CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00058399		2 Total pages filed: 61					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY					
NAME	The Honorable	Nathaniel W.			Date Received ELECTRONICALLY FILED					
	NICKNAME	LAST		SUFFIX	10/07/2024					
	Tan	Parker		IV						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / P.O. Box 271741	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount					
Change of Address	Flower Mound, TX 75027-1	17/1								
	Flower Mounta, 17 13021	1/41			Date Processed					
					Date Imaged					
5 CAMPAIGN	MS / MRS / MR	FIRST		MI						
TREASURER NAME	Dr.	Hugh Z.								
		LAST Pruett		SUFFIX						
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO I 4024 Pruett Ln.	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE					
(Residence or Business)	Argyle, TX 76226									
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (940) 455-7466	E NUMBER E	EXTENSION							
8 REPORT TYPE	January 15 X July 15	30th day before		Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month Day Year 07/01/2024	тн	HROUGH	Month Day 09/26/202	Year 24					
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		rimary Seneral	ELECTION TYPE Runoff Special	Other					
11 OFFICE	OFFICE HELD (if any) State Senator District 12			12 OFFICE SOUGHT State Senator D						
	GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 61

13 C / OH NAME	14 Filer ID (00058399	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 106,487.79
EXPENDITURE TOTALS		\$ 3,650.91		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 159,122.02
CONTRIBUTION BALANCE	REPORTING PE			\$ 761,221.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A: TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to	
		T I	III. North a challer Book	
			ble Nathaniel W. Park of Candidate or Officeholo	
		Signature	Janaidate of Officerion	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

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

					3 of 61
_	ER NAN ırker IV,	Nathaniel W. (The Honorable)	19 Filer ID 00058399	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	101,826.95
2.	X	\$	4,660.84		
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	134,695.20
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	24,426.82
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBU	TION	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 09/26/2024	 Full name of contributor	AC)	7	Amount of Contribution (\$)	\$3,000.00
_	5	Austin, TX 78768	la.	5 1 (0 1 1 1	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (Barton, Brittany Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (Belew, Paul Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$760.98
		Decatur, TX 76234					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (Bowen, John Contributor address; City; State; Zip Code Flower Mound, TX 75028)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 08/20/2024	Full name of contributor out-of-state PAC (Boyle, Matthew Contributor address; City; State; Zip Code Irving, TX 75062				Amount of Contribution (\$)	\$1,561.52
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Boyle Lowry	s)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/61	
2	FILER NAME Parker IV, Na	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission 00058399	n Filers)
4	Date 09/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
0	Dringing occu	Flower Mound, TX 75028	2 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#: Buhrow, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Lewisville, TX 75077	- 10 10			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/20/2024	Full name of contributor			Amount of Contribution (\$)	\$10.41
		Colleyville, TX 76034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:Carter, Jim Contributor address; City; State; Zip Code Flower Mound, TX 75028)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Carter, Jim Contributor address; City; State; Zip Code Trophy Club, TX 76262			Amount of Contribution (\$)	\$52.05
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/61		
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)	
4	Date 09/26/2024	5 Full name of contributor Clark Revocable Trust6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$2,500.00	
0	Principal occu	Keller, TX 76248 pation / Job title (See Instruction	c)	9 Employer (See Instructions	<u></u>			
0	Principal occu	pation / Job title (See instruction	5)	e Employer (See Instructions	>)			
	Date 09/26/2024	Full name of contributor Clark, Dennis Contributor address; City; S				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Moody, TX 76557 pation / Job title (See Instruction	s)	Employer (See Instructions	2) 			
	i inioipai ooda	pation / cos title (coe motraction	5)	Zimpioyer (eee meadeach	٥,			
	Date 09/26/2024	Full name of contributor Claunch, Kevin Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$500.00	
		Pilot Point, TX 76258						
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)			
	Date 07/26/2024	Full name of contributor Coffman, Susan Contributor address; City; S Bridgeport, TX 76426)		Amount of Contribution (\$)	\$21.07	
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)			
	Date 09/24/2024	Full name of contributor Comerica, Inc. PAC Contributor address; City; S Dallas, TX 75201	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3,500.00	
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>-</u> S)			

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/61		
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)	
4	Date 09/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00	
_		Flower Mound, TX 75022						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date 08/29/2024	Full name of contributor out-of-state P. Crocker, Patricia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$104.10	
		Dallas, TX 75252						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Date 08/03/2024	Full name of contributor out-of-state Particles Crocker, Patricles Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$104.10	
		Dallas, TX 75252						
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	i)			
	Date 09/24/2024	Full name of contributor x out-of-state P. Deloitte PAC Contributor address; City; State; Zip Code Washington, DC 20044	AC (ID#: <u>C00</u>)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/20/2024	Full name of contributor out-of-state Pa Diez, Jorge Contributor address; City; State; Zip Code Highland Village, TX 75077	AC (ID#:			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
			<u> </u>					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/61		
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission 00058399	n Filers)	
4	Date 08/31/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00	
•	Dringing Loggy	Colleyville, TX 76034	O Employer/Coo Instructions	_			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 08/18/2024	Full name of contributor	:)		Amount of Contribution (\$)	\$104.10	
		Denton, TX 76207					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID# Duplantis, Robert Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$260.25	
		Denton, TX 76207					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Date 09/25/2024	Full name of contributor	: C00097568)		Amount of Contribution (\$)	\$750.00	
	Principal occu	Arlington, VA 22209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID# Ferrill, Donald Contributor address; City; State; Zip Code Fort Worth, TX 76102	<u> </u>		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 09/24/2024	 Full name of contributor out-of-state PAC (ID#:_Fort Worth Republican Women Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Fort Worth, TX 76185 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:_ Frederick Douglass Republicans of Tarrant Cour	nty PAC		Amount of Contribution (\$)	\$500.00
	Contributor address; City; State; Zip Code Mansfield, TX 76063					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Gierisch, Carl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10
	Principal occu	Roanoke, TX 76262 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/26/2024	Full name of contributor)		Amount of Contribution (\$)	\$250.00
	Principal occu	New Braunfels, TX 78132 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/23/2024	Green, Mike Contributor address; City; State; Zip Code Argyle, TX 76226				\$1,061.02
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIB	BUTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)		3	Filer ID (Ethics Commission F 00058399	Filers)
4	Date 08/14/2024	 Full name of contributor out-of-state P Green, William Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$3.50
•	Dringing Loggy	Sanger, TX 76266	0. Employer/Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 08/08/2024	Full name of contributor out-of-state P Gulf States Toyota, In. State PAC Contributor address; City; State; Zip Code Houston, TX 77077	PAC (ID#:)		Amount of Contribution (\$) \$2	L,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 09/19/2024	Full name of contributor out-of-state P Hagenbuch, Brent Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 09/24/2024	Full name of contributor out-of-state P Harkrider, Rebecca Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$10.41
	Principal occu	Double Oak, TX 75077 pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 07/26/2024	Full name of contributor out-of-state P Hayes, Lori Contributor address; City; State; Zip Code Irving, TX 75039	PAC (ID#:)		Amount of Contribution (\$)	\$52.05
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)		3	Filer ID (Ethics Commissio 00058399	n Filers)
4	Date 09/17/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Flower Mound, TX 75022	T			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID# Hicks, Robert Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Argyle, TX 76226 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	r inicipal occu	oation / 300 title (See matractions)	Employer (See instructions	,		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID) Hites, Suzanne Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$1,000.00
		Heath, TX 75032				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID# Hyde, Robert Contributor address; City; State; Zip Code Irving, TX 75038	±)		Amount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID# Hyltin, Cindy Contributor address; City; State; Zip Code Carrollton, TX 75007			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
			•			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	5		SCHEDU	LE A1
	The Instru	ction Guide explains hov	to complete this fo	orm		1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)				3	Filer ID (Ethics Commiss 00058399	ion Filers)
4	Date 09/24/2024	5 Full name of contributor Isenberg, Lori6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75225						
8	Principal occu	pation / Job title (See Instructions	6)	9 E	Employer (See Instructions	i)		
	Date 07/27/2024	Full name of contributor Jacoby, Robert Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu	Addison, TX 75001 pation / Job title (See Instructions	3)	F	Employer (See Instructions	.)		
