CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commit 00081605		2 Total pages fi	led: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Nathan M.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME			CULTIV	07/15/2025	
	NICKNAME	LAST Johnson		SUFFIX	01/13/2023	
		JUHISUH				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 670994					_
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75367-0994					
	·				Date Processed	
					Date Imaged	
					Date illiageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>l</u>	
TREASURER	Mr.	Howard Mark		IVII		
NAME	IVII.	i iowaiu iviaik				
	NICKNAME	LAST		SUFFIX		
		Spector		Esq.		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		AP	r / SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	12770 Coit Road, Suite 85	50				
(Residence or Business)						
	Dallas, TX 75251					
7 CAMPAICNI	ADEA CODE DUOS	IE NII IMPER	VTENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(214) 365-5377					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	7 15th day after ca	mpaign treasurer
		_ courtag scrore		L	appointment (offi	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		П	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
III OFFICE	State Senator District 16			State Senator Di		
	2,555 25.565. 2106.00 10					
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 82

13 C / OH NAME	Johnson, Nathan M.	(The Honorable)		14 Filer ID 00081605	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without quired to report this information	the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	 E			
Ш	GENERAL					
		COMMITTEE ADDI	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAMI	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CO	ONTRIBUTIONS (OTHER THA	N PLEDGES LOANS		
TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, (IS OR GUARANTEES OF LOANS	5)	\$	57,930.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	4,974.47		
	4. TOTAL POLITIC	CAL EXPENDITURES	5		\$	139,591.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	435,853.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		t	swear, or affirm, under penalt rue and correct and includes a under Title 15, Election Code.			
			The Honor	able Nathan M. Johr	2002	
		-		f Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE	3 1			
Sworn to and subs	cribed before me by the s	aid		this the		day
			my hand and seal of office.	, uns the		uuy
Signature of office	cer administering	Printed name o	of officer administering	Title of office	er administer	ing oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 82
18 FILER NAME Johnson, Nathan	n M. (The Honorable)	19 Filer ID 00081605	(Ethics Commis	sion Filers)
20 SCHEDULE SUBT	SUBTOTA	L AMOUNT		
1. X SCHE	DULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	57,275.53
2. X SCHE	DULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	655.00
3. SCHE	EDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHE	EDULE E: LOANS		\$	
5. X SCHE	EDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	130,436.83
6. SCHE	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHE	EDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X SCHE	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,149.93
9. X SCHE	EDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	5.05
10. SCHE	EDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHE	EDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. X SCHE	\$	28.10		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/82	
2	FILER NAME Johnson, Na	FILER NAME Johnson, Nathan M. (The Honorable)				Filer ID (Ethics Commission 00081605	on Filers)
4		5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu Not Employe	Dallas, TX 75220-3749 Dation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Grace & McEwan Consulting LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
	Principal occu	Austin, TX 78701-1629 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/25/2025	Full name of contributor out-of-state PAC (Hodge, Daniel Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1871 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701-5002	`	Self employed		Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Powell, Gideon Contributor address; City; State; Zip Code Dallas, TX 75251-1800			Amount of Contribution (\$)	\$20,000.00		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Cholla Inc.)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/82	
2	FILER NAME Johnson, Na	than M. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00081605	
4	Date 06/30/2025			7	Amount of Contribution (\$) \$10.53
_	Delia dia al-	Dallas, TX 75209-2822	10 Family (0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	·)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Texans for Truth & Liberty PAC Contributor address; City; State; Zip Code Austin, TX 78701-1819			Amount of Contribution (\$) \$25,000.00	
	Principal occupation / Job title (See Instructions) Employer (See Instruction				
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
	Principal occu	Austin, TX 78701-1814 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Williamson, Ellen Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Self Employed				<u>(</u>	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Inetru	ation Cuido avalaina hayy ta camplata this (1 Total pages Schedule A2:				
i ne instru	ction Guide explains how to complete this f	Sch: 1/1 Rpt: 6/82				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Johnson, Na	athan M. (The Honorable)		00081605			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution			
06/25/2025	Earl, David		contribution (\$) description			
1	7 Contributor address; City; State; Zip Code		\$380.00 Fundraising event email			
			l l			
	San Antonio, TX 78240-1646		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's p	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's 6	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
Date	Full name of contributor ut-of-state PAC (ID#:	\	Amount of ! In-kind contribution			
06/25/2025	Ingersoll, Deborah		contribution (\$) description			
00,20,2020	Contributor address; City; State; Zip Code		\$275.00 Fundraising event			
	Contributor address, City, State, 21p Code		coordination			
	Austin, TX 78763-5643		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Consultant		Legislative Solution	Legislative Solutions			
Contributor's p	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's 6	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/57 Rpt: 7/82	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	
	05/15/2025	AJL Advertising	
6	Amount (\$) \$325.00	7 Payee address; City; State; Zip Code2101 Airport Blvd	
		Austin, TX 78722-1403	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I finding Expense	el outside of Texas. Complete Schedule T.
		Sine Die T	tin, TX, officeholder living expense
		Sine Die 1:	SIIIILS
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	05/25/2025	AJL Advertising	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	2101 Airport Blvd	
		'	
		Austin, TX 78722-1403	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	I finding Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Sine Die T-	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/30/2025	Allen, Brenda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	2505 Wedglea Drive	
	Ψ1,000.00	2000 Wedgied Bille	
		Dallas, TX 75211	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/ Wages/Contract Labor	el outside of Texas. Complete Schedule T.
		Campaign s	tin, TX, officeholder living expense
		Campaigns	ocici y
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	ai Cu	The Instruction Guide explains how to co	·	ete this form.
1	Total pages Schedule F1: Sch: 2/57 Rpt: 8/82	2	FILER NAME Johnson, Nathan M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081605
4	Date	5	Payee name		
	03/31/2025	ľ	Allen, Brenda		
6	Amount (\$) \$1,500.00	7	Payee address; City; State; Zip Co 2505 Wedglea Drive	ode	
L			Dallas, TX 75211		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign salary
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ight	Office held
Γ	Date		Payee name		
l	02/28/2025		Allen, Brenda		
	Amount (\$) \$1,500.00		Payee address; City; State; Zip Co 2505 Wedglea Drive Dallas, TX 75211	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign salary
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ight	Office held
	Date 01/31/2025		Payee name Allen, Brenda		
	Amount (\$) \$1,500.00		Payee address; City; State; Zip Co 2505 Wedglea Drive Dallas, TX 75211	ode	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		<u></u>		Campaign salary
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ight	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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 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 the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/57 Rpt: 9/82	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	·
	05/30/2025	Allen, Brenda	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	2505 Wedglea Drive	
		Dallas, TX 75211	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Ca	ımpaign salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	Davida nama	
	06/30/2025	Payee name Allen, Brenda	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code	
	\$1,500.00	2505 Wedglea Drive	
		D. II TV 75044	
		Dallas, TX 75211	
	PURPOSE OF		scription
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			ımpaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/15/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.46	440 Terry Ave N	
		Seattle, WA 98109-5210	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
		Dri	inking glasses for office
	Commission ONLL V if dispost	Condidate Office helder some	Office heald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 4/57 Rpt: 10/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/12/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.72	440 Terry Ave N
		Soottle, WA 00100 F210
Ļ	DUDDOOF	Seattle, WA 98109-5210
8	PURPOSE 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
		Office supplies for District office
Ļ	Operation ONLY if dispose	Out in the 10ff and a little warms and the 10ff and a little warms and the 10ff and a little warms and the 10ff and a little warms are seen to 10ff and a little warms and the 10ff and a little warms are seen to 10ff and a little warms and the 10ff and a little warms are seen to 10f
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Date	Davisa nama
	06/23/2025	Payee name Amazon
-	Amount (\$)	Payee address; City; State; Zip Code
	\$140.63	440 Terry Ave N
		Seattle, WA 98109-5210
	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
		Tools and privacy film for district office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/20/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.30	440 Terry Ave N
		Soottle, WA 00100 F210
	DUDDOCE	Seattle, WA 98109-5210
	PURPOSE 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
		Security equipment for district office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a category set listed above)

