# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	this form.	Filer ID (Ethics Commi		2 Total pages f	iled: 06
3 CANDIDATE /	MS / MRS / MR FI	RST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable Na	athaniel W.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME LA	 \ST		SUFFIX	07/15/2025	
		arker		IV		
4 0411010475 /					Data Hand delivered	ar Data Baatmarkad
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU	JIIE#; CIIY	;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	P.O. Box 271741				Receipt #	Amount
ADDRESS						
Change of Address	Flower Mound, TX 75027-174	<b>41</b>			Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		RST		MI		
NAME	Dr. Hu	ıgh Z.				
	NICKNAME LA:			SUFFIX		
	Pro	uett				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO)	X PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	ST	ATE; ZIP CODE
ADDRESS	4024 Pruett Ln.					
(Residence or Business)						
	Argyle, TX 76226					
7 CAMPAIGN	AREA CODE PHONE N	JUMBER EX	KTENSION			
TREASURER	(214) 794-8330					
PHONE	, , , , , , , , , , , , , , , , , , , ,					
8 REPORT						
TYPE	January 15	30th day before e	election	Runoff	15th day after ca appointment (off	mpaign treasurer
	X July 15	8th day before ele	ection $\square$	Exceeded modified	Final Report (Att	
		our day poloto on		reporting limit		aon <i>6</i> , 6, 1, 1, 1,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	THE	ROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Prir	mary	Runoff	Other	
		Gei	neral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Senator District 12				(	
				l		
		CO T				
		GO IC	PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 106

13 C / OH NAME	Parker IV, Nathaniel	N. (The Honorable)	14 Filer ID (I 00058399	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's ki consent. Candidates and officeholders are required to report this information only if they receive notice of suc				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ш	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 42,663.68	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			<b>\$</b> 6,562.51	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 304,617.69	
CONTRIBUTION BALANCE	REPORTING PE			\$ 1,005,487.46	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.			
		The Hanara	olo Niethonial IV/ Doyle	ov 1) /	
			ble Nathaniel W. Parki f Candidate or Officehold		
		Signature 6		<del></del> ·	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath	

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

					3 of 106			
18 FILER NAME19 Filer ID(Ethics Commission FileParker IV, Nathaniel W. (The Honorable)00058399								
	20 SCHEDULE SUBTOTALS							
		SCHEDULE		s	SUBTOTAL AMOUNT			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	42,663.68			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4.	4. SCHEDULE E: LOANS							
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				230,772.64			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS							
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	73,845.05			
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	3,500.00			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/5 Rpt: 4/106	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 06/24/2025			7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78702					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Cheng, Yu  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Plano, TX 75025  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)			
		,			,		
	Date 06/24/2025				Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date  O6/24/2025  Full name of contributor out-of-state PAC (ID#:)  Erben & Yarbrough  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025					Amount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/106		
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 06/24/2025			7	Amount of Contribution (\$)	\$250.00	
_	Deinainal assu	Austin, TX 78701	\	O Frankrian (Coo katuration	<u></u>		
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 HillCo PAC  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00			
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	S)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Johnson, Reed  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$2,602.54		
		Austin, TX 78701					
	Principal occu Attorney	pation / Job title (See Instructions	)	Employer (See Instructions Johnson & Johnson	5)		
	Date  O6/24/2025  Full name of contributor out-of-state PAC (ID#:)  Lloyd Gosselink Rochelle & Townsend, PC  Contributor address; City; State; Zip Code  Austin, TX 78701		•	Amount of Contribution (\$)	\$1,000.00		
		Employer (See Instructions	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 Mach, Steven  Contributor address; City; State; Zip Code  Houston, TX 77219			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
			1				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/106	
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commission 00058399	on Filers)
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$1,041.02	
8	Principal occu	Dallas, TX 75209 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	retired			retired			
	Date Full name of contributor out-of-state PAC (ID#:)  Moak Casey PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/24/2025				Amount of Contribution (\$)	\$520.51	
		Fort Worth, TX 76116					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Pearson, Robert  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$104.10		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025					Amount of Contribution (\$)	\$520.51
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			I				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/106		
2	FILER NAME Parker IV, N	athaniel W. (The Honorable)			3	Filer ID (Ethics Commissi 00058399	on Filers)
4	Date 06/24/2025			7	Amount of Contribution (\$)	\$10,000.00	
_		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	S)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10,000.00		
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	<u> </u> 5)		
	Date 06/24/2025	Z24/2025 Traylor, Douglas  Contributor address; City; State; Zip Code		-	Amount of Contribution (\$)	\$2,000.00	
	Principal occu President	Austin, TX 78732 pation / Job title (See Instruction:	5)	Employer (See Instructions VIP Insurance	<u> </u> S)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 Von Dohlen, Tim  Contributor address; City; State; Zip Code  Austin, TX 78733		•	Amount of Contribution (\$)	\$2,500.00		
Principal occupation / Job title (See Instructions) Empl Attorney Self			Employer (See Instructions Self	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2025 Weekley, Richard  Contributor address; City; State; Zip Code  Houston, TX 77027		•	Amount of Contribution (\$)	\$5,000.00		
	Principal occu owner	pation / Job title (See Instruction	5)	Employer (See Instructions Weekley Properties	s)		

TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
action Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/106
E Nathaniel W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058399
<u> </u>		7 Amount of Contribution (\$) \$1,500.00
Austin, TX 78701		
upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Iction Guide explains how to complete this follows:  Jathaniel W. (The Honorable)  5 Full name of contributor  out-of-state PAC (ID#: Wholesale Beer Distributors of Texas BW-PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701	Isthaniel W. (The Honorable)  5 Full name of contributor

#### 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	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: 1/37 Rpt: 9/106	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	01/14/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$169.65	PO Box 536216
		Atlanta, GA 30353
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
		Wireless telephone service for officeholder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- CAPCHARATO TO DOMONE GAO	
	Date	Payee name
	01/15/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Wireless telephone service for officeholder staff
		Wireless telephone service for diffeenough stair
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Para and a second secon
	Date 02/14/2025	Payee name AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.74	PO Box 536216
		Atlanta CA 20252
		Atlanta, GA 30353
	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.
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wireless telephone service for officeholder
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
Г		
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 2/37 Rpt: 10/106	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	02/15/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
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
		Wireless telephone service for officeholder staff
		This cost to opinion of the control
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Dayso nama
	03/14/2025	Payee name AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.75	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Wireless telephone service for officeholder
	Operation ONLY if allowed	Open Highest (Office health and a second sec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/15/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Wireless telephone service for officeholder staff
		whichess telephone service for officeriolider stall
	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 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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 3/37 Rpt: 11/106	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	04/15/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$169.75	PO Box 536216
		Atlanta, GA 30353
8	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
		Wireless telephone service for officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Wireless telephone service for officeholder staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	05/14/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.79	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Wireless telephone service for officeholder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	S. portantare to benefit 0/01	· 

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 4/37 Rpt: 12/106	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	05/15/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Wireless telephone service for officeholder staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H · ·
	Date	Payee name
	06/15/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 536216
		Atlanta, GA 30353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wireless telephone service for officeholder staff
		Wholess telephone service for unicentificer stain
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Davido namo
	06/16/2025	Payee name AT&T
		11151
	Amount (\$)	Payee address; City; State; Zip Code PO Box 536216
	\$169.79	PO BOX 530210
		AU
		Atlanta, GA 30353
	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
		Wireless telephone service for officeholder
	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 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

Credit Card Payment		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/37 Rpt: 13/106	2 FILER NAME Parker IV, Nathaniel W. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00058399	•
4	Date 04/03/2025	5 Payee name Aloft Austin Downtown	
6	Amount (\$) \$728.48	7 Payee address; City; State; Zip Code 109 East 7th St  Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Officeholder staff lodging during Denton County  Days at the Capitol	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 01/02/2025	Payee name American Express	
	Amount (\$) \$7,882.41	Payee address; City; State; Zip Code P.O. Box 650448  Dallas, TX 75265	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

02/03/2025	American Express
Amount (\$) \$7,910.17	Payee address; City; State; Zip Code P.O. Box 650448
Ψ1,910.11	Dallas, TX 75265
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign credit card payment

Complete ONLY if direct expenditure to benefit C/OH

OF

**EXPENDITURE** 

Date

Complete **ONLY** if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Credit Card Payment

Candidate/Officeholder name

Payee name

Office sought

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense Campaign credit card payment

#### 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 6/37 Rpt: 14/106	Parker IV, Nathaniel W. (The Honorable) 00058399			
4	Date	5 Payee name			
	04/03/2025	American Express			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$24,687.06	P.O. Box 650448			
		Dallas, TX 75265			
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  Campaign credit card payment			
		Sampaigh Great Sara payment			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	05/01/2025	American Express			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15,130.09	P.O. Box 650448			
		Dallas, TX 75265			
	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.			
		Campaign credit card payment			
		Campaign creat eard payment			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
H	Date	Payee name			
	06/03/2025	American Express			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10,541.45	P.O. Box 650448			
	Φ10,541.45	P.O. BOX 030446			
		Dallac TV 75265			
		Dallas, TX 75265			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Campaign credit card payment			
	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 Committee