	T Tillopal occu	pation / oob title (See Instructions	•	_	Employer (See Mandenons	')		
	Date 09/26/2024	Full name of contributor Kickapoo Traditional Tribo Contributor address; City; S					Amount of Contribution (\$)	\$10,000.00
		Eagle Pass, TX 78852						
	Principal occu	pation / Job title (See Instructions	s) 	E	Employer (See Instructions	5)		
	Date 09/18/2024	Full name of contributor Klamkin, Susan Contributor address; City; S Flower Mound, TX 75028					Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	5)	E	Employer (See Instructions	i)		
	Date 08/31/2024	Full name of contributor Ku, Charles Contributor address; City; S Flower Mound, TX 75028)		Amount of Contribution (\$)	\$260.25
	Principal occu	pation / Job title (See Instructions	5)	E	Employer (See Instructions)		
				<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	S	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form	n.	1 Total pages Schedule A1: Sch: 10/17 Rpt: 13/61	
	FILER NAME Parker IV, N	athaniel W. (The Honorable)	:	3 Filer ID (Ethics Commission 00058399	n Filers)
	Date 09/10/2024	 Full name of contributor		7 Amount of Contribution (\$)	\$280.25
8	Principal occu	Lantana, TX 76226 pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#: Little, Phill Contributor address; City; State; Zip Code Flower Mound, TX 75028		Amount of Contribution (\$)	\$104.10
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#: Liu, Janet Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75287 pation / Job title (See Instructions)	Employer (See Instructions))	
Date 09/10/2024		Full name of contributor out-of-state PAC (ID#: Meek, Dena Contributor address; City; State; Zip Code	Amount of Contribution (\$)	\$500.00	
	Principal occu	Oak Point, TX 75068 pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 07/24/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission F 00058399	ilers)
4	Date 07/30/2024	5 Full name of contributor Mikulec, Kirk6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$116.72
_	<u> </u>	The Colony, TX 75056	T.		_		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	S)		
	Date O9/26/2024 Full name of contributor out-of-state PAC (ID#:) Miller, Sam Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00
	Deinsinal assu	Round Top, TX 78954		Franks von (Cooks brothe stiere	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/09/2024 Moayedi, Mehrdad Contributor address; City; State; Zip Code					Amount of Contribution (\$) \$10),410.16
		Farmers Branch, TX 7523			_		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Centurion American Dev		opment Group	
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 North Texas Automobile Dealers PAC Contributor address; City; State; Zip Code Irving, TX 75062				Amount of Contribution (\$) \$5	5,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date O9/10/2024 Full name of contributor out-of-state PAC (ID#:) O9/10/2024 ONeill Texas Strong Republican Women Contributor address; City; State; Zip Code Argyle, TX 76226					Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 09/25/2024	Full name of contributor Park Cities Republican WomContributor address; City; State			7	Amount of Contribution (\$)	\$875.00
8	Principal occu	Dallas, TX 75205 pation / Job title (See Instructions)	1.	• Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor Phillips 66 PAC Contributor address; City; State Washington, DC 20004		Amount of Contribution (\$)	\$1,500.66		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/24/2024 Pierce, Julia Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75240 pation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/26/2024						Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Popolo, Joe Contributor address; City; State; Zip Code Dallas, TX 75225				Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Charles Potomac Capita		IIC	
	CLO			опанез Fotomac Сари	ui,		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	n Filers)
	Date 07/13/2024	5 Full name of contributor Powell, Sheila6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.41
	Deinainal agai	Coppell, TX 75019		O Frankryov (Coo Instructions			
8	Рппсіраї осси	pation / Job title (See Instruction	5)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) Reese, Michelle Contributor address; City; State; Zip Code Austin, TX 78727					Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		
	Date 07/18/2024	Full name of contributor Ricketts, Deedee Contributor address; City; S Highland Village, TX 750)		Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instruction:		Employer (See Instructions)		
Date 08/14/2024						Amount of Contribution (\$)	\$50.00
	Principal occu	Colleyville, TX 76034 pation / Job title (See Instruction:	5)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/25/2024 Smith, Mac Contributor address; City; State; Zip Code Dallas, TX 75829					Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 09/04/2024	 Full name of contributor out-of-spencer, Becky Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor)	7	Amount of Contribution (\$)	\$52.05
		Dallas, TX 75248					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of- Stephens, David Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Pilot Point, TX 76258 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	T Tillopal occa	oduon 7 vob une (oce monuellono)		Employer (dee mandellone	,,		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$10,000.00
	Dringing aggr	Austin, TX 78768 pation / Job title (See Instructions)		Employer (Coo Instructions	<u></u>		
	Principal occu	Janon / Job tine (See Instructions)		Employer (See Instructions	·)		
	Date 09/13/2024	Terry, Mike	state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions M. Terry Enterprises	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/24/2024 Texas Automobile Dealers Association Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1				
	The Instru	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 09/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions)		
		,		, ,, , (,		
	Date 08/08/2024	Texas Deer Association PAC	e PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Texas Dental Association PAC Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78726 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$2,500.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 09/26/2024	Full name of contributorTexas Veterinary MedicalContributor address; City; S			7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Austin, TX 78754 pation / Job title (See Instructions	5)	9 Employer (See Instructions			
	- Tilloipai occa	pation / oob title (occ monactions	•/	2 Employer (See mandenons	,		
	Date 07/15/2024	Full name of contributor UnitedHealth Group PAC Contributor address; City; S Washington, DC 20004)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/10/2024 Varnell, Jeff Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$520.51
	Principal occu	Coppell, TX 75019 spation / Job title (See Instructions	s)	Employer (See Instructions)		
Date 09/26/2024		Full name of contributor Washington, Thomas Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$52.05
	Principal occu	Carrollton, TX 75007 pation / Job title (See Instructions	5)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/13/2024 West, Maylene Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$26.03	
Aubrey, TX 76227							
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions)		
						-	

	MONET	ARY POLITICAL CON	TRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 17/17 Rpt: 20/61	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commissio 00058399	n Filers)