	Candidate/Officenoider/Politica 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: 5/57 Rpt: 11/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	02/04/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,063.10	PO Box 6031
		Carol Stream, IL 60197-6031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
		Ground data paymonic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	03/04/2025	Payee name
		American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$713.75	PO Box 6031
		Carol Stream, IL 60197-6031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment
		Grount dard paymont
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies warms
	Date 05/14/2025	Payee name American Express
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,390.44	PO Box 6031
		Carol Stream, IL 60197-6031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card payment
		Ground data paymoni
	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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/57 Rpt: 12/82	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	•
	04/03/2025	American Express	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,128.68	PO Box 6031	
		Carol Stream, IL 60197-6031	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit card payment
			2.55.0
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/10/2025	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$555.08	PO Box 6031	
		Carol Stream, IL 60197-6031	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit card payment
			2.55.0
	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/30/2025	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,481.54	PO Box 6031	
		Carol Stream, IL 60197-6031	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
L	expenditure to benefit C/OI	1	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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	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: 7/57 Rpt: 13/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	03/20/2025	Berlin Rosen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,456.74	15 Maiden Ln
		Ste 1600
		New York, NY 10038-5111
8	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 Direct mail
		Direct mail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/13/2025	Campaignly Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	4615 Jeannes Ct
		West Chester, OH 45069-9293
	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 Campaign digital consulting
		Campaigh digital consulting
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/07/2025	Campaignly Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	4615 Jeannes Ct
		West Chester, OH 45069-9293
	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 Campaign digital consulting
		Campaign digital consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
H		
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter	a category not listed a	bove)
				The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	ı	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/57 Rpt: 14/82		Johnson, Na	athan M. (The F	Honorable)					00081605		
4	Date	5	Payee name									
	04/03/2025		Campaignly	Group LLC								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$9,000.00		4615 Jeann	es Ct								
			West Chest	er, OH 45069-9	293							
8	PURPOSE	⊢					(h)	Description				
ľ	OF		Consulting E	e Categories listed at t	the top of this sch	edule)	(2)	_ `	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Consulting L	_xpcrise						officeholder livir	•	
								Campaign dig	gita	l consulting	J	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/08/2025		Campaignly	Group LLC								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$4,500.00		4615 Jeann	es Ct								
			West Chest	er, OH 45069-9	293							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Consulting E	Expense				=			mplete Schedule T.	
								—		officeholder livin		
								Campaign dig	yııa	ı consum	J	
_	Complete ONLY if direct	<u> </u>	Candidato/Offic	ceholder name		Office sou	aht			Office h	old	
	expenditure to benefit C/OI		zanuluale/Onic	cerioidei fiame		Jilice Sou	yııı			Office i	leiu	
_	Data											
	Date 06/05/2025	ı	Payee name	Croup II C								
		├	Campaignly									
	Amount (\$)	ı	Payee addres	, ,,	State;	; Zip Co	de					
	\$4,500.00		4615 Jeann	es Ct								
			West Cheste	er, OH 45069-9	293							
	PURPOSE OF			e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Consulting E	Expense						de of Texas. Cor officeholder livir	mplete Schedule T.	
								Digital consul			ig expense	
								2.ga. 0011301		9 00, 11000		
-	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	aht			Office h	neld	
	expenditure to benefit C/OI					50 50u	ar			0001		
l												

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting 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.
		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
,	Sch: 9/57 Rpt: 15/82	Johnson, Nathan M. (The Honorable) 00081605
4 D	ate	5 Payee name
0	4/30/2025	Clark, Ernest
6 A	mount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1259 Springbrook Dr
		Desoto, TX 75115-3100
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign salary
		Campaigh salary
	complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held H
D	ate	Payee name
0	3/31/2025	Clark, Ernest
Α	mount (\$)	Payee address; City; State; Zip Code
	\$500.00	1259 Springbrook Dr
	φοσοίσο	1200 Opinigarook Br
		Desoto, TX 75115-3100
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Compaign colory
		Campaign salary
	Annual of the CANANA CA	On didn't Office helder name
	complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
D	ate	Payee name
0	2/28/2025	Clark, Ernest
Α	mount (\$)	Payee address; City; State; Zip Code
	\$500.00	1259 Springbrook Dr
		Desoto, TX 75115-3100
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign salary
		Campaign saidly
	tomplete ONLY if direct	Candidate/Officeholder name Office acusts
	complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Apenditure to benefit Groi	
	xperialitare to beliefit G/OI	
	Aperialitare to benefit G/OI	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica			Legal Services	is Expense	Salaries/V		e /Contract Labor		OTHER (enter a	istrict a category not liste	ed above)
	Credit Card Payment			The Instruction C	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	nission Filers)
	Sch: 10/57 Rpt: 16/82		Johnson, Na	athan M. (The	Honorable)					00081605		
4	Date	5	Payee name									
	01/31/2025		Clark, Ernes	st								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	nde					
٠	\$500.00	ı	1259 Spring	•	Olate	, 2ip 00	uc					
	φουσ.σσ		1200 Opinig	BIOOK BI								
			Decete TV	75115 2100								
		$oxed{oxed}$	Desoto, TX	75115-3100								
8	PURPOSE OF			e Categories listed at		hedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract L	₋abor			=		de of Texas. Con officeholder livin	nplete Schedule T a expense	
								Campaign sa			g oxponoo	
								. 3	•	,		
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
-	expenditure to benefit C/OI						5					
	Date	Т	Davisa nama									
	05/30/2025	ı	Payee name Clark, Ernes	·+								
		⊢	,		04-4-	7:- 0-	-1-					
	Amount (\$)	ı	Payee addres	•	State	e; Zip Co	ue					
	\$500.00		1259 Spring	DIOOK DI								
		╙	Desoto, TX	/5115-3100								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this scl	hedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract L	₋abor			=		de of Texas. Con officeholder livin	nplete Schedule T	
								Campaign sa			g expense	
								oapa.g oa		,		
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						3					
	Date	Т	Dayoo nama									
	06/30/2025		Payee name Clark, Ernes	et .								
					Ctoto	· Zin Co	do					
	Amount (\$) \$500.00		Payee addres		State	e; Zip Co	ue					
	φ300.00		1259 Spring	DIOOK DI								
			D	75445 0400								
			Desoto, TX									
	PURPOSE OF			e Categories listed at		hedule)	(b)	Description		df.T O	onlete Cabandula T	
	EXPENDITURE		Salaries/Wa	ges/Contract L	₋abor			ш		officeholder livin	nplete Schedule T a expense	•
								Campaign sa			g oxponed	
								1 9	-	•		
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						J			20011	-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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	
┝	Total pages Schedule F1:	<u> </u>
ľ	Sch: 11/57 Rpt: 17/82	Johnson, Nathan M. (The Honorable) O0081605
4	Date	5 Payee name
	01/24/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$490.36	1601 Trapelo Rd
		Waltham, MA 02451-7333
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign email management and delivery
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/24/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$490.36	1601 Trapelo Rd
		Waltham, MA 02451-7333
	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 Campaign email management and delivery
		Campaign email management and delivery
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	·
H	Date	Payee name
	03/24/2025	Constant Contact
H	Amount (\$)	Payee address; City; State; Zip Code
	\$490.36	1601 Trapelo Rd
	φ490.30	1001 Πάρειο Κα
		Maltham MA 024E1 7222
		Waltham, MA 02451-7333
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign email management and delivery
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/57 Rpt: 18/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/24/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$490.36	1601 Trapelo Rd
		Waltham, MA 02451-7333
8	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign email management and delivery
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	05/27/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$490.36	1601 Trapelo Rd
		Waltham, MA 02451-7333
	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
		Campaign email management and delivery
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/20/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.11	8055 Churchill Way
		Dallas, TX 75251-2149
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food and supplies for district office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	·

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this	form.

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 T	otal pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
S	Sch: 13/57 Rpt: 19/82	Johnson, Nathan M. (The Honorable)	00081605
4 D	ate	5 Payee name	
0	3/20/2025	Costco	
6 A	mount (\$) \$38.99	7 Payee address; City; State; Zip Code 8055 Churchill Way	
		Dallas, TX 75251-2149	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and supplies for district office
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
D	ate	Payee name	
0	3/20/2025	Costco	
Α	mount (\$)	Payee address; City; State; Zip Code	
	\$230.55	8055 Churchill Way	
		Dallas, TX 75251-2149	
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and supplies for district office
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
D	ate	Payee name	
0	3/21/2025	Costco	
A	mount (\$) \$53.54	Payee address; City; State; Zip Code 8055 Churchill Way	
		Dallas, TX 75251-2149	
I	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food and supplies for district office
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Forms	se provided by Tayas F	thics Commission www.othics.stato.tv.us	Version V4.1.0 f10d0fd9

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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			Printing Ex Salaries/W		Travel Out of District Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains ho	ow to con	nple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 14/57 Rpt: 20/82		Johnson, Nathan M. (The Honorable)			00081605
4	Date	5	Payee name			
	04/15/2025		Costco			
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de	
	\$107.97		8055 Churchill Way			
			Dallas, TX 75251-2149			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Food and supplies for district office
						. ood and ouppined is: district office
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Off	fice soug	ght	Office held
	expenditure to benefit C/O	Н				
	Date		Payee name			
	05/02/2025		Costco			
	Amount (\$)		Payee address; City; State;	Zip Coo	de	
	\$129.18		8055 Churchill Way			
			Dallas, TX 75251-2149			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Food and supplies for district office
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Off	fice soug	ght	Office held
	expenditure to benefit C/O	Н				
	Date		Payee name			
	06/30/2025		Costco			
	Amount (\$)		Payee address; City; State;	Zip Cod	de	
	\$120.65		8055 Churchill Way			
			Dallas, TX 75251-2149			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Food and supplies for district office
	Complete ONLY if direct	Ь,	Candidate/Officeholder name Off	fice soug	ght	Office held
	expenditure to benefit C/O			7	-	

