enter a categ	ent & Related E		
			ruction Guide explains h	low to complete this	s form.				
1	Total pages Schedule F4:					3 Filer ID (Eth	nics Commiss	ion Filers)	
	Sch: 11/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF EXPENDIT		\$	4,336.5	2	
	ISSUER	see pi	revious		D TO A CREDIT	φ	4,000.0	2	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	r Paid			
		\$237.00	05/16/2024						
7	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code	
				807 Brazos	St				
		Republican Party of	fTexas						
				Austin, TX 7	78701				
8	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top Fees	of this schedule)	Officeholde	r and staff regi	stration fee fo	or RPT cor	vention	
	X Political								
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	-	pense		
	Complete ONLY if direct	name O	ffice sought		Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr 03/03/2024	redit Card Issuer	r Paid			
		\$677.95	01/10/2024	00/00/2024					
	PAYEE	(a) Payee name		(b) Payee add		City,	State,	Zip Code	
		Southwest Airlines		P.O. Box 36	611				
				Dallas, TX 75235					
	PURPOSE OF	(a) Category		(b) Descriptio					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	() 1	r staff flight to <i>i</i>	Austin for leai	slative me	etinas	
	X Political	Travel Out of District			5	5		5	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	<u></u> т. Г	Check if Austin, TX,	officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder		ffice sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	r Paid			
		\$445.96	03/26/2024	05/03/2024					
	PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code	
		Southwest Airlines		P.O. Box 36	611				
		Southwest Annues							
				Dallas, TX 7					
PURPOSE OF EXPENDITURE (a) Category (b) Description (See Categories listed at the top of this schedule) Officeholder flight					ton for fundra	ising even	t		
X Political Travel Out of District			Cincenduel	i ingrit to rious		ionig even	L		
						- 46 1 1-1 - 1' - '			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold Complete ONLY if direct Candidate/Officeholder name Office sought Office				officeholder living ex Office held	pense				
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH		name O	mee sought					

		EXPE	NDITURE CATEGOR	IES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		oment & Related			
		The Inst	ruction Guide explains h	now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commiss	sion Filers)		
	Sch: 12/29 Rpt:	Parker IV, Nathanie	W. (The Honorable	e)	00058399				
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNIT		4 000 0	-0		
	ISSUER	see pi	evious	EXPENDITURES CHARGED TO A CARD	7	4,336.5	52		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid				
		\$651.96	04/01/2024	05/03/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				P.O. Box 36611			-		
		Southwest Airlines							
				Dallas, TX 75235					
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder flight	t to Austin for legislat	tive meeting	js		
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check i	f Austin, TX, officeholder living	expense			
9				ffice sought	Office held				
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid				
		\$565.96	04/19/2024	06/03/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Coutburget Airlines		P.O. Box 36611					
		Southwest Airlines							
				Dallas, TX 75235					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Travel Out of District		Officenoider flight	t to El Paso for fundr	aising even	t		
	X Political								
	Non-Political		of Texas. Complete Schedule		f Austin, TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
e	xpenditure to benefit C/OH				and la sura Daid				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit C	ard Issuer Paid				
		\$271.97	06/03/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Southwest Airlines		P.O. Box 36611					
Southwest Allines									
				Dallas, TX 75235					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		lative			
Travel Out of District				iative meeti	ngs				
	X Political								
	Non-Political		of Texas. Complete Schedule		f Austin, TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
e	xpenditure to benefit C/OH								

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraisi Transportation Equip		-xnense	
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel Out of District		слреное	
	Candidate/Officeholder/Politica	l Committee Legal Serv		Salaries/Wages/Contract Labor	OTHER (enter a cate	gory not listed at	oove)	
		The Inst	ruction Guide explains l	how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)	
	Sch: 13/29 Rpt:	Parker IV, Nathanie	el W. (The Honorabl	e)	00058399			
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMI				
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CR		4,336.5	52	
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$1,250.00	03/27/2024	05/03/2024				
		+=,======						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				1837 Montana Sky D	Drive			
		Stewart, Kevin						
				Austin, TX 78727-6361				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign legal serv	ices			
	X Political	Legal Services						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	tin, TX, officeholder living	expense		
9	Complete ONLY if direct	Candidate/Officeholder		Diffice sought	Office held			
	xpenditure to benefit C/OH			C C				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$1,250.00	05/10/2024					
		φ1,230.00	03/10/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				1837 Montana Sky D		,		
		Stewart, Kevin		,	-			
				Austin, TX 78727-63	61			
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign legal serv	ices			
	X Political	Legal Services						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	tin, TX, officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholder	•	Diffice sought	Office held	•		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
		\$256.23	01/01/2024	02/03/2024				
		\$200.20	01/01/2021					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				1005 Congress Aven	nue			
		Texas Values		Ů				
				Austin, TX 78701				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Sponsorship support				
	X Political	Advertising Expense						
	Non-Political (c) Check if travel outside of Texas. Complete Schedu		of Texas. Complete Schedule	e T. Check if Aus	tin, TX, officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholder		Diffice sought	Office held	-		
e	xpenditure to benefit C/OH							
		L						