4	Date 08/31/2024	 5 Full name of contributor out White, Terry 6 Contributor address; City; State; Zip 	t-of-state PAC (ID#: COCODE		7	Amount of Contribution (\$)	\$104.10
_		Plano, TX 75093		2.5.1.(2.1.1.1)			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor out Wick, Chad Contributor address; City; State; Zip	t-of-state PAC (ID#: o Code)		Amount of Contribution (\$)	\$100.00
		Denton, TX 76209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out Wise Republican Women Contributor address; City; State; Zip	t-of-state PAC (ID#:_ o Code)		Amount of Contribution (\$)	\$300.00
		Boyd, TX 76023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 21/61 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Parker IV, Nathaniel W. (The Honorable) 00058399 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/26/2024 Texas Veterinary Medical Association PAC \$4,660.84 I fundraising reception 7 Contributor address; City; State; Zip Code Austin, TX 78754 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1: Sch: 1/21 Rpt: 22/61	FILER NAME Parker IV, Nathaniel W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058399
4	Date 07/15/2024	5 Payee name AT&T	I
6	Amount (\$) \$159.11	7 Payee address; City; State; Zip Code PO Box 536216	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wireless telephone service for officeholder
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/15/2024	Payee name AT&T	
	Amount (\$) \$159.35	Payee address; City; State; Zip Code PO Box 536216	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wireless telephone service for officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/15/2024	Payee name AT&T	
	Amount (\$) \$161.36	Payee address; City; State; Zip Code PO Box 536216	
		Atlanta, GA 30353	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wireless telephone service for officeholder
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/21 Rpt: 23/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	07/15/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (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 staff
		Wireless telephone service for officeriolider stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	08/15/2024	AT&T
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
	\$100.00	FO BOX 530210
L		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (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 staff
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	09/15/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Wireless telephone service for officeholder staff
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/21 Rpt: 24/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	07/24/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.94	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	
ľ	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	<u>'</u>
	Date	Payee name
	09/21/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.82	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for district fundraising event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
-	Data	Description
	Date 09/05/2024	Payee name American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	1 Skyview Drive
		Fort Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder staff baggage fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leaal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Legal Services		nting Exp laries/Wa		e /Contract Labor		OTHER (enter	istrict a category not listed al	oove)
	Credit Card Payment			The Instruction G	uide explains how	to com	ple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 4/21 Rpt: 25/61		Parker IV, N	lathaniel W. (Th	ne Honorable)					00058399		
4	Date	5	Payee name						_			
	07/01/2024		American Ex	xpress								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	ip Cod	le					
	\$7,616.39		PO Box 650	448								
			Dallas, TX 7	'5265								
8	PURPOSE	(a)		e Categories listed at t	be too of this askedule	. 10	(b)	Description				
ľ	OF	(",	Credit Card		ne top of this schedule		.~,	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		0.00.00					Check if Austin	, TX,	officeholder livin	g expense	
								Campaign cre	edit	t card paym	ent	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	experiorare to benefit C/O											
	Date		Payee name									
	08/29/2024		American Ex	xpress								
	Amount (\$)		Payee addres	ss; City;	State; Zi	ip Cod	le					
	\$5,380.23		PO Box 650	448								
			Dallas, TX 7	'5265								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Credit Card		•			-			nplete Schedule T.	
	2/11/2/10/12							—		officeholder livin		
								Campaign cre	eun	caru payır	ieni	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	coholdor namo	Offic	e soug	ht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	cerioider flame	Onic	e soug	III			Office i	eiu	
_	Date	_										
	Date 09/05/2024		Payee name	vproce								
			American Ex		O 7							
	Amount (\$)		Payee addres		State; Zi	ip Coa	ie					
	\$6,926.64		PO Box 650	1448								
			5 II									
			Dallas, TX 7									
	PURPOSE OF	(a) 		e Categories listed at t	the top of this schedule	e) [((b)	Description	outci	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE		Credit Card	Payment				ш		officeholder livin	•	
								Campaign cre				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/21 Rpt: 26/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	07/01/2024	Blakemore & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza, Suite 225
		Houston, TX 77046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting services
		Consuming Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	David and the second se
	08/01/2024	Payee name
		Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza, Suite 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Conculting convices
		Consulting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 09/01/2024	Payee name
		Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza, Suite 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Conculting convices
		Consulting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 27/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	07/01/2024	Eads, Everett
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	3425 Jameston Drive
		Flower Mound, TX 75028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract labor for campaign/officeholder services
		Contract labor for campaign/oniceriolder services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	08/01/2024	Eads, Everett
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	3425 Jameston Drive
	4000.00	o izo daniodan ziivo
		Flower Mound, TX 75028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/01/2024	Eads, Everett
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	3425 Jameston Drive
	Ψ030.00	5425 Junioston Brive
		Flower Mound, TX 75028
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide ex	Salaries/\	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission File	ers)
	Sch: 7/21 Rpt: 28/61		Nathaniel W. (The Ho	norable)				00058399		·
4	Date	5 Payee name	;							
	07/01/2024	Eastwood,	Nick							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$500.00	915 Keith L	ane, Apt. 101							
		Austin, TX	78705							
8	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			_		de of Texas. Com		
						_		officeholder living	officeholder service	c
						Contract labo	,, ,,	or campaign/	officeriolaci service.	3
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	ıaht			Office he	ald.	