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: 15/57 Rpt: 21/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	06/30/2025	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.98	8055 Churchill Way
		Dallas, TX 75251-2149
8	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 Food and supplies for district office
		rood and supplies for district office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/29/2025	Dallas County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1414 N Washington Ave
		Dallas, TX 75204-5261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 01/28/2025	Payee name Dallas Democratic Forum
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2101 Ross Ave
		Dallas, TX 75201-2703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Continuutori
_	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 -Candidate/Officeholder/Political Committe

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 16/57 Rpt: 22/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/30/2025	Diaz, Alvaro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2405 Montopolis Dr
		Apt 2224
		Austin, TX 78741-6426
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
		Campaign salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	Diaz, Alvaro
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2405 Montopolis Dr
		Apt 2224
		Austin, TX 78741-6426
	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
		Campaign salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	Dove name
	Date 02/28/2025	Payee name Diaz, Alvaro
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2405 Montopolis Dr
		Apt 2224
		Austin, TX 78741-6426
	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
		Campaign salary
		,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ertising Expense Event Expense Loan Repayment/Reimbu

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

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		Legal Services	Salaries/V	Vage	s/Contract Labor		OTHER (enter a	strict category not listed above)	
			The Instruction Guide	explains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/57 Rpt: 23/82	Johnson, N	athan M. (The Hone	orable)				00081605		
4	Date	5 Payee name								
	01/31/2025	Diaz, Alvard)							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$100.00	2405 Monto	polis Dr							
		Apt 2224								
		Austin, TX	78741-6426							
8	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		ages/Contract Labo						plete Schedule T.	
	LXI LINDITORL					\Box		officeholder living	g expense	
						Campaign sa	uary	y		
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ight			Office h	eld	
										_
	Date	Payee name								
	05/30/2025	Diaz, Alvard)							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$100.00	2405 Monto	polis Dr							
		Apt 2224								
		Austin, TX	78741-6426							
	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wa	ages/Contract Labo	r					nplete Schedule T.	
						—		officeholder living	g expense	
						Campaign sa	liai	у		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	old	
	expenditure to benefit C/OI		cenoidei name	Office sou	igni			Office fit	eiu	
	Data									_
	Date	Payee name								
	06/30/2025	Diaz, Alvaro								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$100.00	2405 Monto	polis Dr							
		Apt 2224								
		Austin, TX	78741-6426							
	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wa	ages/Contract Labo	r		ш			pplete Schedule T.	
	-					Campaign sa		officeholder living	g expense	
						Campaign Sa	uai	у		
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	laht Iaht			Office he	eld	_
	expenditure to benefit C/OI		ocholder Hallie	Onice 300	gill			Onice III	oiu.	
_										
1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/57 Rpt: 24/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/28/2025	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.24	1 Hacker Way
		Menlo Park, CA 94025-1456
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
		Digital advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/28/2025	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$224.55	1 Hacker Way
		
		Menlo Park, CA 94025-1456
	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
		Digital advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	05/27/2025	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.71	1 Hacker Way
		Menlo Park, CA 94025-1456
	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 Digital advertising
		Digital advertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling Ex se Printing E Salaries/V	pense xpense Vages/0	Contract Labor		Travel in Di		
			The Instruction Guide ex	cplains how to co	mplet	e this form.				
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 19/57 Rpt: 25/82	Johnson, N	Nathan M. (The Honor	able)				0008160	05	
4	Date	5 Payee name	<u> </u>				<u> </u>			
	05/27/2025	Facebook	~							
6			Occ: City:	State: 7in Ca	ndc.					
6	Amount (\$)	7 Payee addr		State; Zip Co	oue					
	\$575.96	1 Hacker \	vay							
		Menlo Par	k, CA 94025-1456							
8	PURPOSE	(a) Category	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF	Advertising		. and concadicy]	_	outsi	de of Texas.	Complete Schedule T.	
	EXPENDITURE	`	•		[Check if Austin,			living expense	
						Digital advert	isin	ng		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Offic	e held	
	Date	Payee name								
	06/26/2025	Facebook								
<u> </u>	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$14.20	1 Hacker \	•	, <u></u> ,p oc						
	Ψ17.20		- ~ ,							
		Menlo Par	k, CA 94025-1456		_					
	PURPOSE	(a) Category (See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisino	g Expense		[_			Complete Schedule T.	
						Check if Austin, Digital advert			iiviiig experise	
					'	igital auvell	ااد،	ıA		
<u> </u>	Operation ONE VIII II	0	er - la alala a a a	0/"					- 11-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ignt			Offic	e held	
L										
	Date	Payee name	e							
	06/26/2025	Facebook								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$653.57	1 Hacker \								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•							
		Menlo Par	k, CA 94025-1456							
	PURPOSE	(a) Category (See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisin	g Expense		[Complete Schedule T.	
					[Check if Austin,			living expense	
						Digital advert	ısın	ıy		
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Offic	e held	
	expenditure to benefit C/OH									

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

Travel in Dis
Travel Out o

Contract Labor
OTHER (ent

	Candidate/Officenoider/Politica Credit Card Payment	ai Co	The Instruction Guide explains how to co	-	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 20/57 Rpt: 26/82		Johnson, Nathan M. (The Honorable)		00081605		
4	Date	5	Payee name		<u>'</u>		
	06/30/2025		Fly Unified LLC				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
	\$2,255.00		680 E Main St				
			# 1280				
L		L	Stamford, CT 06901-2113				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE		Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
					Campaign digital marketing consulting services		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ught	Office held		
Г	Date		Payee name				
	05/19/2025		Fresas				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$94.60		915 N Lamar Blvd				
			Austin, TX 78703-4946				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense Food for staff		
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>I</u> ught	Office held		
	expenditure to benefit C/O	Н					
	Date		Payee name				
	04/14/2025		Funky East Dallas Democrats				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$250.00		PO Box 181734				
			Dallas, TX 75218-8734				
	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. Check if Austin, TX, officeholder living expense		
			Candidate/Officeholder/Political Committee		Contribution		
	Complete ONLY if direct		Candidate/Officeholder name Office soil	ught	Office held		
	expenditure to benefit C/O	Н					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 21/57 Rpt: 27/82 Johnson, Nathan M. (The Honorable) 00081605 4 Date Payee name 04/30/2025 Gardner, May 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 1504 Murray Ln Austin, TX 78703-3411 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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 Gardner, May Amount (\$) Payee address; City; State; Zip Code \$500.00 1504 Murray Ln Austin, TX 78703-3411 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/28/2025 Gardner, May Amount (\$) Payee address: City: State; Zip Code \$500.00 1504 Murray Ln Austin, TX 78703-3411 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit 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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 22/57 Rpt: 28/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/31/2025	Gardner, May
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1504 Murray Ln
		Austin, TX 78703-3411
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign salary
_	0 1: 01:14 7 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/30/2025	Gardner, May
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1504 Murray Ln
		Austin, TX 78703-3411
	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 Campaign salary
		- Carripaigir Carary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/30/2025	Gardner, May
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1504 Murray Ln
	φου.ου	1004 Mulitay Eli
		Austin, TX 78703-3411
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<u> </u>

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

	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: 23/57 Rpt: 29/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/02/2025	Google
6	Amount (\$) \$56.28	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Workspace subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	Google
	Amount (\$) \$54.63	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
	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 Google Workspace subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Google
	Amount (\$) \$53.73	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Workspace subscription
	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
Contributions/ Donations Made By -

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: 24/57 Rpt: 30/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/02/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google Workspace subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	<u> </u>
	Date	Payee name
	05/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google workspace subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Google Workspace subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

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/Officenoider/Politica 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: 25/57 Rpt: 31/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/17/2025	Gutierrez, Sarah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
		Buda, TX 78610-2765
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.
		Campaign operations consulting
		Campaign operations constituting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/11/2025	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
	, , , , , , , , , , , , , , , , , , , ,	
		Buda, TX 78610-2765
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign operations consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/12/2025	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
		Buda, TX 78610-2765
	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 Campaign operations consulting
		Campaigh operations consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimble State Control of the Cont

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 Salaries (Contract Labor

Reimbursement 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: 26/57 Rpt: 32/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/11/2025	Gutierrez, Sarah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
		Buda, TX 78610-2765
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
		Campaign operations consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/14/2025	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
	\$1,000.00	TOT IMIGGIO OIX
		Buda, TX 78610-2765
	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
		Campaign operations consulting
		Campaign operations constanting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/10/2025	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Buda, TX 78610-2765
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign operations consulting
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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	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: 27/57 Rpt: 33/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/03/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.57	PO Box 2220
		Manchaca, TX 78652-2220
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
		Office water delivery
_	Commission ONE V. C. F.	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	02/04/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.56	PO Box 2220
		Manchaca, TX 78652-2220
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office water delivery
		Cinco Water delivery
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name
	03/04/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.56	PO Box 2220
		Manchaca, TX 78652-2220
	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
		Office water delivery
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