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundrais		VIDADAA		
	Consulting Expense	Food/Beve	erage Expense	Polling Expense	Transportation Equip Travel in District		zxpense		
	Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award I Committee Legal Serv	s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate		oove)		
		The Inst	ruction Guide explains	how to complete this form.			,		
1	Total pages Schedule F4:	2 FILER NAME		-	3 Filer ID (E	Ethics Commiss	sion Filers)		
1	Sch: 14/29 Rpt:	Parker IV, Nathanie	W (The Henerabl	0)	00058399		, or the lot of		
			-						
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEM EXPENDITURES	IIZED s	4,336.5	32		
	ISSUER	see p	revious	CHARGED TO A CH		4,000.0	~~		
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
		\$236.25	05/14/2024						
		\$200.20	00/14/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		(u) r uječ hame		1211 West Riverside	-	Otato,	Lip Couc		
		The Loren Hotel							
				Austin TV 70704					
_		(a) Catagony		Austin, TX 78704					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder and staff meeting					
	-	Food/Beverage Expe			in meeting				
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Au	stin, TX, officeholder living	expense			
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
e	penditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
		\$29.75	03/28/2024	05/03/2024					
		\$20110	00/20/2021						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				4301 Cross Timbers		,			
		Tom Thumb							
				Flower Mound, TX 7	75028				
	PURPOSE OF	(a) Category		(b) Description	5020				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Refreshments for district office for constituents					
	Delition	Office Overhead/Ren	tal Expense						
	X Political								
	Non-Political		of Texas. Complete Schedule		stin, TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
		\$26.27	04/06/2024	05/03/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				4301 Cross Timbers	Rd.				
		Tom Thumb							
				Flower Mound, TX 7	' 5028				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	,	Officeholder staff fue	el				
	X Political	Transportation Equip	ment And Related						
		Expense							
	Non-Political		of Texas. Complete Schedule		stin, TX, officeholder living	expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held				
e	xpenditure to benefit C/OH								

		EXPE	ENDITURE CATEGOR	IES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Awards	rage Expense s/Memorials Expense ices	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense T T T ontract Labor C	olicitation/Fundraising E ransportation Equipmer ravel in District ravel Out of District DTHER (enter a categor	nt & Related I	
			ruction Guide explains h	ow to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 15/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399		
4	CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED	\$	4,336.5	52
	ISSUER	see pi	revious		GED TO A CREDIT	*	4,000.0	
6	PAYMENT	(a) Amount Charged \$15.55	(b) Date of Charge 04/06/2024	(c) Date(s 05/03/20	s) Credit Card Issue 024	er Paid		
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				4301 Cro	4301 Cross Timbers Rd.			
		Tom Thumb						
				Flower Mound, TX 75028				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	office for constit	tuente	
		Office Overhead/Rent	,	Refresh	ments for district	onice for consti	luents	
	X Political							
_	Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought		Office held		
с. 		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	ar Paid		
		\$148.46	04/17/2024	06/03/20				
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		Tom Thumb		4301 Cross Timbers Rd.				
					Nound, TX 75028	}		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption supply purchase	donation for loop	ol dov bo	hilitation
	X Political	Contributions/Donatio Candidate/Officeholde		facility	supply purchase		ai uay na	bilitation
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	ense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Issue	er Paid		
		\$28.54	04/17/2024	06/03/20	JZ4			
	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		Tom Thumb		4301 Cro	oss Timbers Rd.			
				Flower N	/lound, TX 75028	}		
	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Officeho	lder staff fuel			
	X Political	Expense	HEHL ANU REIALEU					
	Non-Political		of Texas. Complete Schedule	т.	Check if Austin, TX	, officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held		
e	xpenditure to benefit C/OH							

Forms provided by Texas Ethics Commission

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		nent & Related I		
		The Inst	ruction Guide explains h	low to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)	
	Sch: 16/29 Rpt:	Parker IV, Nathanie	l W. (The Honorable	e)	00058399			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	\$	4,336.5	52	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid			
		\$195.11	02/29/2024	04/03/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				713 Waterbrook P	kwy		-	
		Twisted Treehouse			-			
				Argyle, TX 76226				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Campaign graphic	designs and website	e assistanc	e	
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX, officeholder living e	expense		
9				ffice sought	Office held			
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer Paid			
		\$233.43	05/25/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Twisted Treehouse		713 Waterbrook P	kwy			
		Twisted Treenouse						
				Argyle, TX 76226				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		:		
		Advertising Expense		Campaign graphic	c designs and website	e assistanc	;e	
	X Political							
	Non-Political		of Texas. Complete Schedule		Austin, TX, officeholder living e	expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
e	xpenditure to benefit C/OH				nd Ianua a Daid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca 03/03/2024	ird Issuer Paid			
		\$998.00	02/04/2024					
	PAYEE			(b) Payee address;	City (Ctoto	Zip Codo	
		(a) Payee name		P.O. Box 66100	City,	State,	Zip Code	
		United Airlines		P.O. BOX 00100				
				Chicago, IL 60666	ì			
-	PURPOSE OF	(a) Category		(b) Description	•			
EXPENDITURE (See Categories listed at the top of this schedule) Officeholder flight seat upgrade fee								
X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX, officeholder living e	xpense		
-	Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ffice sought	Office held			
e	xpenditure to benefit C/OH			-				