9	expenditure to benefit C/O		icendidei fiame	Office 300	agrit			Office fie	au	
H	Date	Payee name								
	08/01/2024	Eastwood,								
_	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$500.00	1	_ane, Apt. 101		00.0					
	φ300.00	313 (Citi L	.une, ript. 101							
		Austin, TX	78705							
	PURPOSE	(a) Category (S	See Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Com		
						_		officeholder living		_
						Contract labo)I IC	or campaign/	officeholder service	5
_	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name	<u> </u>							
	09/19/2024	Eastwood,								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$2,000.00		_ane, Apt. 101							
	72,000.00	0_0 : (0.0	.a,p.: _0_							
		Austin, TX	78705							
	PURPOSE	(a) Category (S	See Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Com		
						_		officeholder living		
						Contract labo	ıı IC	n campaiyn/	officeholder service:	3
\vdash	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	laht			Office he	eld	
	expenditure to benefit C/O			211100 300	9.10			211100 110	··· ··	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 8/21 Rpt: 29/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4 Date	5 Payee name
09/01/2024	Eastwood, Nick
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	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
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Contract labor for campaign/officeholder services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to beliefit 6/01	
Date	Payee name
08/06/2024	Godaddy.com
Amount (\$)	Payee address; City; State; Zip Code
\$613.25	2155 East Godaddy Way
	Tempe, AZ 85284
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign website fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	п
Date	Payee name
08/07/2024	Godaddy.com
Amount (\$)	Payee address; City; State; Zip Code
\$204.42	2155 East Godaddy Way
	Tempe, AZ 85284
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LA LADITORL	Check if Austin, TX, officeholder living expense
	Campaign website fees
Operated Children	Our Highest (Office health an array of the control
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p - 1.13.12 12 20.10.11 0/01	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 30/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	08/08/2024	Godaddy.com
6	Amount (\$) \$178.83	7 Payee address; City; State; Zip Code 2155 East Godaddy Way
		Tempe, AZ 85284
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/11/2024	Godaddy.com
	Amount (\$) \$384.21	Payee address; City; State; Zip Code 2155 East Godaddy Way
		Tempe, AZ 85284
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	Godaddy.com
	Amount (\$) \$102.21	Payee address; City; State; Zip Code 2155 East Godaddy Way
		Tempe, AZ 85284
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/21 Rpt: 31/61	2 FILER NAME Parker IV, Nathaniel W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00058399
4	Date	5 Payee name
	09/22/2024	Godaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.21	2155 East Godaddy Way
		Tempe, AZ 85284
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign website fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/01/2024	Graham, Shannon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4205 Greenbrier Drive
	4000.00	1200 0.00113.101 2.1110
		Dallas, TX 75225
		To.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	08/01/2024	Graham, Shannon
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4205 Greenbrier Drive
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 11/21 Rpt: 32/61	Parker IV, Nathaniel W. (The Honorable)		0	00058399	
4	Date	5 Payee name		•		
	09/01/2024	Graham, Shannon				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$500.00	4205 Greenbrier Drive				
		Dallas, TX 75225				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	<u> </u>	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITORE		[Check if Austin, TX, of		
				Contract labor for	campaign	officeholder services
_	Complete ONLY if direct	Condidate/Officeholder name Office equals	ht		Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	IL		Office he	eiu
⊨						
	Date	Payee name				
	07/01/2024	Humphrey, Caleb				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$1,600.00	PO Box 271741				
		Flower Mound, TX 75027				
	PURPOSE OF	, ,	b)	Description		
	EXPENDITURE	Consulting Expense	ļ	Check if travel outside		
			ı	Consulting service		о.,роп.,во
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	08/01/2024	Humphrey, Caleb				
	Amount (\$)	Payee address; City; State; Zip Code	<u>—</u>			
	\$1,600.00	PO Box 271741				
		Flower Mound, TX 75027				
\vdash	PURPOSE	·	b)	Description		
	OF	Consulting Expense	-, 	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE		į	Check if Austin, TX, of		expense
				Consulting service	es	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht		Office he	eld
	experientare to beliefit 0/0	•				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 33/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	09/01/2024	Humphrey, Caleb
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,600.00	PO Box 271741
		Flower Mound, TX 75027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting services
		Consuming Screeces
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/19/2024	Humphrey, Caleb
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO Box 271741
		Flower Mound, TX 75027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting services
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/15/2024	Install Connect
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$6,300.00	505 W State Street
		Garland, TX 75040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Installation of campaign signs
		installation of campaign signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/21 Rpt: 34/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	09/25/2024	Install Connect
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	505 W State Street
		Garland, TX 75040
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Installation of campaign signs
		instantation of sampaign signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	07/06/2024	Kubicek, Robert
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6200 Canyon Falls Drive
		Argyle, TX 76226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Security for Saturday office hours at district office
		Cooding for Catalagy of Source at alculot of the
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/01/2024	Mann, Savannah
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	3816 S Lamar Blvd, #2010
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Consulting services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/21 Rpt: 35/61 Parker IV, Nathaniel W. (The Honorable) 00058399 4 Date Payee name 08/01/2024 Mann, Savannah 6 Amount (\$) Payee address; State; Zip Code \$350.00 3816 S Lamar Blvd, #2010 Austin, TX 78704 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/01/2024 Mann, Savannah Amount (\$) Payee address; City; State; Zip Code \$350.00 3816 S Lamar Blvd, #2010 Austin, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/15/2024 Republican Women of Arlington Amount (\$) Payee address: City; State; Zip Code \$500.00 PO Box 14317 Arlington, TX 76094 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship support Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Even
Accounting/Banking Fees
Consulting Expense Food.
Contributions/ Donations Made By - Gift/A

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ade By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.