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

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 28/57 Rpt: 34/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/02/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.57	PO Box 2220
		Manchaca, TX 78652-2220
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office water delivery
		Cine nater delivery
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/02/2025	Hill Country Springs
H	Amount (\$)	Payee address; City; State; Zip Code
	\$84.57	PO Box 2220
		Manchaca, TX 78652-2220
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office water delivery
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/03/2025	Hill Country Springs
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$84.57	PO Box 2220
		Manchaca, TX 78652-2220
	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 Office water delivery
		Office water delivery
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 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 compl	plete t	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 29/57 Rpt: 35/82	Johnson, Nathan M. (The Honorable)			00081605	
4	Date	5 Payee name		·		
	01/22/2025	Hootsuite				
6	Amount (\$)	7 Payee address; City; State; Zip Code	9			
	\$158.83	111 East 5th Avenue				
		Vancouver BC V5T4L1 Canada				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) De	escription		
	OF EXPENDITURE	Advertising Expense		Check if travel outsid		
] Check if Austin, TX, o Ocial media mai		
			00	Joiai media mai	nagement	ontware
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/OI				J55 1.1	
	Date	Payee name				
	02/24/2025	Hootsuite				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$158.83	111 East 5th Avenue	•			
	Ψ100.00	TIT Last Sarr Wellac				
		Vancouver BC V5T4L1 Canada				
	PURPOSE		1) Da			
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		escription Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, o		
			So	ocial media ma	nagement s	software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	Date	Payee name				
	03/24/2025	Hootsuite				
	Amount (\$)	Payee address; City; State; Zip Code	Э			
	\$158.83	111 East 5th Avenue				
		Vancouver BC V5T4L1 Canada				
	PURPOSE OF	, , ,		escription		
	EXPENDITURE	Advertising Expense		Check if travel outsid Check if Austin, TX, o		
				ocial media ma		
					-	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/OI	1				
_						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 30/57 Rpt: 36/82 Johnson, Nathan M. (The Honorable) 00081605 4 Date Payee name 04/22/2025 Hootsuite 6 Amount (\$) Payee address; State; Zip Code \$158.83 111 East 5th Avenue Vancouver BC V5T4L1 Canada 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Social media management software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/22/2025 Hootsuite Amount (\$) Payee address; City; State; Zip Code \$158.83 111 East 5th Avenue Vancouver BC V5T4L1 Canada **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 Social media management software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/23/2025 Hootsuite Amount (\$) Payee address: City: State; Zip Code \$158.83 111 East 5th Avenue Vancouver BC V5T4L1 Canada **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Social media management software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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	
1	Total names Schodule F1:	,
_	Total pages Schedule F1: Sch: 31/57 Rpt: 37/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/31/2025	Internal Revenue Service
6	Amount (\$) \$276.38	7 Payee address; City; State; Zip Code PO Box 93210
		Louisville, KY 40293
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payroll taxes
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.37	PO Box 93210
		Louisville, KY 40293
	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 Payroll taxes
		rayioli taxes
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.38	PO Box 93210
	+ 2.5.66	
		Louisville, KY 40293
	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
		Payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	,
1	Total pages Schedule F1: Sch: 32/57 Rpt: 38/82	2 FILER NAME3 Filer ID(Ethics Commission Filers)Johnson, Nathan M. (The Honorable)00081605
4	Date	5 Payee name
	04/30/2025	Internal Revenue Service
	04/30/2023	Internal Revenue Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$276.37	PO Box 93210
		Louisville, KY 40293
Ļ	DUDD005	
8	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 expenses.
		Check if Austin, TX, officeholder living expense Payroll taxes
		rayioli taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$273.38	PO Box 93210
		Louisville, KY 40293
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payroll taxes
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
L	06/30/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$267.37	PO Box 93210
		Louisville, KY 40293
	DUDD00-	
	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
		Payroll taxes
	2	
	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	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 33/57 Rpt: 39/82	Johnson, Nathan M. (The Honorable) 00081605					
4	Date	5 Payee name					
	01/14/2025	Intuit					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$4.26	2632 Marine Way					
		Mountain View, CA 94043-1126					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		1099 processing fee					
		3 · · ·					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	01/31/2025	Intuit					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$186.55	2632 Marine Way					
	,						
		Mountain View, CA 94043-1126					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Campaign accounting and payroll processing					
		software					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	• · · · · · · · · · · · · · · · · · · ·					
_	Date	Payee name					
	03/03/2025	Intuit					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$220.66	2632 Marine Way					
	Ψ220.00	2002 Maine Way					
		Mountain View, CA 94043-1126					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Campaign accounting and payroll processing					
		software					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

	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: 34/57 Rpt: 40/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	03/31/2025	Intuit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$186.55	2632 Marine Way
		Mountain View, CA 94043-1126
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign accounting and payroll processing
		software
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Device same
	05/01/2025	Payee name
		Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.55	2632 Marine Way
		Mountain View, CA 94043-1126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Campaign accounting and payroll processing
		software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2025	Intuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.55	2632 Marine Way
		Mountain View, CA 94043-1126
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Campaign accounting and payroll processing
		software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Al 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:	
L	Sch: 35/57 Rpt: 41/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/31/2025	Johnson, Nathan M
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.78	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	_/	Expense Check if Austin, TX, officeholder living expense
		Mileage reimbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Oh	
	Date	Payee name
L	04/30/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.14	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Mileage reimbursement
		willeage reithbursettient
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/31/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.53	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Mileage reimbursement
		i i i i i i i i i i i i i i i i i i i
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 36/57 Rpt: 42/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	02/28/2025	Johnson, Nathan M
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.98	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Mileage reimbursement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.97	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Mileage reimbursement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.05	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Schedule G Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			ift/Awards/Memor egal Services	ials Expense	Printing E Salaries/		se s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed a	bove)
	Credit Card F dyment		T	he Instruction	Guide expla	ins how to c	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 37/57 Rpt: 43/82	┡	Johnson, Nat	han M. (The	Honorab	le)				00081605		
4	Date	1	Payee name									
	04/30/2025		Lappinga, La	ni								
6	Amount (\$)	7	Payee address	; City;	S	tate; Zip C	ode					
	\$500.00		7014 Asbury	Dr								
			Austin, TX 78	724-3696								
8	PURPOSE	(a)	Category (See	Categories listed	at the top of thi	s schedule)	(b)	Description				
	OF		Salaries/Wag			o concuancy		_	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		_					Check if Austin	ı, TX	officeholder livin	g expense	
								Campaign sa	alar	У		
9	Complete ONLY if direct		andidate/Office	holder name		Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/31/2025		Lappinga, La	ni								
	Amount (\$)		Payee address	; City;	S	tate; Zip C	ode					
	\$500.00		7014 Asbury	•								

			Austin TV 70	724 2606								
		├	Austin, TX 78									
	PURPOSE OF		Category (See			s schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wag	es/Contract	Labor			<u></u>		de of Texas. Con officeholder livin	nplete Schedule T.	
								Campaign sa			g expense	
								oumpaign oc		,		
	Complete ONLY if direct	<u> </u>	andidate/Office	holder name		Office so	liaht			Office h	eld	
	expenditure to benefit C/OI			man		000	ag			CC		
		_										
	Date	ı	Payee name									
	02/28/2025		Lappinga, La	nı								
	Amount (\$)		Payee address	; City;	S	tate; Zip C	ode					
	\$500.00		7014 Asbury	Dr								
			Austin, TX 78	724-3696								
	PURPOSE	(a)	Category (See	Categories listed	at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wag			,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		_							officeholder livin	g expense	
								Campaign sa	alar	у		
	Complete ONLY if direct		andidate/Office	eholder name		Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н										

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

		The Instruction Guide explains how to co	mple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	Sch: 38/57 Rpt: 44/82	Johnson, Nathan M. (The Honorable)		00081605	
4	Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·	
	01/31/2025	Lappinga, Lani			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$500.00	7014 Asbury Dr			
		Austin, TX 78724-3696			
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 Scher	dule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense	
				Campaign salary	
_	Opening the ONE V if direct	Out lide to 10 ff and a lide and a second		Office heald	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ignt	Office held	
—					
	Date	Payee name			
	05/30/2025	Lappinga, Lani			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$500.00	7014 Asbury Dr			
		Austin, TX 78724-3696			
	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 Scher Check if Austin, TX, officeholder living expense	dule T.
				Campaign salary	
				,	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı ıght	Office held	
	expenditure to benefit C/O	1			
	Date	Payee name			
	06/30/2025	Lappinga, Lani			
	Amount (\$)	Payee address; City; State; Zip Co	nde		
	\$500.00	7014 Asbury Dr	,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
		Austin, TX 78724-3696			
	PURPOSE		(b)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(0)	Description Check if travel outside of Texas. Complete Scher	dule T.
	EXPENDITURE	Salaries/ wages/ Corillact Labor		Check if Austin, TX, officeholder living expense	
				Campaign salary	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held	
	expenditure to benefit C/Ol	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/57 Rpt: 45/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	02/01/2025	Law Office of Julie Johnson
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	12222 Merit Dr
		Ste 1200
		Dallas, TX 75251-2231
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.
	EA ENDITORE	Campaign office rent
		Campaign office rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	03/01/2025	Law Office of Julie Johnson
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	12222 Merit Dr
		Ste 1200
		Dallas, TX 75251-2231
	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 Campaign office rent
		Gampaign Sines isin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/01/2025	Law Office of Julie Johnson
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	12222 Merit Dr
		Ste 1200
		Dallas, TX 75251-2231
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign office rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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

Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

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: 40/57 Rpt: 46/82 Johnson, Nathan M. (The Honorable) 00081605 4 Date Payee name 05/01/2025 Law Office of Julie Johnson 6 Amount (\$) Payee address; City; State; Zip Code \$800.00 12222 Merit Dr Ste 1200 Dallas, TX 75251-2231 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign office rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2025 Law Office of Julie Johnson Amount (\$) Payee address; City; State; Zip Code \$800.00 12222 Merit Dr Ste 1200 Dallas, TX 75251-2231 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign office rent Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2025 NGP VAN Amount (\$) Payee address: City; State; Zip Code 655 15th St NW \$345.32 Ste 650 Washington, DC 20005-5738 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign database subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 41/57 Rpt: 47/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	02/07/2025	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$345.32	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign database subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	oxportations to sometime of or	
	Date	Payee name
	03/05/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$345.32	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE 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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign database subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	04/03/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$345.32	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel published at Taylor Camplete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign database subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

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:	
4	Sch: 42/57 Rpt: 48/82 Date 05/05/2025	Johnson, Nathan M. (The Honorable) 5 Payee name NGP VAN
6	Amount (\$) \$345.32	7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign database subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/03/2025	Payee name NGP VAN
	Amount (\$) \$345.32	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign database subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/02/2025	Payee name Paragon
	Amount (\$) \$94.83	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 43/57 Rpt: 49/82	2 FILER NAME Johnson, Nathan M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081605	_
4	Date 01/06/2025	5 Payee name Paragon	_
6	Amount (\$) \$35.53	7 Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 02/03/2025	Payee name Paragon	
	Amount (\$) \$25.06	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/03/2025	Payee name Paragon	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 2141 E Broadway Rd Ste 202 Tempe, AZ 85282-1895	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fee	
	Complete ONLY if direct expenditure to benefit C/OI	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	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: 44/57 Rpt: 50/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/02/2025	Paragon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Merchant fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OI	
	Date	Payee name
	05/02/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		WielChart lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/02/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Merchant fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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			_egal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed abo	ve)
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 45/57 Rpt: 51/82		Johnson, Na	than M. (The F	Honorable)					00081605		
4	Date	5	Payee name									
	02/24/2025		Pastors 4 Ch	nildren								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$500.00		PO Box 471	155								
			Fort Worth.	ΓX 76147-1155	5							
8	PURPOSE	⊢					(h)	Description				
ľ	OF			e Categories listed at t S/Donations Ma		edule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			fficeholder/Pol		ittee				officeholder livin	•	
								Contribution				
9	Complete ONLY if direct		andidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/06/2025		Progress Te	xas								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$250.00		PO Box 132	162								
			Dallas, TX 7	5313-2162								
	PURPOSE	_		e Categories listed at t			(b)	Description				
	OF			s/Donations Ma		edule)	(~)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			fficeholder/Pol	,	ittee		Check if Austin,	, TX,	officeholder livin	g expense	
								Event sponso	orsh	nip		
	Complete ONLY if direct		andidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	04/30/2025		Rayo, Rose	Marie								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$250.00		6831 Toland	St								
			Dallas, TX 7	5227-3762								
	PURPOSE	(a)	Category (See	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L		,					nplete Schedule T.	
	EXPENDITORE							_		officeholder livin	g expense	
								Campaign sa	ılar	y		
	0 1 0 0 0 0 0	Ļ								·		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	0	ffice sou	ght			Office h	eia	

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	l 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: 46/57 Rpt: 52/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	03/31/2025	Rayo, Rose Marie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
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 Campaign salary
		Campaight salary
Ļ	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	Rayo, Rose Marie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
	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
		Campaign salary
		Sampaigh salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	01/31/2025	Rayo, Rose Marie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
	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
		Campaign salary
_	Operation ONE V. C. P.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	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: 47/57 Rpt: 53/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/30/2025	Rayo, Rose Marie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign salary
		1,40
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/30/2025	Rayo, Rose Marie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign salary
		Campaign callary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
-	Date	Davido namo
	01/23/2025	Payee name Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,375.00	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		gald opened and
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete th	is form.
1	Total pages Schedule F1: Sch: 48/57 Rpt: 54/82	FILER NAME Johnson, Nathan M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081605
4	Date 01/16/2025	5 Payee name Spaw Senate Account		
6	Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Cod 1200 S Congress Ave Austin, TX 78704-2422	е	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nate lounge fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 06/04/2025	Payee name Spaw Senate Account		
	Amount (\$) \$361.25	Payee address; City; State; Zip Cod 1200 S Congress Ave Austin, TX 78704-2422	е	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nate lounge fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 06/04/2025	Payee name Spaw Senate Account		
	Amount (\$) \$165.00	Payee address; City; State; Zip Cod 1200 S Congress Ave	e	
		Austin, TX 78704-2422		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Atribution for Lt. Gov Patrick's gift
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

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

	Credit Card Payment		The Instruction Guid	le explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3		Filer ID	(Ethics Commission File	ers)
	Sch: 49/57 Rpt: 55/82		Johnson, Nathan M. (The Ho	norable)				00081605		
4	Date	5	Payee name							
	01/14/2025		Stonewall Democrats of Dalla	as						
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode					
	\$35.00		PO Box 192305							
			Dallas, TX 75219-8517							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Mad			Check if travel outs	sid	e of Texas. Com	plete Schedule T.	
	LAFLINDITORL		Candidate/Officeholder/Politic	cal Committee		Check if Austin, TX	Χ, (officeholder living	expense	
						Dues				
•	Complete ONLY if direct	<u> </u>	Candidata/Officabaldar nama	Office cou	ng b t			Office he	uld	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ignt			Office he	eiu	
_		_								
	Date		Payee name							
	04/03/2025	╙	Texas Legislative Study Grou							
	Amount (\$)		Payee address; City;	State; Zip Co	ode					
	\$1,030.00		PO Box 12943							
			Austin, TX 78711-2943							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE		Fees			Check if travel outs Check if Austin, TX				
						Dues	Λ, '	onicenoider living	слрензе	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	<u>ı</u> ıght			Office he	eld	
	expenditure to benefit C/O	Н								
	Date	Τ	Payee name							_
	02/05/2025		Texas Senate Democratic Ca	aucus						
	Amount (\$)	+	Payee address; City;	State; Zip Co	nde					
	\$5,000.00		PO Box 1042	Otato, Lip ot	,					
	7-,									
			Austin, TX 78767-1042							
	PURPOSE	(0)	·		(h)	Description				
	OF	(a,	Category (See Categories listed at the Fees	top of this schedule)	(D)	Description Check if travel outs	sid	e of Texas. Com	olete Schedule T.	
	EXPENDITURE		rees			Check if Austin, TX				
						Dues				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/O	H			_					