	Advertising Expense	EXPI Event Exp		RIES FOR BOX 10(a) Loan Repayment/Reimbursement	Solicitation/Fundra	ising Expense		
	Accounting/Banking	Fees		Office Overhead/Rental Expense	Transportation Eq	uipment & Related I	Expense	
	Consulting Expense Contributions/ Donations Made By	- Gift/Award	erage Expense Is/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of Distr			
	Candidate/Officeholder/Politica	0		Salaries/Wages/Contract Labor how to complete this form.	OTHER (enter a c	ategory not listed at	oove)	
1	Total pages Schedule F4:				3 Filer ID	(Ethics Commiss	sion Filers)	
	Sch: 17/29 Rpt:		el W. (The Honorabl	e)	00058399		,	
4	CREDIT CARD		ncial institution	5 TOTAL OF UNITEN	1IZED			
	ISSUER	500 n	revious	EXPENDITURES	\$	4,336.5	52	
		500 p		CHARGED TO A CI CARD	REDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid			
		\$1,000.00	01/19/2024	03/03/2024				
		+_,						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				208 South Agnew S	it.			
		Wise Republican W	Vomen's Club					
				Boyd, TX 76023				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Sponsorship suppor	rt			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	ıstin, TX, officeholder livir	ng expense		
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office hel	d		
e	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid			
		\$17.05	01/18/2024	03/03/2024				
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
				55 Almaden Blvd, S	uite 600			
		Zoom						
				San Jose, CA 95113	3			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	-	Office Overhead/Ren		Campaign staff subscription				
	X Political							
	Non-Political		of Texas. Complete Schedule		ıstin, TX, officeholder livir			
	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office hel	d		
e>	kpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 04/03/2024	I Issuer Paid			
		\$17.05	02/18/2024	04/03/2024				
	DAVEE							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Zoom		55 Almaden Blvd, S	uite 600			
					2			
		(a) Catogony		San Jose, CA 95113	პ			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign staff subs	scription			
	_	Office Overhead/Ren	,		Scription			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Istin, TX, officeholder livin			
	Complete ONLY if direct	Candidate/Officeholder	rname C	Office sought	Office hel	u		
e>	kpenditure to benefit C/OH							

	EXP	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment Travel in District Travel Out of District OTHER (enter a category r	& Related Expense				
Candidate/Officenoide//Politica	0		how to complete this form.	OTHER (enter a category i	iot listed above)				
1 Total pages Schedule F4:			·····	3 Filer ID (Ethics	Commission Filers)				
Sch: 18/29 Rpt:		el W. (The Honorabl	e)	00058399					
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMI						
ISSUER		revious	EXPENDITURES	\$	4,336.52				
	300 p		CHARGED TO A CR CARD	EDIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
	\$17.05	03/18/2024	05/03/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code				
	Zoom		55 Almaden Blvd, Su	iite 600					
	20011								
			San Jose, CA 95113						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Office Overhead/Ren		Campaign staff subs	cription					
X Political									
Non-Political		of Texas. Complete Schedule		tin, TX, officeholder living expen	ise				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Daid					
	.,		06/03/2024						
	\$17.05	04/18/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code				
	()		55 Almaden Blvd, Su						
	Zoom								
			San Jose, CA 95113						
PURPOSE OF	(a) Category		(b) Description						
	(See Categories listed at the top Office Overhead/Ren		Campaign staff subs	cription					
X Political									
Non-Political		of Texas. Complete Schedule		tin, TX, officeholder living expen	ise				
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 06/03/2024	Issuer Paid					
	\$159.80	04/20/2024	00/00/2024						
PAYEE				O'ta					
PATEE	(a) Payee name		(b) Payee address; 55 Almaden Blvd, Su	City,	State, Zip Code				
	Zoom		55 Almauen bivu, Su						
San Jose, CA 95113									
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		District 12 staff Zoom	n subscription					
X Political	Office Overhead/Ren	tai ⊨xpense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living expen	ise				
Complete ONLY if direct	Candidate/Officeholder		Diffice sought	Office held					
expenditure to benefit C/OH									