F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
/61 Parker IV, Nathaniel W. (The Honorable) 00058399
5 Payee name
Robinson, Trish
7 Payee address; City; State; Zip Code
.00 784 McMakin Road
Bartonville, TX 76226
(a) Category (See Categories listed at the top of this schedule) (b) Description
Salaries/Wages/Contract Labor
Check if Austin, TX, officeholder living expense
Contract labor for campaign/officeholder services
ect Candidate/Officeholder name Office sought Office held C/OH
Payee name
Robinson, Trish
Payee address; City; State; Zip Code
.00 784 McMakin Road
Bartonville, TX 76226
To a second seco
(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
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
ect Candidate/Officeholder name Office sought Office held
C/OH
Payee name
Robinson, Trish
Payee address; City; State; Zip Code
.00 784 McMakin Road
104 Momanificad
Denters ille TV 70000
Bartonville, TX 76226
(a) Category (See Categories listed at the top of this schedule) (b) Description
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
Some activation for campaign of following
ect Candidate/Officeholder name Office sought Office held
C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

se Travel in Distri se Travel Out of I s/Contract Labor OTHER (enter

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 16/21 Rpt: 37/61	Parker IV, Nathaniel W. (The Honorable) 00058399						
4	Date	Payee name						
	09/19/2024	Robinson, Trish						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,500.00	784 McMakin Road						
		Bartonville, TX 76226						
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 ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Payee name						
	07/01/2024	The McIntosh Company, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,000.00	9203 Esplanade						
	, -,							
		Dallas, TX 75220						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Consulting services						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/Ol	y						
_	Data							
	Date 08/01/2024	Payee name The McIntosh Company, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code 9203 Esplanade						
	\$3,000.00	9203 Espianade						
		Dallac TV 75220						
	DUDDOGE	Dallas, TX 75220						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Consulting services						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol	1						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Cara r ayment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 38/61	Parker IV, Nathaniel W. (The Honorable)		00058399
4	Date	5 Payee name		•
	09/01/2024	The McIntosh Company, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$3,632.58	9203 Esplanade		
		Dallas, TX 75220		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Consulting services
				3
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O		•	
	Date	Payee name		
	09/01/2024	The McIntosh Company, Inc.		
-	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$13,938.36	9203 Esplanade		
		•		
		Dallas, TX 75220		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Consulting services
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	<u> </u>	,,,,,	Cilide Held
-	Date	Payee name		
	09/15/2024	The McIntosh Company, Inc.		
	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$13,100.00	9203 Esplanade	10	
	¥=0,=00.00	0_00 _0pta.tado		
		Dallas, TX 75220		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Concatang Expense		Check if Austin, TX, officeholder living expense
				Consulting services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Orialia.o to borioni O/OI	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/21 Rpt: 39/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	07/16/2024	The Prosper Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,500.00	PO Box 488
		Greenwood, IN 46142
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online advertising services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/05/2024	The Prosper Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$13,033.52	PO Box 488
		Greenwood, IN 46142
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online advertising services
		Chante daverdening cervices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/30/2024	The Prosper Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,500.00	PO Box 488
		Greenwood, IN 46142
l	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
		(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
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	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
	OF	(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 Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Event Expense Fees Advertising Expense Accounting/Banking

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 Over 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: 19/21 Rpt: 40/61		Parker IV, Nathaniel W. (The Honorable	e)			00058399
4	Date	5	Payee name				
	09/24/2024		Twisted Treehouse				
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de		
	\$403.75		713 Waterbrook Pkwy Argyle, TX 76226	·			
Ļ		—					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense nic designs and website assistance
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name O	ffice souç	ght		Office held
	Date		Payee name				
	09/19/2024		Valentine Direct				
	Amount (\$)		Payee address; City; State;	Zip Cod	de		
	\$934.72		14243 Proton Road				
		├	Farmers Branch, TX 75244				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense aiser save the date postcards
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name O	ffice souç	ght		Office held
	Date 09/19/2024	ı	Payee name Valentine Direct				
	Amount (\$) \$7,160.74	ı	Payee address; City; State; 14243 Proton Road	Zip Coo	de		
			Farmers Branch, TX 75244				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name O	ffice soug	ght		Office held
—	rms provided by Tayas F	4b:	e Commission www.othics.st				Varsian VA 1 0 49da51f7

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/21 Rpt: 41/61	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	09/13/2024	Viscusi, Alex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	1112 Lopo Road
		Flower Mound, TX 75028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Tailonacco nago ior meo coamy ramier anacc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	08/01/2024	Watts, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$460.00	1412 Berne Lane
		Lewisville, TX 75067
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/25/2024	Watts, Kimberly
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1412 Berne Lane
		Lewisville, TX 75067
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expensions Printing Exper	ad/Rental Expense se nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense strict category not listed above)	
	Credit Card Payment			The Instruction Guide	explains l	now to comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAMI	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 21/21 Rpt: 42/61		Parker IV, I	Nathaniel W. (The I	Honorable	e)			00058399		
4	Date	5	Payee name	;				_			П
	07/01/2024		WinRed								
6	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code					_
	\$1,381.01		1776 Wilso	•	,						
	, ,										
			Arlington, \	// 22200							
Ļ	DUDDOOF	(-)				10.					_
8	PURPOSE OF	(a)		See Categories listed at the to	p of this sche	edule) (D	Description Chack if travel	oute	ide of Texas. Com	ploto Schodulo T	
	EXPENDITURE		Fees						, officeholder living		
							_			ng fees for period 7/1 -	
							9/26/24				
9	Complete ONLY if direct		Candidate/Off	iceholder name	С	office sought			Office he	eld	
	expenditure to benefit C/O	Н									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	(0.110. 0. 0.110.	,,	,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)		
Sch: 1/19 Rpt: 43/61		el W. (The Honorable)	e) 00058399					
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$	3,101.3	36		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$80.00							
7 PAYEE	(a) Payee name Facebook		(b) Payee address; 1 Hacker Way	City,	State,	Zip Code		
			Menlo Park, CA 94025					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
	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 e	expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$209.51	09/13/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Facebook		1 Hacker Way					
			Menlo Park, CA 94025					
PURPOSE OF	(a) Category		(b) Description					
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 T.	Check if Austin,	TX, officeholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$784.82	08/20/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
			3100 Handley Ederville			·		
	Fast Signs							
			Fort Worth, TX 76118					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Campaign signs					
X Political	Advertising Expense							