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 50/57 Rpt: 56/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/30/2025	Texas Workforce Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
		Austin, TX 78701-1442
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/31/2025	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
	400.00	
		Austin, TX 78701-1442
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
_	Date	Payee name
	02/28/2025	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78701-1442
	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 Payroll taxes
		r ayıon taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee L	egal Services The Instruction Guide e	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed ab	oove)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 51/57 Rpt: 57/82		than M. (The Honor	able)				00081605		•
4	Date	5 Payee name								
	01/31/2025		orce Commission							
6	Amount (\$)	7 Payee address	s; City;	State; Zip C	ode					
	\$93.80	101 E 15th S	t							
		Austin, TX 78	3701-1442							
8	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wag	jes/Contract Labor			=		ide of Texas. Com		
						Payroll taxes		, officeholder living	expense	
						1 dyron taxes				
_	Complete ONL V if direct	Candidata/Office	ahaldar nama	Office	uabt			Office he	N.d.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	enoider name	Office so	ugnt			Office ne	eia	
		.								
	Date	Payee name								
	05/30/2025	Texas Workfo	orce Commission							
	Amount (\$)	Payee address	s; City;	State; Zip C	ode					
	\$93.80	101 E 15th S	t							
		Austin, TX 78	3701-1442							
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wag	jes/Contract Labor			=		ide of Texas. Com		
						_	, TX	, officeholder living	expense	
						Payroll taxes				
	Commiste ONLY if divest	Condidate/Office	- h - l d - v	Office				Office he	اما	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	enoider name	Office so	ugnı			Office he	eiu	
		i								
	Date	Payee name								
	06/30/2025	Texas Workfo	orce Commission							
	Amount (\$)	Payee address	s; City;	State; Zip C	ode					
	\$93.80	101 E 15th S	t							
		Austin, TX 78	3701-1442							
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wag	jes/Contract Labor					ide of Texas. Com	•	
	EXI ENDITORE					ш		, officeholder living	expense	
						Payroll taxes				
	0 1. 0	0		0.00	<u> </u>			- · ·		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	enolder name	Office so	ugnt			Office he	eia	
_					_		_	_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing mmittee Legal Services Salarie The Instruction Guide explains how to	s/Wa	ages/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
_		_	<u> </u>	COIII	ipiete tilis ioiili.	_		
1	Total pages Schedule F1: Sch: 52/57 Rpt: 58/82	2	Johnson, Nathan M. (The Honorable)			3	Filer ID 00081605	(Ethics Commission Filers)
4		_						
4	Date	l ³	Payee name					
	04/11/2025		Uber					
6	Amount (\$)	7	Payee address; City; State; Zip 0	Cod	le			
	\$32.20		1455 Market St					
			Ste 400					
			San Francisco, CA 94103-1355					
Ļ	DUDDOGE	(-)		1,	(I-X			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	((b) Description		:d4.T	alata Cabadula T
	EXPENDITURE		Transportation Equipment And Related				ide of Texas. Com , officeholder living	•
			Expense		Ground trans			у схропос
					Oroana trano	PU	itation	
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	01101	.h.t		Office he	ald
9	expenditure to benefit C/OI		Candidate/Officeholder name Office so	ougi	JIIL.		Office he	eiu
	·	_						
	Date		Payee name					
	04/11/2025		Uber					
	Amount (\$)		Payee address; City; State; Zip (Cod	le			
	\$43.77		1455 Market St					
			Ste 400					
			San Francisco, CA 94103-1355					
		L						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	((b) Description			
	EXPENDITURE		Transportation Equipment And Related		<u> </u>		ide of Texas. Com , officeholder living	
			Expense		Ground trans			у ехрепое
					Orouna transp	ро	itation	
	Complete ONLY if direct	<u> </u>	Condidate/Officeholder name Office o	01101	.b.t		Office he	ald.
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ougi	Int		Office he	eia
	<u>'</u>							
	Date		Payee name					
	04/14/2025		Uber					
	Amount (\$)		Payee address; City; State; Zip (Cod	le			
	\$30.57		1455 Market St					
			Ste 400					
			San Francisco, CA 94103-1355					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	((b) Description			
	EXPENDITURE		Transportation Equipment And Related		ш		ide of Texas. Com , officeholder living	plete Schedule T.
			Expense		Ground trans			j experise
					Croana trans	ρU	iation	
_	Complete ONII V if alias -t	Ц	Condidate/Officeholder ners	01:51	.b+		Office	ald.
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ougl	III		Office he	eiu
	,							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 53/57 Rpt: 59/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/22/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.29	1455 Market St
		Ste 400
		San Francisco, CA 94103-1355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Ground transportation
		Ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	04/22/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.23	1455 Market St
		Ste 400
		San Francisco, CA 94103-1355
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/22/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.93	1455 Market St
		Ste 400
		San Francisco, CA 94103-1355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Ground transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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			jal Services		g Exper es/Wage	es/Contract Labor		OTHER (enter a	category not listed abo	ve)
	Credit Card Fayment		Th	e Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 54/57 Rpt: 60/82	J	Johnson, Nath	ian M. (The Ho	onorable)				00081605		
4	Date	5 P.	Payee name								
	06/26/2025	U	Jber								
6	Amount (\$)	7 P	Payee address;	City;	State; Zip	Code					
-	\$33.76	l	L455 Market S	-	ээээ, —р						
	4000	l	Ste 400								
		l -		CA 04102 1	955						
				, CA 94103-13							
8	PURPOSE OF	ı			e top of this schedule)	(b)	Description				
	EXPENDITURE	ı	-	Equipment A	nd Related				de of Texas. Com officeholder living	plete Schedule T.	
			Expense				Ground trans			у олронос	
9	Complete ONLY if direct	l Ca	andidate/Officeh	nolder name	Office s	ought			Office he	eld ele	
	expenditure to benefit C/OI		andraco, Omoor	iolael flame	011100	ougin			Omoo m	old .	
	Data										
	Date	l	Payee name Whole Foods								
	03/12/2025										
	Amount (\$)	l	Payee address;	City;	State; Zip	Code					
	\$51.25	5	525 N Lamar E	BIVa							
		A	Austin, TX 787	703-5411							
	PURPOSE	(a) C	Category (See C	ategories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	F	Food/Beverag	e Expense			<u> </u>			plete Schedule T.	
							ш		officeholder living	g expense	
							Food for Cap	iloi	Unice		
	Complete ONLY if direct	<u> </u>	andidate/Officeh	older name	Office s	ought			Office he	ald	
	expenditure to benefit C/OI		andidate/Onicer	ioluei name	Offices	ougni			Office fit	ziu -	
		1									
	Date	l	Payee name								
	03/17/2025	\ \	Whole Foods								
	Amount (\$)	P	Payee address;	City;	State; Zip	Code					
	\$6.98	5:	525 N Lamar E	Blvd							
		A	Austin, TX 787	703-5411							
	PURPOSE	(a) C	Category (See C	ategories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			ad/Rental Exp						plete Schedule T.	
	LAFENDITORE						ш		officeholder living	g expense	
							Tissues for C	apı	тоі опісе		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officel	nolder name	Office s	ought			Office he	eld	
	experience to beliefit 6/01	•									

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: 55/57 Rpt: 61/82	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	
	04/14/2025	Whole Foods	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.52	525 N Lamar Blvd	
		Austin, TX 78703-5411	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		Stracks and	supplies for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/OI		Office field
_	Date	Davisa nama	
	04/14/2025	Payee name Whole Foods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.96	525 N Lamar Blvd	
		Austin, TX 78703-5411	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nerital Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			supplies for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/05/2025	Whole Foods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$110.75	525 N Lamar Blvd	
		Austin, TX 78703-5411	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Snacks and	supplies for Capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Orange to bonom of or		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/57 Rpt: 62/82	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/14/2025	Whole Foods
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.80	525 N Lamar Blvd
		Austin, TX 78703-5411
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks and supplies for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/14/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.66	525 N Lamar Blvd
		Austin, TX 78703-5411
	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
		Snacks and supplies for Capitol office
		Chache and cappings to Capital and
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	05/27/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.28	525 N Lamar Blvd
	Ψ113.20	323 N Editial Bivu
		Austin, TX 78703-5411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Snacks and supplies for Capitol office
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials E: Legal Services	xpense	Polling Expense Printing Exper	ad/Rental Expense se se/Contract Labor		Travel in Distric		
	Credit Card Payment			The Instruction Guid	de explains l	how to comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 57/57 Rpt: 63/82		Johnson, N	Nathan M. (The Ho	norable)				00081605		
4	Date	5	Payee name					<u>—</u>			
	06/09/2025		Z to A Res								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code					
	\$32,000.00		1109 N Inte	erstate 35							
			Apt 1502								
			Austin, TX	78702-2059							
8	PURPOSE	(a)		See Categories listed at the	ton of this colo	adula) (b)	Description				
ľ	OF	``'	Polling Exp		top of this sche	edule)		outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		9				_	n, TX	, officeholder livin	g expense	
							Polling				
9	Complete ONLY if direct expenditure to benefit C/OI	, (H	Candidate/Off	ficeholder name	C	Office sought			Office h	eld	

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 Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)					
Sch: 1/16 Rpt: 64/82	Johnson, Nathan M	I. (The Honorable)		00081605							
4 CREDIT CARD ISSUER	1	ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,225.0)5					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$136.22	06/25/2025									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Fresas		915 N Lamar Blvd								
			Austin, TX 78703-4946								
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting meal								
X Political	Trood/Bovorago Expor										
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	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							
	\$243.50	01/12/2025	02/03/2025								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	IKEA		1 Ikea Way								
			Round Rock, TX 78665-26	665							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top		Office furniture								
X Political	Office Overhead/Rent	tai Expense									
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	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$39.84	01/21/2025	02/03/2025								
PAYEE	(a) Payee name	I .	(b) Payee address;	City,	State,	Zip Code					
			3225 Amy Donovan Plz								
	IPic										
			Austin, TX 78758-3713								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	· ·	Food/beverage during sta	ff outing							
X Political	- 1 God/Develage Expe	1100									
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											