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/37 Rpt: 15/106	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	05/08/2025	Argyle Police Department
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	506 US-377
		Argyle, TX 76226
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation to organization for their Safety Fair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/04/2025	Arredondo, Diego
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12068
		Capitol Station
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Contract labor for campaign/officeholder services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/01/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E Greenway Plaza, Suite 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign consulting services
		Campaign consulting services
H	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 Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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.	(enter a category not listed above)
1	Total pages Schedule F1:	1: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 8/37 Rpt: 16/106		399
4	Date	5 Payee name	
	02/01/2025	Blakemore & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	1 E Greenway Plaza, Suite 225	
		Houston, TX 77046	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texa	
		Campaign consulting s	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Of	fice held
	expenditure to benefit C/OI	ОН	
	Date	Payee name	
	03/01/2025	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	1 E Greenway Plaza, Suite 225	
		Houston, TX 77046	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texa	
		Campaign consulting s	
		Sampaign someoning o	CIVICCO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Of	fice held
	expenditure to benefit C/O	•	
	Date	Payee name	
	04/01/2025	Blakemore & Associates	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00		
	Ψ2,000.00	T E Oreenway Flazar, Guite 220	
		Houston, TX 77046	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	·
	EXPENDITORE	Check if Austin, TX, officehold	
		Campaign consulting s	ervices
	Operation ONLY if allowed	Open Middle (Office health are reserved)	e - 1 - 1 - 1
	Complete ONLY if direct expenditure to benefit C/O		fice held

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 9/37 Rpt: 17/106	Parker IV, Nathaniel W. (The Honorable) 00058399			
4	Date	5 Payee name			
	05/01/2025	Blakemore & Associates			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,500.00	1 E Greenway Plaza, Suite 225			
		Houston, TX 77046			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Campaign consulting services			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	CAPERICITURE TO DETIENT C/OF	'			
	Date	Payee name			
	06/01/2025	Blakemore & Associates			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,500.00	1 E Greenway Plaza, Suite 225			
		Houston, TX 77046			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Campaign consulting services			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experience to beliefit 6/01	·			
	Date	Payee name			
	01/13/2025	Capitol Gift Shop			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$64.95	1400 North Congress			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Gift/Awards/Memorials Expense			
	LAFLINDITORE	Check if Austin, TX, officeholder living expense			
		Donation of silent auction item			
	Commission ONE V. C. C.	Condidate/Officeholder name			
	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 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	n Filers)		
Sch: 10/37 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399			
4 Date	5 Payee name	-			
03/27/2025	Carrabba's				
6 Amount (\$)	7 Payee address; City; State; Zip (	Code			
\$1,873.13	3115 Kirby Drive				
	Houston, TX 77098				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	·	Check if Austin, TX, officeholder living expense			
		Balance due from 2024 fundraising event			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ought Office held			
Date	Payee name				
04/03/2025	Clayton Spangler Photo Design				
Amount (\$)	Payee address; City; State; Zip (	Code			
\$1,098.00	235 Point Lick Drive				
	Charleston, WV 25306				
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.			
EXI ENDITORE		Check if Austin, TX, officeholder living expense			
		Framed Senate panoramic photo			
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held			
expenditure to benefit C/C		ought Office field			
Date	Payee name				
06/20/2025	Costco				
Amount (\$)	Payee address; City; State; Zip (	Code			
\$290.94	8055 Churchill Way				
	Dallas, TX 75251				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Candy for in-district parade			
		Candy for in-district parade			
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

### 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

	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: 11/37 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399
4	Date	5 Payee name	
	04/12/2025	D&M Leasing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,920.65	17090 Dallas Pkwy #200	
		Dallas, TX 75248	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment 7 that Related	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense ehicle lease down payment
		Campaign w	enicie lease down payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office field
	Date	Payee name	
	06/02/2025	D&M Leasing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,295.57	17090 Dallas Pkwy #200	
		Dallas, TX 75248	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment / tha Related	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Campaign vi	ehicle lease payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	_		
	Date	Payee name	
	01/01/2025	Daviduik, Vlad	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	1703 Enclave Court	
		Missouri City, TX 77459	
	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.
			n, TX, officeholder living expense
		Consulting s	ei vices
	Complete ONLY if alice -	Condidate/Officeholder name	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
<u> </u>	me provided by Toyas F	thics Commission www.athics state ty us	Version V/A 1 0 f10d0fd9