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	<u> </u>	e sought	Office held	-			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)			
	Sch: 2/19 Rpt: 44/61	Parker IV, Nathanie	el W. (The Honorable)		00058399					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,101.3	36			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
		\$330.00	08/19/2024							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Grapevine Chambe	er of	200 Vine St						
Ļ	PURPOSE OF	(a) Category		Grapevine, TX 76051-559 (b) Description	93					
8	EXPENDITURE X Political	(See Categories listed at the top	of this schedule)	Officeholder and staff tick	ets for event					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 09/03/2024						
		\$258.78	07/23/2024							
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code					
		HEB		2652 Lake Austin Blvd						
L		(-) O-t		Austin, TX 78703						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Refreshments for Capitol office for constituents						
	X Political	Office Overhead/Ren	tal Expense	Treffestiments for capitor office for constituents						
	Non-Political		of Towns Organizate Coloradado T	Check if Austin, TX, officeholder living expense						
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Office held	nse				
e	xpenditure to benefit C/OH	Carialacte, Chiecholaci	That is a second of the second	2 Sought	Office field					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
		\$174.24	07/26/2024	09/03/2024						
		¥=:= :	0172072021							
	PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code			
		Liitan Cardan Inn		301 West 17th St						
		Hilton Garden Inn								
		() 2		Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder lodging for le	aislative meetin	ac				
	X Political	Travel Out of District		Sinceriolaer loaging for le	giolative Meetill	90				
	Non-Political	(a) Chook if traval autoid-	of Toyac Complete Schodule T	Chook if Austin TV	officeholder living aver-	neo				
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Office held	1130				
e	xpenditure to benefit C/OH	2 3 3 3 3 3 3 3 3.	Sillot	- 9 ···	JoJu					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(,	,				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)				
Sch: 3/19 Rpt: 45/61	Parker IV, Nathanie	el W. (The Honorable)	00058399						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	EXPENDITURES \$ 3,101.36 CHARGED TO A CREDIT					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$148.84	09/07/2024							
7 PAYEE	(a) Payee name Hilton Garden Inn		(b) Payee address; 301 West 17th St	City, State, 2	Zip Code				
			Austin, TX 78701						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
	Travel Out of District	of this schedule)	Officeholder lodging for le	egislative meetings					
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$594.00	09/20/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, State, 2	Zip Code				
	Hilton Garden Inn		500 East 4th St						
			Austin, TX 78701						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder lodging for legislative meetings						
X Political	Travel Out of District								
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 Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$395.00	(b) Date of Charge 07/08/2024	(c) Date(s) Credit Card Issue 08/03/2024	r Paid					
PAYEE	YEE (a) Payee name Lewisville Chamber of Commerce		(b) Payee address; 551 North Valley Pkwy Suite A Lewisville, TX 75067	City, State, 2	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Officeholder membership	dues					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Comm	nission Filers)
Sch: 4/19 Rpt: 46/61	Parker IV, Nathanie	el W. (The Honorable)			00058399	
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$ 3,10	1.36
6 PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 07/22/2024	(c) Date(s) 09/03/20	Credit Card Issuel 24	r Paid	
7 PAYEE	(a) Payee name Mailchimp		(b) Payee 675 Pond Atlanta, (ce De Leon Ave N	City, State North East, Suite 5000	'
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion		
X Political	Advertising Expense	or this scriedule)	Campaig	n email service		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	I .	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held	
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 08/22/2024	(c) Date(s)	Credit Card Issue	r Paid	
PAYEE (a) Payee name			(b) Payee	address;	City, State	e, Zip Code
	Mailchimp		675 Pond	ce De Leon Ave N	North East, Suite 5000	0
				GA 30308		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip	n email service		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held	
PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 09/22/2024	(c) Date(s)	Credit Card Issue	r Paid	
PAYEE	(a) Payee name Mailchimp		(b) Payee 675 Pond Atlanta, (ce De Leon Ave N	City, State North East, Suite 5000	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Sch: 5/19 Rpt: 47/61	Parker IV, Nathanie	el W. (The Honorable)	00058399						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES \$ 3,101.36 CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$443.21	09/21/2024							
7 PAYEE	(a) Payee name Mighty Photo Booth	ns		osite Drive	City,	State,	Zip Code		
	(a) Oatawari		+	th, TX 76131					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Solicitation/Fundraisir	•	(b) Descrip Deposit f event	or photography s	services at dist	rict fundra	aising		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$41.00	08/19/2024							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	Park Cities Republi	can Women	25 Highland Park Village, #100-840						
			Dallas, T						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Officeholder and staff tickets for event						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	 pense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
	\$275.00	08/31/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Dark Cities Depubli	oon Womon	25 Highla	and Park Village,	#100-840				
	Park Cities Republi	can women							
			Dallas, T						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion der membership	duoc				
X Political	Fees			der membersnip	uucs				
Non-Political	(a) Charlest translation	of Toyon Complete Calculated T		Charle if Assessed Tree	office holds = 15 do =				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Cneck if Austin, TX,	officeholder living exp	jense			
expenditure to benefit C/OH	Janaiaato, Omocnolido		o oougiii		Jiioo Iioiu				
,	<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica			rinting Expense alaries/Wages/Cor		avel Out of District ΓHER (enter a categor	y not listed al	oove)	
		-	ruction Guide explains hov	-		J			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 6/19 Rpt: 48/61	Parker IV, Nathanie	el W. (The Honorable)			00058399			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN CHARG	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,101.3	36	
Ļ		()	[() =	CARD		<u> </u>			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 09/03/20	Credit Card Issuer	r Paid			
		\$20.50	08/04/2024	00/00/20					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Park Cities Republi	can Women	25 Highla	nd Park Village,	#100-840			
				Dallas, T	X 75205				
8	PURPOSE OF	(a) Category		(b) Descrip	tion				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Officehole	der staff tickets fo	or event			
	X Political	1 000							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Aus			Check if Austin, TX,	officeholder living exp	ense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$1,760.00	08/12/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Danah Handa Dasa	Danah Handa Dagaya		Worth Drive				
		Ranch Hands Resc	nus Rescue						
		() 2		Argyle, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ition onsorship for gal	۵			
	X Political	Advertising Expense		Lvent Sp	onsorship for gan	α			
	Non-Political	(a)	of Towns Committee College date T		Observation TV	-#:			
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	ce sought	Crieck ii Austiri, TX,	officeholder living exp	erise		
e	xpenditure to benefit C/OH			oo ooug		000			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$223.27	09/07/2024						
L									
	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		Rudy's		520 S IH-	35				
		, -		Donton 3	TY 76205				
_	PURPOSE OF	(a) Category		Denton, 7 (b) Descrip					
	EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	•		nents for Denton	County GOP			
	X Political	- Tood/beverage Exper							
	Non-Political	<u>` ' </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held			
e	xpenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 7/19 Rpt: 49/61	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,101.3	36
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$53.01	09/19/2024					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Southwest Airlines		PO Box 3	66611			