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 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: 2/16 Rpt: 65/82	Johnson, Nathan M	I. (The Honorable)			00081605		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	2,225.0)5
6	PAYMENT	(a) Amount Charged \$74.42	(b) Date of Charge 01/21/2025	(c) Date(s) 0 02/03/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name			Donovan Plz	City,	State,	Zip Code
L					78758-3713			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	Categories listed at the top of this schedule) od/Beverage Expense Food/beverage during sta			ff outing		
					Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	e sought		Office held				
-	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$119.52	(b) Date of Charge 01/21/2025	(c) Date(s) 0 02/03/202	Credit Card Issuer 5	Paid		
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		IPic			Donovan Plz			
L					78758-3713			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Descripti Food/beve	on rage during sta	ff outing		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	sought	_ Check ii / tastiii, 174,	Office held		
6	expenditure to benefit C/OH			3				
	PAYMENT	(a) Amount Charged \$25.27	(b) Date of Charge 01/15/2025	(c) Date(s) (02/03/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Uber		(b) Payee at 1455 Mark Ste 400 San Franc		City, -1355	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equips Expense	ment And Related	(b) Descripti Ground tra	on Insportation			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
ε	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	•	THEN (effici a category	/ Hot listed a	oove)
1	Total pages Schedule F4:	·	3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 3/16 Rpt: 66/82	Johnson, Nathan M	I. (The Honorable)		00081605		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,225.0)5
6	PAYMENT	(a) Amount Charged \$49.51	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issuel 02/03/2025	r Paid		
7	PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St Ste 400 San Francisco, CA 94103	City, -1355	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	· ·	(b) Description Ground transportation			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	ense	
9	9 Complete ONLY if direct candidate/Officeholder name Office sought expenditure to benefit C/OH			Office held			
	PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 01/15/2025	(c) Date(s) Credit Card Issuer 02/03/2025	r Paid		
	PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St Ste 400 San Francisco, CA 94103	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Ground transportation			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$43.29	(b) Date of Charge 01/29/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid		
	PAYEE	(a) Payee name Amazon		(b) Payee address; 440 Terry Ave N Seattle, WA 98109-5210	City,	State,	Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Kitchen equipment for Ca	•				
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			_	officeholder living expe	ense	
e	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

l		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 4/16 Rpt: 67/82	Johnson, Nathan M	I. (The Honorable)			00081605		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	2,225.0)5
6	PAYMENT	(a) Amount Charged \$40.04	(b) Date of Charge 02/13/2025	(c) Date(s) (03/03/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name Amazon		(b) Payee at	Ave N	City,	State,	Zip Code
Ļ	DUDDOS 05	(a) Cataman			A 98109-5210			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Frames for	r Capitol office			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Officeholder			e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$96.34	(b) Date of Charge 02/02/2025	(c) Date(s) 0 03/03/202	Credit Card Issuer 5	Paid		
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Lumen Tech		100 Centu	rylink Dr			
L					A 71203-2041			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Descripti Microphon	on es for recording	ı videos		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	Check if Austin TX	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	_ Check ii / tastiii, 174,	Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$20.19	(b) Date of Charge 02/05/2025	(c) Date(s) 0 03/03/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name Uber	1	(b) Payee at 1455 Mark Ste 400 San Franc		City, -1355	State,	Zip Code
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense			(b) Descripti Ground tra	nsportation			
L	Non-Political	(*) —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	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 Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 5/16 Rpt: 68/82	Johnson, Nathan M	1. (The Honorable)		00081605						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,225.0)5				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$22.61	02/05/2025	03/03/2025							
7 PAYEE	(a) Payee name		(b) Payee address; City, State			Zip Code				
	Uber		1455 Market St Ste 400 San Francisco, CA 94103	3-1355						
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Ground transportation							
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 s			e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$28.10	(b) Date of Charge 03/05/2025	(c) Date(s) Credit Card Issue 04/03/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Amazon		440 Terry Ave N							
			Seattle, WA 98109-5210							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Frames for Capitol office							
X Political			<u> </u>							
Non-Political	· · · —	of Texas. Complete Schedule T.		, officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held						
PAYMENT	(a) Amount Charged \$38.64	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issue 04/03/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
			440 Terry Ave N							
	Amazon									
			Seattle, WA 98109-5210							
PURPOSE OF	(a) Category	of this cohod: (1-)	(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Frames for Capitol office							
X Political										
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						
	·	-	·							

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	nics Commiss	sion Filers)	
Sch: 6/16 Rpt: 69/82	Johnson, Nathan M	1. (The Honorable)		00081605			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRE CARD	\$	2,225.0	05	
6 PAYMENT	(a) Amount Charged \$38.64	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Is: 04/03/2025	suer Paid			
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 440 Terry Ave N Seattle, WA 98109-52:	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			ce			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	rpense		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought			Office held				
PAYMENT	(a) Amount Charged \$774.02	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Iss 04/03/2025	suer Paid			
PAYEE	(a) Payee name Lumen Tech		(b) Payee address; 100 Centurylink Dr Monroe, LA 71203-204	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description videography equipment for campaign				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	rpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$111.71	(b) Date of Charge 04/15/2025	(c) Date(s) Credit Card Is: 05/14/2025	suer Paid			
PAYEE	(a) Payee name 68 Degrees Kitcher	1	(b) Payee address; 2401 Lake Austin Blvd Austin, TX 78703-4543		State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description Meeting meal				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. r name Offic	Check if Austin	Office held	pense		
experience to beliefit 6/011	<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.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 7/16 Rpt: 70/82	Johnson, Nathan M	1. (The Honorable)			00081605			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$	2,225.0)5	
6 PAYMENT	(a) Amount Charged \$18.43	(b) Date of Charge 04/02/2025	(c) Date(s) Credit 05/14/2025	Card Issuer	Paid			
7 PAYEE	(a) Payee name Amazon		(b) Payee address 440 Terry Ave N Seattle, WA 981	I	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Snacks for Capi					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	k if Austin, TX, o	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$8.79	(b) Date of Charge 03/30/2025	(c) Date(s) Credit 05/14/2025	Card Issuer	Paid			
PAYEE	(a) Payee name Amazon		(b) Payee address 440 Terry Ave N Seattle, WA 981	I	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Snacks for Capi					
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	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 04/01/2025	(c) Date(s) Credit 05/14/2025	Card Issuer	Paid			
PAYEE	(a) Payee name Amazon		(b) Payee address 440 Terry Ave N Seattle, WA 981	I	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies f	or Capitol	Office			
Non-Political	`	of Texas. Complete Schedule T.		k if Austin, TX, o	officeholder living exp	ense		
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 Inst	ruction Guide explains how	to complete thi	s form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 8/16 Rpt: 71/82	Johnson, Nathan M	1. (The Honorable)			00081605			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	2,225.0)5	
6	PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 04/03/2025	(c) Date(s) C 05/14/2025	Credit Card Issuer	Paid			
7	PAYEE	(a) Payee name Amazon		(b) Payee ac	Ave N	City,	State,	Zip Code	
L		() -			4 98109-5210				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Snacks for	on Capitol office				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living exp	ense		
				e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$39.51	(b) Date of Charge 04/16/2025	(c) Date(s) C 05/14/2025	Credit Card Issuer	[*] Paid			
	PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ldress;	City,	State,	Zip Code	
		Amazon		440 Terry A	Ave N				
L				Seattle, WA 98109-5210					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Disposable	on bowls for Capi	itol office			
	Non-Political	(a) Chook if traval autoida	of Toyon, Complete Schodule T	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.		Crieck ii Austiri, TX,	Office held	lerise		
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 04/16/2025	(c) Date(s) C 05/14/2025	Credit Card Issuer 5	Paid			
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
		Amazon		440 Terry A	Ave N				
L					A 98109-5210				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	•	(b) Description Disposable	on e cups for Capit	ol office			
	Non-Political					officeholder living exp	ense		
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	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 thi	s form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 9/16 Rpt: 72/82	Johnson, Nathan M	I. (The Honorable)			00081605			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	2,225.0)5	
6 PAYMENT	(a) Amount Charged \$549.00	(b) Date of Charge 04/04/2025	(c) Date(s) C 05/14/2025	redit Card Issuer	Paid			
7 PAYEE	(a) Payee name Clayton Spangler P	hotographic	(b) Payee ad 235 Point L Charleston		City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Fees			(b) Description 89th session panoramic photo				
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 sought expenditure to benefit C/OH			Office held					
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 04/21/2025	(c) Date(s) C 05/14/2025	redit Card Issuer	Paid			
PAYEE	(a) Payee name Stonewall Democra	ats of Dallas	(b) Payee ad PO Box 19: Dallas, TX		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description	on				
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			
PAYMENT	(a) Amount Charged \$2,500.00	(b) Date of Charge 04/18/2025	(c) Date(s) C 05/14/2025	redit Card Issuer 5	Paid			
PAYEE	(a) Payee name Texas Democratic F	Party	(b) Payee ad PO Box 15 Austin, TX		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By er/Political Committee	(b) Description	n				
Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	Check if Austin, TX,	officeholder living exp	pense		