		EXPE	INDITURE CATEGOR	RIES FC	OR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Tra Tra Tra	licitation/Fundraising Insportation Equipme avel in District Ivel Out of District HER (enter a catego	ent & Related E	
1	Total names Cabadula E4							aa Cammiaa	ion Filoro)
1	Total pages Schedule F4: Sch: 19/29 Rpt:		el W. (The Honorable	le)			3 Filer ID (Ethi 00058399	cs Commiss	aon Filers)
4	CREDIT CARD	Name of finar	ncial institution	5	TOTAL OF UNITEMIZ	ZED			
	ISSUER	see pi	revious		EXPENDITURES CHARGED TO A CRE CARD		\$	4,336.5	52
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(C)) Date(s) Credit Card Is	ssuer	Paid		
		\$17.05	05/18/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Zoom			5 Almaden Blvd, Sui	te 60	00		
					an Jose, CA 95113				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	· · ·) Description				
		Office Overhead/Rent	,	C	ampaign staff subsc	riptic	n		
	X Political		•						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austi	n, TX, (officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	name O	Office so	ught		Office held		
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(C)) Date(s) Credit Card Is	ssuer	Paid		
		\$17.05	06/18/2024						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Zoom		5	55 Almaden Blvd, Suite 600				
				s	an Jose, CA 95113				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	С	ampaign staff subsc	riptic	on		
	X Political	Onice Overneau/Reni	ai Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austi	n, TX, d	officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name O	Office so	ught		Office held		
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(C)) Date(s) Credit Card Is	ssuer	Paid		
		\$248.43	06/06/2024						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
				1	101 South Congress	Ave	:		
		Aba							
				A	ustin, TX 78704				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		0	fficeholder and staff	mee	eting		
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austi	n, TX, (officeholder living exp	oense	
	Complete ONLY if direct	Candidate/Officeholder	name O	Office so	ught		Office held		
e	xpenditure to benefit C/OH								

		EXPE	ENDITURE CATEGOR	IES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		ense erage Expense s/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense	ental Expense	Solicitation/Fundraising E Transportation Equipmer Travel in District Travel Out of District		Expense
	Candidate/Officeholder/Politica			Salaries/Wages/Co		OTHER (enter a category	/ not listed a	oove)
		The Inst	ruction Guide explains h	now to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 20/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399		
4	CREDIT CARD	Name of final	ncial institution		. OF UNITEMIZED	s s	4,336.5	52
	ISSUER	see p	revious		GED TO A CREDI	+	4,000.0	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issu	er Paid		
		\$600.00	04/05/2024	05/03/20)24			
7	PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
		Ashuantana Dinast		6609 Wi	llow Park Drive			
		Advantage Direct						
					FL 34109			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	. ,	Description npaign software fee for blockwalking			
	—	Fees	,	Campai	jii sollware lee i	of blockwaiking		
	X Political							
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Iffice sought	Check if Austin, T	X, officeholder living expe	ense	
	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name O expenditure to benefit C/OH			fince sought		Onice neid		
0.	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
		\$17.31	02/01/2024	03/03/20				
	PAYEE					0.1		7.0.1
	PATEE	(a) Payee name		(b) Payee 410 Terr		City,	State,	Zip Code
		Amazon.com		410 161	y Ave N			
				Seattle,	WA 98109			
	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campai	on office supplies	S		
	X Political	onice overnead/ren						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.	Check if Austin, T	X, officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s 04/03/20) Credit Card Issu	er Paid		
		\$694.94	03/08/2024	0				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				410 Terr	y Ave N			
		Amazon.com						
					WA 98109			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri				
	_	Office Overhead/Rent	,	Digital c	amera for campa	aign		
X Political								
	Non-Political		of Texas. Complete Schedule		Check if Austin, T	X, officeholder living expe	ense	
6	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought		Office held		
e.								

		EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Awards	rage Expense /Memorials Expense ices	Loan Repayment/Reimburser Office Overhead/Rental Expe Polling Expense Printing Expense Salaries/Wages/Contract Lab	nse Tra Tra Tra or OT	licitation/Fundraisin ansportation Equipn avel in District avel Out of District HER (enter a categ	ient & Related I			
			ruction Guide explains ł	now to complete this forr						
1	Total pages Schedule F4: Sch: 21/29 Rpt:	2 FILER NAME Parker IV, Nathanie	l W. (The Honorable	e)		3 Filer ID (Et) 00058399	hics Commiss	sion Filers)		
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UN	ITEMIZED					
	ISSUER	see pi	revious	EXPENDITUR CHARGED TO CARD		\$	4,336.5	52		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid				
		\$262.10	01/27/2024	03/03/2024						
7	PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code		
				1 Skyview Drive						
		American Airlines								
				Fort Worth, TX	76155					
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder flig	Officeholder flight to Houston for legislative meetin			ngs		
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Cheo	ck if Austin, TX, o	officeholder living e	xpense			
9				office sought		Office held				
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit 05/03/2024	Card Issuer	Paid				
		\$280.10	03/15/2024	05/03/2024						
	PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code		
		American Airlines		1 Skyview Drive	e					
		American Amires		Fort Worth, TX	76155					
	PURPOSE OF	(a) Category		(b) Description						
		(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder flig	ht to Austir	n for legislativ	/e meeting	S		
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Cheo	ck if Austin, TX, o	officeholder living e	xpense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	office sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid				
		\$285.10	03/18/2024	05/03/2024						
	PAYEE	(a) Payee name		(b) Payee address	s:	City,	State,	Zip Code		
				1 Skyview Drive		elly,	etato,	p 0000		
		American Airlines								
			Fort Worth, TX	76155						
	PURPOSE OF	(a) Category		(b) Description						
				Officeholder flig	ht to Austir	n for legislativ	ve meeting	S		
X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Cheo	ck if Austin, TX, o	officeholder living e	xpense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held				
e	xpenditure to benefit C/OH									