			Dallas, T	X 75235			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descrip				
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Fees Officeholder flight change for the schedule of the			fee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$544.44	07/22/2024	09/03/202	24			
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Southwest Airlines		PO Box 3	6611			
			Dallas, T	X 75235			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder flight to Austin for legislative meetings				
X Political	Traver Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$507.95	(b) Date of Charge 08/04/2024	(c) Date(s) 09/03/202	Credit Card Issuel 24	r Paid		
PAYEE	(a) Payee name	I	(b) Payee a	address;	City,	State,	Zip Code
	(4) 1 3) 22 11		PO Box 3		2.53,		
	Southwest Airlines		1.0 000 00011				
			Dallas, T	X 75235			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholo	der flight to Austi	n for legislative	e meeting	js –
X Political	Traver out or District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
	I .						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 8/19 Rpt: 50/61	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,101.36				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$734.96	09/17/2024						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	Southwest Airlines							
a puppose of	(a) Category		Dallas, TX 75235 (b) Description					
8 PURPOSE OF EXPENDITURE X Political		(See Categories listed at the top of this schedule) Officeholder flight to Austin						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$723.96	09/22/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Southwest Airlines		PO Box 36611					
	() 2 :		Dallas, TX 75235					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder flight to Austin for legislative meetings					
X Political	Travel Out of District	· 	Officeriolder highl to Austin for legislative meetings					
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel 09/03/2024	r Paid				
	\$268.84	07/25/2024	09/03/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Special Olympics T	exas	4732 Whirlwind Drive					
			San Antonio, TX 78217					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ont				
X Political	Advertising Expense	,	Sponsorship of annual event					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TY	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· ·					
	1							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 9/19 Rpt: 51/61	Parker IV, Nathanie	el W. (The Honorable)			00058399			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	\$ 3,101.36		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid			
		\$1,250.00	08/12/2024						
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		Stewart, Kevin		1837 Montana Sky Drive					
L				<u> </u>	78727-6361				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti					
		Legal Services	of this schedule)	Campaign legal services					
	X Political								
L	Non-Political				Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
L	expenditure to benefit C/OH	() 4 () 4	L (1) D (1) (1)	1() 5 () 6) I': O II	5			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer 4	Paid			
		\$250.00	07/25/2024	00/00/202					
H	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
				PO Box 54	3				
				Argyle, TX 76226					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder membership dues					
	X Political	Fees							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$2,200.11	(b) Date of Charge 07/20/2024	(c) Date(s) C 09/03/2024	Credit Card Issuer 4	⁻ Paid			
H	PAYEE	(a) Payee name	l	(b) Payee ac	ldress;	City,	State,	Zip Code	
				7980 South	n Market Street				
		TownePlace Suites	;						
				Oak Creek	, WI 53154				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this calcadula)	(b) Description					
	EXPENDITURE X Political	Travel Out of District	or this scriedule)	Officeholde	er staff lodging v	while attending	j confere	nce	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 10/19 Rpt: 52/61	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,101.36			
6 PAYMENT	(a) Amount Charged \$29.86	(b) Date of Charge 07/16/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid			
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1735 Third Street	City, State, Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, TX 94103 (b) Description Officeholder staff travel for legislative meetings				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought	Office held				
PAYMENT	(a) Amount Charged \$4.87	(b) Date of Charge 07/16/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid			
PAYEE	(a) Payee name Uber	Uber 1735		City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, TX 94103 (b) Description Officeholder staff travel for legislative meetings				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$85.80	(b) Date of Charge 07/17/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1735 Third Street San Francisco, TX 94103	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder staff travel for legislative meetings				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instr	uction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 11/19 Rpt: 53/61	Parker IV, Nathanie	l W. (The Honorable)	00058399				
4 CREDIT CARD ISSUER		ncial institution evious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$ 3,101.36		
6 PAYMENT	(a) Amount Charged \$68.48	(b) Date of Charge 07/18/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024				
7 PAYEE	(a) Payee name Uber		(b) Payee at 1735 Third San Franc		City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	(b) Description Officeholder staff travel for legislative meetings					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					Office held		
PAYMENT	(a) Amount Charged \$85.34	(b) Date of Charge 07/19/2024	(c) Date(s) 0 09/03/202	Credit Card Issuer 4	Paid		
PAYEE	(a) Payee name Uber		(b) Payee at		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder staff travel for legislative meetings				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	esought		Office held		
PAYMENT	(a) Amount Charged \$7.95	(b) Date of Charge 07/20/2024	(c) Date(s) 0 09/03/202	Credit Card Issuer 4	Paid		
PAYEE	(a) Payee name Uber		(b) Payee at 1735 Third San Franc		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder staff travel for legislative meetings		etings		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	esought		Office held		
			<u></u>				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 12/19 Rpt: 54/61	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,101.36			
6 PAYMENT	(a) Amount Charged \$20.75	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid			
	Ψ20σ	30/03/202					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber		1735 Third Street				
	Obei						
8 PURPOSE OF	(a) Category		San Francisco, TX 94103 (b) Description				
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder staff travel for	or legislative meetings			
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held				
expenditure to benefit C/OH	()	T (1) = 1 (2)	1() = . () = . !! = . !!				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$16.96	09/18/2024					
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code			
	Uber		1735 Third Street				
	Obei						
	(a) Oatawari		San Francisco, TX 94103 (b) Description				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Officeholder staff travel for legislative meetings				
X Political	Travel Out of District		Omechoider stair traver is	i legislative meetings			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$359.47	09/25/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	 Wallbuilders		426 Circle Drive				
	Validandoro		Alada TV 76000				
PURPOSE OF	(a) Category		Aledo, TX 76008 (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder registration f	or legislative conference			
X Political	Fees			-			
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	·	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica		ruction Guide explains how	-	THEN (enter a categor	y not listeu a	bove)
1	Total pages Schedule F4:		<u> </u>	·	3 Filer ID (Ethio	s Commis	sion Filers)
	Sch: 13/19 Rpt: 55/61		el W. (The Honorable)		00058399		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,101.3	36
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$250.00	08/20/2024				
7	PAYEE	(a) Payee name Wise County Cham	ber of	(b) Payee address; 301 East Main St	City,	State,	Zip Code
Ļ		(a) Oata		Decatur, TX 76234 (b) Description			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Sponsorship for a Taste of			of Wise annual	event	
	Non-Political	n-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, c			officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$1,060.00	(b) Date of Charge 09/01/2024	(c) Date(s) Credit Card Issue	r Paid		