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 Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Et	hics Commiss	sion Filers)					
Sch: 10/16 Rpt: 73/82	Johnson, Nathan M	1. (The Honorable)		00081605						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$	2,225.0)5				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid						
	\$354.03	04/14/2025	05/14/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	United Airlines		233 S Wacker Dr							
			Chicago, IL 60606-7	147						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
X Political	Travel Out of District	of this schedule)	Return travel from po	olitical meetings						
Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense					
9 Complete ONLY if direct	·									
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid						
	\$38.99	04/14/2025	05/14/2025							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	United Airlines		233 S Wacker Dr							
			Chicago, IL 60606-7	147						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Baggage fee							
X Political	1 333									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	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	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid						
	\$47.61	04/28/2025	06/09/2025							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	A		440 Terry Ave N							
	Amazon									
			Seattle, WA 98109-5	5210						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
	Office Overhead/Ren		Dish rack for Capitol gifts	office and wrappir	ng for end o	of session				
X Political		•	giito							
Non-Political	`	of Texas. Complete Schedule T.		stin, TX, officeholder living e	expense					
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 Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	chedule F4: 2 FILER NAME			3 Filer ID (Eth	3 Filer ID (Ethics Commission Filers)				
	Sch: 11/16 Rpt: 74/82	Johnson, Nathan M	I. (The Honorable)			00081605				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$)5			
6	PAYMENT	(a) Amount Charged \$22.71	(b) Date of Charge 04/28/2025	(c) Date(s 06/09/20) Credit Card Issu 025	er Paid				
7	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terr Seattle.		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Wrapping supplies for end of session (gifts and staff gift			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense			
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$28.12	(b) Date of Charge 04/28/2025	(c) Date(s 06/09/20) Credit Card Issud 125	er Paid				
	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terr		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Gift bags for end of session gifts						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	officeholder living expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$16.23	(b) Date of Charge 04/30/2025	(c) Date(s 06/09/20) Credit Card Issue 125	er Paid				
	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terr Seattle,		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 Kitchen equipment for Capitol office					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	0 001.54	Check if Austin, TX	C, officeholder living ex	pense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riame Office	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 Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 12/16 Rpt: 75/82	Johnson, Nathan M	1. (The Honorable)			00081605			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF L EXPENDITU CHARGED 1 CARD		\$ 2,225.05)5	
6 PAYMENT	(a) Amount Charged \$38.96	(b) Date of Charge 05/05/2025	(c) Date(s) Cred 06/09/2025	lit Card Issuer	Paid			
7 PAYEE	(a) Payee name Amazon		(b) Payee addre 440 Terry Ave Seattle, WA 9	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Kitchen suppl	ol office				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		neck if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held			
PAYMENT	(a) Amount Charged \$38.98	(b) Date of Charge 05/05/2025	(c) Date(s) Cred 06/09/2025	lit Card Issuer	Paid			
PAYEE	PAYEE (a) Payee name Amazon		(b) Payee addre 440 Terry Ave Seattle, WA 9	e N	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Office supplies for Capitol office					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u></u>	neck if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$19.49	(b) Date of Charge 05/05/2025	(c) Date(s) Cred 06/09/2025	lit Card Issuer	Paid			
PAYEE	(a) Payee name Amazon		(b) Payee addre 440 Terry Ave Seattle, WA 9	e N	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Office supplie	S				
Non-Political		neck if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	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

		ruction Guide explains now	to complete this form.			
1 Total pages Schedule F4:	pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 13/16 Rpt: 76/82	Johnson, Nathan M	I. (The Honorable)	00081605			
4 CREDIT CARD ISSUER		Name of financial institution See previous CHARG CARD		\$	2,225.0)5
6 PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 05/13/2025	(c) Date(s) Credit Card Issuer 06/09/2025	r Paid		
7 PAYEE	(a) Payee name Amazon		(b) Payee address; 440 Terry Ave N Seattle, WA 98109-5210	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Wrapping for end of session gifts			
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 expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$11.46	(b) Date of Charge 05/14/2025	(c) Date(s) Credit Card Issuer 06/09/2025	r Paid		
PAYEE	(a) Payee name Amazon		(b) Payee address; 440 Terry Ave N Seattle, WA 98109-5210	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Kitchen equipment for Cap	pitol office		
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		
PAYMENT	(a) Amount Charged \$227.06	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issuer 06/30/2025	r Paid		
PAYEE	(a) Payee name 68 Degrees Kitcher	1	(b) Payee address; 2401 Lake Austin Blvd Austin, TX 78703-4543	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meal with staff			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living exp	ense	
Complete ONLY if direct candidate/Officeholder name office 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: 14/16 Rpt: 77/82	Johnson, Nathan M	I. (The Honorable)			00081605				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES \$ 2,225.1 CHARGED TO A CREDIT CARD)5			
6	PAYMENT	(a) Amount Charged \$46.86	(b) Date of Charge 05/28/2025	(c) Date(s) 06/30/20) Credit Card Issue 125	r Paid				
7	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terr		City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		(b) Descri						
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Supplies for Capitol office - storage bags displirst aid			disposa	sposable bowls		
	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 expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 05/30/2025	(c) Date(s 06/30/20) Credit Card Issue 025	r Paid				
	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terr	y Ave N	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Seattle, WA 98109-5210 (b) Description Gift bags for end of session gifts						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense				
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$8.53	(b) Date of Charge 05/28/2025	(c) Date(s 06/30/20) Credit Card Issue 025	r Paid				
	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terr		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 Cleaning supplies for Capitol office						
	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				
							· <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 Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 15/16 Rpt: 78/82	Johnson, Nathan M	I. (The Honorable)		00081605				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,225.0)5		
6	PAYMENT	(a) Amount Charged \$19.49	(b) Date of Charge 06/01/2025	(c) Date(s) Credit Card Issue 06/30/2025	Issuer Paid				
7	PAYEE	(a) Payee name Amazon		(b) Payee address; 440 Terry Ave N	City, State, Zip Cod				
Ļ	PURPOSE OF	(a) Category		Seattle, WA 98109-5210 (b) Description					
8	EXPENDITURE X Political	PENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Supplies for Capito			I office				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	x, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 04/28/2025	(c) Date(s) Credit Card Issue 06/09/2025	er Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Amazon		440 Terry Ave N					
L				Seattle, WA 98109-5210					
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Wrapping for Senator end	d of session gifts	S			
	Non-Political	(-) 🗆 a							
┝	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Sought Office held					
е	Complete ONLY if direct expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$600.00	(b) Date of Charge 06/18/2025	(c) Date(s) Credit Card Issue	er Paid				
	PAYEE	(a) Payee name Einstein Moving Co	mpany	(b) Payee address; 109 Industrial Blvd Austin, TX 78745-1203	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	TURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Movers for Austin apartm	ent				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Aust				<u> </u>	, officeholder living expe	ense			
е	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award	erage Expense Is/Memorials Expense vices	Printing Expense Tra	avel in District avel Out of District ГНЕR (enter a categor	ry not listed al	pove)
L		The Inst	ruction Guide explains h	now to complete this form.			
1	Total pages Schedule F4:		3 Filer ID (Ethi	sion Filers)			
l	Sch: 16/16 Rpt: 79/82	Johnson, Nathan N	1. (The Honorable)		00081605		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED			
l	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT	\$ 2,225.05)5
				CARD)NEDI1		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	Paid		
l		\$19.51	06/20/2025				
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
l				440 Terry Ave N			
l		Amazon					
				Seattle, WA 98109-5210			
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
	EXPENDITURE	Gift/Awards/Memoria		Books for staff gifts			
	X Political		- I				
	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/Officeholde	r name O	office sought	Office held		
ex	xpenditure to benefit C/OH						
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 80/82 Johnson, Nathan M. (The Honorable) 00081605 Date Payee name 04/21/2025 ParkMobile 6 Amount (\$) Payee address; City; State; Zip Code \$5.05 1100 Spring St NW Ste 200 Reimbursement from political contributions intended Х Atlanta, GA 30309-2824 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense Parking Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 81/82 2 FILER NAME Filer ID (Ethics Commission Filers) Johnson, Nathan M. (The Honorable) 00081605 8 Amount (\$) Date 5 Name of person from whom amount is received 03/20/2025 Amazon \$12.96 6 Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 Purpose for which amount is received Check if political contribution returned to filer Purchase refund Name of person from whom amount is received Amount (\$) Date 03/26/2025 \$7.57 Amazon Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 Purpose for which amount is received Check if political contribution returned to filer Purchase refund Date Name of person from whom amount is received Amount (\$) 03/26/2025 \$7.57 Amazon Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 Purpose for which amount is received Check if political contribution returned to filer Purchase refund

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 82/82 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson, Nathan M. (The Honorable) 00081605 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule C2 Schedule D Schedule F1 Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Johnson, Nathan 8 Departure city or name of departure location 04/21/2025 Washington DC 9 Destination city or name of destination location 04/21/2025 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Political meetings Commercial Airplane