		EXPE	NDITURE CATEGOR	RIES FOR BOX	10(a)			
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/F Office Overhead/R		Solicitation/Fundraisin Transportation Equipn		Vnense
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	ental Expense	Travel in District	ieni a Reialeu I	Lybense
	Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Serv	s/Memorials Expense ices	Printing Expense Salaries/Wages/Co	ontract Labor	Travel Out of District OTHER (enter a categ	ory not listed at	oove)
		The Inst	ruction Guide explains h	now to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	ion Filers)
	Sch: 22/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL	OF UNITEMIZE	D		
	ISSUER	see p	revious			<u>,</u>	4,336.5	52
				CHARC	GED TO A CRED			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$219.10	05/08/2024	06/03/20)24			
		ΨΖΙ3.10	03/00/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				1 Skyvie	w Drive	-		
		American Airlines						
				Fort Wor	th, TX 76155			
8	PURPOSE OF	(a) Category	(b) Descri	ption				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeho	lder flight after	legislative mee	tings	
	X Political	Travel In District						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin,	TX, officeholder living e	xpense	
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$438.96	05/12/2024					
		+100100						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				1 Skyview Drive				
		American Airlines						
				Fort Wor	th, TX 76155			
	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeho	lder flight to Au	istin for legislativ	ve meeting	S
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin,	TX, officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$434.96	05/13/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				1 Skyvie	w Drive			
		American Airlines						
					th, TX 76155			
	PURPOSE OF	(a) Category	of this cohe -tt	(b) Descri				
EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District Officeholder staff flight to San Antonio for RPT Conventi				onvention				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin,	TX, officeholder living e	xpense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
e	xpenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimburse Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La	ense Tra Tra Tra	Solicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)				
		The Inst	ruction Guide explains h	now to complete this for	rm.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)		
	Sch: 23/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399				
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UN			4 000 5			
	ISSUER	see pi	revious	EXPENDITUR CHARGED TO CARD		\$	4,336.5	52		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid				
		\$21.63	05/13/2024							
7	PAYEE	(a) Payee name		(b) Payee addres	ss;	City,	State,	Zip Code		
				1 Skyview Driv	'e					
		American Airlines								
				Fort Worth, TX	76155					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this school (10)	(b) Description						
		Fees	of this schedule)	Seat charge fo	r airline tick	tet				
	X Political									
	Non-Political		of Texas. Complete Schedule		eck if Austin, TX,	officeholder living e	expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held				
e	xpenditure to benefit C/OH					D : I				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid				
		\$544.95	05/20/2024							
	PAYEE	(a) Payee name		(b) Payee addres	SS;	City,	State,	Zip Code		
		American Airlines		1 Skyview Driv	'e					
		/ menear / mines								
		(a) Catagon		Fort Worth, TX (b) Description	76155					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Officeholder fli	aht to San A	Antonio for R	PT Conver	ntion		
	X Political	Travel Out of District			gni to oun i					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	тСь	ock if Austin TX	officeholder living e	vnonco			
	Complete ONLY if direct	Candidate/Officeholder		office sought	ECK II AUSUII, TA,	Office held	xpense			
e	xpenditure to benefit C/OH									
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	t Card Issuer	Paid				
		\$438.96	06/04/2024							
		¢100.00	00/01/2021							
	PAYEE	(a) Payee name		(b) Payee addres	ss;	City,	State,	Zip Code		
				1 Skyview Driv	ve					
		American Airlines								
				Fort Worth, TX	76155					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
		Travel Out of District		Officeholder flig	ynt to Austi	n for legislativ	ve meeting	S		
	X Political									
	Non-Political		of Texas. Complete Schedule		eck if Austin, TX,	officeholder living e	expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	office sought		Office held				
e	xpenditure to benefit C/OH									

	Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense								
Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri		Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra	Tr Tr	ansportation Equipm avel in District avel Out of District THER (enter a categ			
		-	ruction Guide explains h	U U			ory not instea a	5000)	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)	
	Sch: 24/29 Rpt:		el W. (The Honorable	e)		00058399			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF	UNITEMIZED				
	ISSUER	see p	revious	EXPENDI CHARGEE CARD	TURES D TO A CREDIT	\$	4,336.5	52	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issue	r Paid			
		\$1,093.96	06/13/2024						
7	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code	
		American Airlines		1 Skyview E	Drive				
		American Airlines							
				Fort Worth,					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descriptio					
	—	Travel Out of District	of this schedule)	Officeholde	r flight to RNC	Convention			
	X Political								
	Non-Political	(C) X Check if travel outside			Check if Austin, TX,	officeholder living e	xpense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held			
e)	penditure to benefit C/OH			1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issue	r Paid			
		\$715.95	06/14/2024						
	PAYEE	(a) Payee name	1	(b) Payee add	dress;	City,	State,	Zip Code	
				1 Skyview E	Drive				
		American Airlines							
				Fort Worth,					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descriptio			.		
		Travel Out of District		Officenoide	r flight for AGC	of America (onventior	1	
	X Political								
	Non-Political	(C) X Check if travel outside			Check if Austin, TX,	officeholder living e	xpense		
	Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought		Office held			
e	A comparison of the comparison	(a) Amount Chargod	(b) Data of Charge		radit Card Iccua	r Doid			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(C) Date(S) CI	redit Card Issue	r Palu			
		\$233.54	05/29/2024						
	PAYEE	(a) Payee name	1	(b) Payee add	dress;	City,	State,	Zip Code	
				1205 North	Lamar Blvd				
		Austin Land & Cattl	le						
				Austin, TX 7					
	PURPOSE OF	(a) Category	of this schodule)	(b) Descriptio					
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Officeholde	r and staff me	eting				
	X Political	<u> </u>							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin, TX,	officeholder living e	xpense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held			
e	kpenditure to benefit C/OH								

Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense							Solicitation/Fundraising Expense			
	Consulting Expense	Food/Beverage Expense Po			Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel out of District				Lypense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica				Expense /Wages/Cor		THER (enter a category	not listed al	oove)	
		The Inst	ruction Guide explains l	how to co	omplete t	his form.				
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 25/29 Rpt:	Parker IV, Nathanie	el W. (The Honorabl	le)			00058399			
4	CREDIT CARD	Name of fina	ncial institution	5	TOTAL	OF UNITEMIZED				
	ISSUER	see p	see previous			EXPENDITURES 4,336.52				
		CHARGED TO A CREDIT CARD								
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)) Date(s)	Credit Card Issue	r Paid			
		\$123.05	03/06/2024	04	4/03/202	24				
		φ123.05	03/00/2024							
7	PAYEE	(a) Payee name		(b)) Payee a	address;	City,	State,	Zip Code	
						rtyard Way	,	,		
		Courtyard by Marrie	ott							
				FI	lower M	ound, TX 75028				
8	PURPOSE OF	(a) Category) Descrip					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ot	fficehold	ler staff lodging	while in district			
	Travel In District									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.		Check if Austin, TX,	officeholder living expe	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sou	ught		Office held			
	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(C)) Date(s)	Credit Card Issue	r Paid			
		\$163.30	05/17/2024							
	PAYEE	(a) Payee name		(b)) Payee a	address;	City,	State,	Zip Code	
				43	4330 Courtyard Way					
		Courtyard by Marrie	ott							
						ound, TX 75028				
	PURPOSE OF	(a) Category	of this school (a)) Descrip					
		(See Categories listed at the top Travel In District	of this schedule)	O	Officeholder staff lodging while in district					
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.		Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sou	ught		Office held			
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge			Credit Card Issue	r Paid			
		\$350.99	03/05/2024	02	4/03/202	24				
	PAYEE	(a) Payee name		(b)) Payee a	address;	City,	State,	Zip Code	
				64	424 Cro	ss Timbers, Suit	e 1171			
		Cristina's								
						ound, TX 75022	-6201			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)) Descrip		- 41			
	_	Food/Beverage Expe		0	miceholo	ler and staff me	eting			
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.		Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sou	ught		Office held			
e	xpenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking	Event Expe Fees		oan Repayment/Reimbursement Solicitation/Fundraising Expense Mice Overhead/Rental Expense Transportation Equipment & Related Expense						
	Consulting Expense Contributions/ Donations Made By	Food/Beverage Expense Pol			Polling Expense Travel Out of District			Expense		
	Candidate/Officeholder/Politica			Salaries/Wages/	Contract Labor	OTHER (enter a catego	ory not listed al	oove)		
		The Inst	ruction Guide explains h	now to complet	e this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 26/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399				
4	CREDIT CARD	Name of finar	ncial institution		L OF UNITEMIZE	D				
	ISSUER	see pi	revious		NDITURES RGED TO A CRED	ыт \$	4,336.5	52		
				CARE						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issi	uer Paid				
		\$221.75	02/14/2024	04/03/2	024					
		+	0_/_ // 0 /							
7	PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code		
				701 So	uth Old Orchard			-		
		Crown Trophy								
				Lewisvi	lle, TX 75067					
8	PURPOSE OF	(a) Category		(b) Desc	ription					
	EXPENDITURE	(See Categories listed at the top		Name b	adges for staff r	nembers and vo	lunteers			
	X Political Office Overhead/Rental Expense									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	Т.	Check if Austin,	TX, officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Issi	uer Paid				
		\$132.00 01/08/2024		02/03/2	024					
	PAYEE	(a) Payee name	•	(b) Paye	e address;	City,	State,	Zip Code		
			Cubecmert		1201 North Hwy 377					
		Cubesmart								
					e, TX 76262					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Desc	•					
		Office Overhead/Rent		Campa	Campaign storage unit					
	X Political		·							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.	Check if Austin,	TX, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name O	office sought		Office held				
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Iss	uer Paid				
		\$132.00	02/08/2024	04/03/2	.024					
	PAYEE	(a) Payee name			e address;	City,	State,	Zip Code		
		Cubesmart		1201 N	orth Hwy 377					
		Cascomart								
					te, TX 76262					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Desc						
	_	Office Overhead/Rent		Campa	ign storage unit					
	X Political									
	Non-Political		of Texas. Complete Schedule		Check if Austin,	TX, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held				
e	xpenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense								
	Consulting Expense Contributions/ Donations Made By	Food/Beve	Polling Expense Printing Expense	Tra	vel in District		слреное		
	Candidate/Officeholder/Politica		s/Memorials Expense ⁄ices	Salaries/Wages/Contract Labor		HER (enter a cate		ove)	
		The Inst	ruction Guide explains h	now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)	
	Sch: 27/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMI					
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CR		\$	4,336.5	52	
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid			
		\$132.00	03/08/2024	04/03/2024					
		Q102.00	00/00/2024						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State.	Zip Code	
				1201 North Hwy 377					
		Cubesmart							
				Georgetown, TX 762	62				
8	PURPOSE OF	(a) Category		(b) Description	-				
	EXPENDITURE	(See Categories listed at the top	,	Campaign storage ur	nit				
	X Political	Office Overhead/Rent	tal Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Aus	tin TX c	officeholder living	exnense		
9	Complete ONLY if direct	Candidate/Officeholder		ffice sought	un, 17, c	Office held	expense		
	xpenditure to benefit C/OH			into oougin		e nee neia			
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid			
		\$132.00 04/08/2024		05/03/2024					
		φ132.00	04/06/2024						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(u) r uječ name		1201 North Hwy 377		ony,	Otato,		
		Cubesmart							
				Roanoke, TX 76262					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	,	Campaign storage ur	nit				
	X Political	Office Overhead/Rent	tal Expense						
	Non-Political		of Toylog, Complete Cabadula		tin TV o	fficabolder living			
	Complete ONLY if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	un, 17, c	Officeholder living	expense		
P	xpenditure to benefit C/OH	oundiduite/onicentiduer	liame 0	ince sought		Office field			
F		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	SSUP	Paid			
		.,		06/03/2024					
		\$132.00	05/08/2024						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
		(d) Fayee hame		1201 North Hwy 377		City,	State,		
		Cubesmart							
Roanoke, TX 76262									
-	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign storage ur	nit				
	X Political	Office Overhead/Rent	tal Expense						
	Non-Political		of Texas. Complete Schedule		tin, TX, c	Officeholder living	expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held			
e	xpenditure to benefit C/OH								

Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursemer Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form	ce Overhead/Rental Expense Tra ling Expense Tra nting Expense Tra aries/Wages/Contract Labor OT		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)			
_				ow to complete this form.						
1	Total pages Schedule F4:					3 Filer ID (Et	thics Commiss	ion Filers)		
	Sch: 28/29 Rpt:	Parker IV, Nathanie	el W. (The Honorable	e)		00058399				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITI EXPENDITURES CHARGED TO A CARD	i	\$	4,336.5	52		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid				
		\$132.00	06/08/2024							
7	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code		
				1201 North Hwy 3	877					
		Cubesmart		, , , , , , , , , , , , , , , , , , , ,						
				Roanoke, TX 762	62					
8	PURPOSE OF	(a) Category		(b) Description	02					
•	EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign storage	e unit					
	X Political	Office Overhead/Rent	tal Expense							
	Non-Political	–								
_			of Texas. Complete Schedule		Austin, TX,	officeholder living e	expense			
	Complete ONLY if direct	Candidate/Officeholder	name Oi	fice sought		Office held				
e	penditure to benefit C/OH					5.1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca 03/03/2024	ard Issuer	Paid				
		\$2,606.35	01/19/2024	03/03/2024						
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		Dentes Osunti Den	2921 Country Clu	2921 Country Club Rd.						
		Denton County Rep								
				Denton, TX 76210)					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Sponsorship for L	incoln R	eagan Dinne	er			
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX,	officeholder living e	expense			
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought		Office held				
e	penditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer	Paid				
		\$208.65	03/27/2024	05/03/2024						
		4200.00	00/21/2021							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
				2921 Country Clu	b Rd.					
		Denton County Rep	oubican Party	,						
				Denton, TX 76210)					
-	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top		Donation for food	for volur	nteers at the	SD 12 Cor	vention		
	X Political	Contributions/Donatio								
	Non-Political	- 1	of Texas. Complete Schedule		Austin TV	officeholder living e	ynonso			
	Complete ONLY if direct	Candidate/Officeholder		fice sought	, iusuii, 1A,	Office held	shense			
e	penditure to benefit C/OH									

Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Travel Out of District OTHER (enter a category not listed above) 1 Total pages Schedule F4: Sch: 29/29 Rpt: 2 FILER NAME Parker IV, Nathaniel W. (The Honorable) 3 Filer ID (Ethics Commission I 00058399 4 CREDIT CARD ISSUER Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT \$ 4,336.52 6 PAYMENT (a) Amount Charged \$250.00 (b) Date of Charge 04/03/2024 (c) Date(s) Credit Card Issuer Paid 05/03/2024 5/03/2024		EXPENDITURE	S MADE BY C	REDIT CARD)	SCHEDULE F4
1 Total pages Schedule F4: Sch: 29/29 Rpt: 2 FILER NAME Parker IV, Nathaniel W. (The Honorable) 3 Filer ID (Ethics Commission I 00058399 4 CREDIT CARD ISSUER Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 4,336.52 6 PAYMENT (a) Amount Charged \$250.00 (b) Date of Charge 04/03/2024 (c) Date(s) Credit Card Issuer Paid 05/03/2024 5 7 PAYEE (a) Payee name True Texas Project (b) Payee address; City, State, Zip 3617 Greenbriar Ct. City, State, Zip 3617 Greenbriar Ct. 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Officeholder and staff attendance at event 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Expe Fees Food/Bever Gift/Awards	ense Lo O rage Expense Po s/Memorials Expense Pr	ban Repayment/Reimbursement Sc ffice Overhead/Rental Expense Tr olling Expense Tr rinting Expense Tr	ansportation Equipment & Related Expense avel in District avel Out of District
Sch: 29/29 Rpt: Parker IV, Nathaniel W. (The Honorable) 00058399 4 CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT \$ 4,336.52 5 PAYMENT (a) Amount Charged \$250.00 (b) Date of Charge 04/03/2024 (c) Date(s) Credit Card Issuer Paid 05/03/2024 5 City, State, Zip 3617 Greenbriar Ct. 7 PAYEE (a) Payee name True Texas Project (b) Payee address; City, State, Zip 3617 Greenbriar Ct. 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Officeholder and staff attendance at event 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office hold				ruction Guide explains how	w to complete this form.	• • • • • • • •
A CREDIT CARD ISSUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT \$ 4,336.52 6 PAYMENT (a) Amount Charged \$250.00 (b) Date of Charge 04/03/2024 (c) Date(s) Credit Card Issuer Paid 05/03/2024 \$ 4,336.52 7 PAYEE (a) Payee name True Texas Project (b) Payee address; Colleyville, TX 76034 City, State, Zij 3617 Greenbriar Ct. State, Zij Colleyville, TX 76034 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Officeholder and staff attendance at event 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	1			W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058399
\$250.00 04/03/2024 05/03/2024 7 PAYEE (a) Payee name (b) Payee address; City, State, Zig 7 True Texas Project 3617 Greenbriar Ct. 7 True Texas Project Colleyville, TX 76034 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Officeholder and staff attendance at event Officeholder and staff attendance at event 9 Complete ONLY if direct Candidate/Officeholder name Office sought	4	CREDIT CARD	Name of finar	ncial institution	EXPENDITURES CHARGED TO A CREDIT	
B PURPOSE OF EXPENDITURE (a) Category (b) Description (b) Description Officeholder and staff attendance at event (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Complete ONLY if direct Candidate/Officeholder name Office sought Office held	6	PAYMENT				r Paid
B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Officeholder and staff attendance at event X Political (c) Check if travel outside of Texas. Complete Schedule T. Officeholder living expense 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	7	PAYEE			3617 Greenbriar Ct.	City, State, Zip Code
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	8	EXPENDITURE	(See Categories listed at the top	of this schedule)	(b) Description	endance at event
		Complete <u>ONLY</u> if direct				- · ·

Forms provided by Texas Ethics Commission

DULE F4

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction (Guide explains ł	now to complete	this	form.		otal pages Schedule T Sch: 1/1 Rpt: 104/10			
2 FILER NAME						3 F	iler ID (Ethics Cor	mmission Filers)		
Parker IV, Natha	niel W. (T	The Honorable)				0	0058399			
4 Name of Contribut	or / Corpor	ation or Labor Organ	ization / Pledgor /Paye	e						
American Airline	S									
5 Contribution / Exp	enditure rep	ported on:								
Schedule A2		Schedule B	Schedule B(J)	Г	Schedule C2	Г	Schedule D	Schedule F1		
Schedule F2	X	Schedule F4	Schedule G		Schedule H	[Schedule COH-UC			
6 Dates of Travel	6 Dates of Travel 7 Name of person(s) traveling									
	Tan, F	Parker								
	8 Depart	ture city or name of d	eparture location							
06/18/2024	Dallas	6								
	9 Destina	ation city or name of	destination location							
06/20/2024	Reno									
10 Means of transpor	L tation	11 Purpose of trave	el (including name of c	onfer	ence, seminar, or	other	event)			
Commercial Airp		-	ight for AGC of Ame							
			-							
		ration or Labor Organ	ization / Pledgor /Paye	e						
American Airline										
Contribution / Expe		-	_	_	-	-	_	_		
Schedule A2		Schedule B	Schedule B(J)		Schedule C2	L	Schedule D	Schedule F1		
Schedule F2	Х	Schedule F4	Schedule G		Schedule H	[Schedule COH-UC			
Dates of Travel	Name	of person(s) traveling)							
	Tan, F	Parker								
	Depart	ture city or name of d	eparture location							
07/15/2024	Dallas	S								
	Destin	ation city or name of	destination location							
07/18/2024	Milwa									
Means of transpor		-	el (including name of c	onfer	ence seminar or	other	event)			
Commercial Airp			ight to RNC Conven		crice, seriinar, or	ouner	eventy			
	lanc									