	PAYEE (a) Payee name Wise County Republican Party		(b) Payee address; 1223 County Rd 1111 Decatur, TX 76234	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Event sponsorship			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$251.41	(b) Date of Charge 07/08/2024	(c) Date(s) Credit Card Issue 08/03/2024	r Paid		
	PAYEE	(a) Payee name Amazon.com		(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Flags for Capitol office			
L	Non-Political	(7)	of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held						
l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 14/19 Rpt: 56/61	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 3,101.36				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$58.01	09/07/2024						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	American Airlines							
8 PURPOSE OF	(a) Category		Fort Worth, TX 76155 (b) Description					
EXPENDITURE X Political		(See Categories listed at the top of this schedule) Officeholder flight change						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge						
	\$218.48	07/02/2024	08/03/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	American Airlines		1 Skyview Drive					
			Fort Worth, TX 76155					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder flight to Austin for legislative meetings					
X Political	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	Officeholder flight to Austin for legislative meetings					
Non-Political	`	of Texas. Complete Schedule T.	L	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$496.95	08/12/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	American Airlines		1 Skyview Drive					
			Fort Worth, TX 76155					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
<u> </u>	Travel Out of District	c. a soriculicy	Officeholder flight to Aust	in for legislative meetings				
X Political								
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense Office held				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought	Office field				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)		
Sch: 15/19 Rpt: 57/61	Parker IV, Nathanie	el W. (The Honorable)			00058399			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	\$ 3,101.36		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$627.95	09/03/2024						
7 PAYEE	(a) Payee name American Airlines		(b) Payee a		City,	State,	Zip Code	
				h, TX 76155				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder flight to Aust			n for legislative meetings		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Cradit Card Issue	- Daid			
PAYMENT	(a) Amount Charged \$511.95	(b) Date of Charge 09/04/2024	(c) Date(s)	Credit Card Issuer	r Paid			
PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code	
	American Airlines		1 Skyview					
				h, TX 76155				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder staff travel for legislative meetings					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$262.02	(b) Date of Charge 07/31/2024	(c) Date(s) 09/03/202	Credit Card Issuei 24	r Paid			
PAYEE	(a) Payee name American Jewish Conservatives		(b) Payee a 16817 Co	it Rd, #1147	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Tickets to the American Jewish Conservatives Launch Party and Gala				unch Party	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete t	his form.		,,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 16/19 Rpt: 58/61	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,101.3	36
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$210.10	08/14/2024					
7 PAYEE	(a) Payee name AT&T Hotel and Co	onference		versity Avenue	City,	State,	Zip Code
			Austin, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
<u></u>	Travel Out of District	er and corrodation	Officenoic	der lodging for le	gisiative mee	tings	
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.]	Check if Austin, TX,		xpense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH		T	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$215.06	09/06/2024					
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	Austin Aba		1101 Sou	th Congress Ave	e		
			Austin, T	< 78704			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		officeholder and staff meeting				
X Political	Food/Beverage Expe	iise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$195.19	09/20/2024					
PAYEE	(a) Payee name	I	(b) Payee a	address;	City,	State,	Zip Code
			1101 Sou	th Congress Ave			
	Austin Aba			J			
			Austin, T	< 78704			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		officeholder and staff meeting				
X Political	1 Journeverage Expen	1136					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 17/19 Rpt: 59/61	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	3,101.3	36
6 PAYMENT	(a) Amount Charged \$757.32	(b) Date of Charge 07/01/2024	(c) Date(s) (08/03/202	Credit Card Issuer 4	r Paid		
7 PAYEE	(a) Payee name (b) Payee address; 6505 West Park Blvd, Suite 3 Plano, TX 75093		City, te 312	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descript Campaign				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct expenditure to benefit C/OH			e sought	_	Office held		
PAYMENT	(a) Amount Charged \$429.44	(b) Date of Charge 09/26/2024	(c) Date(s) (Credit Card Issuei	r Paid		
PAYEE	(a) Payee name Catfish O'Harlies		(b) Payee a 1019 North		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Hosted precinct chair luncheon for Wise County GOP				ЭОР
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$600.00	(b) Date of Charge 09/06/2024	(c) Date(s)	Credit Card Issuei	r Paid		
PAYEE	(a) Payee name Children's Advocacy Center		(b) Payee at 1854 Cain Lewisville,	Drive	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Event Sponsorship for gala				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)		
Sch: 18/19 Rpt: 60/61	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$	3,101.3	36	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$250.16	08/24/2024					
7 PAYEE	(a) Payee name Courtyard by Marrio	ott	(b) Payee address; 4330 Courtyard Way	City,	State,	Zip Code	
			Flower Mound, TX 7502	28			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	Travel In District	or tries scriedule)	Officeholder staff lodgin	g while in distric	t		
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	ΓX, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$132.00	07/08/2024	08/03/2024				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			1201 North Hwy 377				
			Roanoke, TX 76262				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign storage unit				
X Political	Office Overhead/Rent	iai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	ΓΧ, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$158.00	(b) Date of Charge 08/08/2024	(c) Date(s) Credit Card Issu 09/03/2024	uer Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1201 North Hwy 377				
	Cubesmart						
			Roanoke, TX 76262				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign storage unit				
X Political	Janes Overneau/Nem	ы широпос					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	ΓX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(*		,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 19/19 Rpt: 61/61	Parker IV, Nathanie		00058399				
4	CREDIT CARD ISSUER	Name of financial institution see previous		EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 3,101.36		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	er Paid		
		\$158.00	09/05/2024					
7	PAYEE (a) Payee name Cubesmart			(b) Payee 1201 No	address; rth Hwy 377	City,	State,	Zip Code
				Roanoke	e, TX 76262			
8	PURPOSE OF (a) Category			(b) Description				
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Campaig	ın storage unit			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	ense		
9 Complete ONLY if direct		Candidate/Officeholder name Office		e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
		\$21.64	09/16/2024					
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Cubesmart		1201 No	rth Hwy 377			
				Roanoke, TX 76262				
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Descrip				
X Political		Office Overhead/Rental Expense		Campaig	ın storage unit			
Non-Political		(c) Check if travel outside	•	Check if Austin, TX,	officeholder living expe	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	PAYMENT	(a) Amount Charged (b) Date of Charge \$519.48 07/19/2024		(c) Date(s) Credit Card Issuer Paid 09/03/2024				
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Dallas County Republican Party		11617 No Suite 240 Dallas, T		,		
PURPOSE OF		(a) Category		(b) Description				
	EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense		or this schedule)	Sponsorship and tickets to annual event				
	X Political	X Political						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office			Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	e sought		Office held				
expenditure to benefit C/OH								
ĺ								