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 12/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399		
4	Date	5 Payee name		
	02/01/2025	Daviduik, Vlad		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$2,500.00	1703 Enclave Court		
		Missouri City, TX 77459		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Consulting services		
		Consulting Services		
_	0 1: 0 11 1 1			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	03/01/2025	Daviduik, Vlad		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,500.00	1703 Enclave Court		
		Missouri City, TX 77459		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.		
		Conculting convices		
		Consulting services		
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	'			
	Date	Payee name		
	04/01/2025	Daviduik, Vlad		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,500.00	1703 Enclave Court		
		Missouri City, TX 77459		
	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		
		Consulting services		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
L	CAPETIGILLITE TO DETICITE C/OTT			
ı				

### 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 Credit Card Payment		nmittee Legal Service	Memorials Expense		pense ages/Contra		Travel Out of Dis OTHER (enter a	strict category not listed above	)
1	Total pages Schedule F1:	2	FILER NAME				3	B Filer ID	(Ethics Commission	Filers)
	Sch: 13/37 Rpt:		Parker IV, Nathaniel	W. (The Honorable	e)			00058399		
4	Date	5	Payee name							
	05/01/2025		Daviduik, Vlad							
6	Amount (\$)	7	Payee address; Cit	ty; State;	Zip Co	de				
	\$2,500.00		1703 Enclave Court							
			Missouri City, TX 77	459						
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Des	cription			
	OF EXPENDITURE		Consulting Expense					tside of Texas. Com		
							neck if Austin, 1 Sulting ser	X, officeholder living	expense	
						001	ioditing oci	V1003		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder r	name O	ffice soug	nht		Office he	7l4	
	expenditure to benefit C/Oh		variation of moon older i			J. 1.		Omoo ne	, i	
	Date		Payee name							
	06/01/2025		Daviduik, Vlad							
	Amount (\$)		Payee address; Cit	ty; State;	Zip Co	de				
	\$2,500.00		1703 Enclave Court							
			Missouri City, TX 77	459						
	PURPOSE OF	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Des	•			
	EXPENDITURE		Consulting Expense					tside of Texas. Com X, officeholder living		
							nsulting ser		Гехрензе	
							g			
	Complete ONLY if direct		andidate/Officeholder r	name O	ffice sou	aht		Office he	eld	
	expenditure to benefit C/OF	Н				,				
	Date		Payee name							
	01/14/2025		Deluxe Checking							
	Amount (\$)		Payee address; Cit	ty; State;	Zip Co	de				
	\$134.26		801 S. Marquette Av	е						
			Minneapolis, MN 554	102						
	PURPOSE OF	(a)	Category (See Categories		edule)	(b) Des				
	EXPENDITURE		Office Overhead/Rer	ntal Expense				tside of Texas. Com X, officeholder living		
							npaign che		i experise	
						Juli	g o. 10	- <del></del>		
_	Complete ONLY if direct		Candidate/Officeholder r	name O	ffice sou	aht		Office he	<u> </u>	
	expenditure to benefit C/OF			J		-				
Eor	ms provided by Texas Fi	thic	c Commission	www othics st	toto tv III				Version V/I 1 0 f	f1 040f40

#### 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	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 To	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 14/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399		
<b>4</b> D	ate	5 Payee name		
0	5/13/2025	Deluxe Checking		
6 A	mount (\$)	7 Payee address; City; State; Zip Code		
	\$107.01	801 S. Marquette Ave		
		Minneapolis, MN 55402		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		
		Campaign checks		
		Campaigh checks		
0 0	omplote ONLY if direct	Candidate/Officeholder name Office cought Office hold		
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	ate	Payee name		
0:	2/20/2025	Denton County Republican Party		
Α	mount (\$)	Payee address; City; State; Zip Code		
	\$1,000.00	2921 Country Club Rd #102		
		Denton, TX 76210		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.		
		Candidate/Officeholder/Political Committee		
		Dinner Dinner		
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	xpenditure to benefit C/OI			
_				
	ate	Payee name		
0:	1/01/2025	Eads, Everett		
Α	mount (\$)	Payee address; City; State; Zip Code		
	\$350.00	3425 Jameston Drive		
		Flower Mound, TX 75028		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		
		Contract labor for compaign/officeholder continue		
		Contract labor for campaign/officeholder services		
	omplete ONII V if direct	Condidate/Officeholder name Office cought		
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 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: 15/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	01/12/2025	Eads, Everett
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	3425 Jameston Drive
l		Flower Mound, TX 75028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Contract labor for campaign/officeholder services
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
l	Date	Payee name
L	02/01/2025	Eads, Everett
	Amount (\$)	Payee address; City; State; Zip Code
l	\$350.00	3425 Jameston Drive
l		
l		Flower Mound, TX 75028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Contract labor for campaign/officeholder services
l		
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
H	Date	Payee name
l	03/01/2025	Eads, Everett
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$350.00	3425 Jameston Drive
l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
l		Flower Mound, TX 75028
L	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Contract labor for campaign/officeholder services
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft 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

	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)
l	Sch: 16/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
l	04/01/2025	Eads, Everett
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$350.00	3425 Jameston Drive
l		
l		Flower Mound, TX 75028
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Check if Austin, TX, officeholder living expense  Contract labor for campaign/officeholder services
l		Contract tasor for earnpaign/omeendact services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	05/01/2025	Eads, Everett
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$350.00	3425 Jameston Drive
l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Flower Mound, TX 75028
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Contract labor for campaign/officeholder services
L	Complete ONLY if disent	Condidate (Office helds)
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
l	Date 06/01/2025	Payee name Eads, Everett
┡		
l	Amount (\$) \$350.00	Payee address; City; State; Zip Code  3425 Jameston Drive
l	φ330.00	3423 Jameston Drive
l		Flower Mound, TX 75028
┡		To a
l	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Contract labor for campaign/officeholder services
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	a category not listed above)	
1	Total pages Schedule F1:	2 FILER N	IAME				3	Filer ID	(Ethics Commission Filers)	)
	Sch: 17/37 Rpt:	Parker	IV, Nathaniel W. (The	Honorable)				00058399		
4	Date	<b>5</b> Payee n	ame							
	01/01/2025	Eastwo	od, Nick							
6	Amount (\$)	<b>7</b> Payee a	ddress; City;	State; Zip C	ode					
	\$750.00	915 Ke	ith Lane, Apt. 101							
		Austin,	TX 78705							
8	PURPOSE OF		y (See Categories listed at the t		(b)	Description				
	EXPENDITURE	Salarie	s/Wages/Contract Lab	or		<u>—</u>		ide of Texas. Com , officeholder living	plete Schedule T.	
						_			/officeholder services	
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office so	<u>I</u> ught			Office he	eld	
	Date	Payee n	ame							
	01/16/2025	Eastwo	od, Nick							
H	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode					
	\$10,000.00	915 Ke	ith Lane, Apt. 101							
			·							
		Austin,	TX 78705		1					
	PURPOSE OF	I	y (See Categories listed at the t		(b)	Description				
	EXPENDITURE	Salarie	s/Wages/Contract Lab	or				ide of Texas. Com , officeholder living	nplete Schedule T.	
				Contract labor for campaign/officeholder service						
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office so	<u>I</u> ught			Office he	eld	
	Date	Payee n	ame							_
	02/01/2025	1 1	od, Nick							
H	Amount (\$)	Payee a	ddress; City;	State; Zip C	ode					
	\$750.00	-	ith Lane, Apt. 101	Otato, 2.p 0	000					
	4100.00	020110	ar 2aro, 7 pt. 202							
		Austin,	TX 78705							
	PURPOSE		y (See Categories listed at the t		(b)	Description	_			
	OF EXPENDITURE	Salarie	s/Wages/Contract Lab	or		_			nplete Schedule T.	
						_		, officeholder living	officeholder services	
						Contract labo	) 10	or campaign	/onicendider services	
$\vdash$	Complete ONLY if allowed	Consolidate	/Office holder in a re-	O#:	abt			Office	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e/Officeholder name	Office so	ugnt			Office h	eiu	
dash										
_										

#### 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	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: 18/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	03/01/2025	Eastwood, Nick
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	915 Keith Lane, Apt. 101
		Austin, TX 78705
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 expense  Contract labor for campaign/officeholder services
		Contract labor for earnpaign/officeriolaer services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	04/01/2025	Eastwood, Nick
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	915 Keith Lane, Apt. 101
		Austin, TX 78705
	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  Contract labor for campaign/officeholder services
		Contract labor for campaign/onicendider services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	05/01/2025	Eastwood, Nick
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	915 Keith Lane, Apt. 101
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Orialiano to borioni O/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 19/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399					
4	Date	5 Payee name					
	06/01/2025	Eastwood, Nick					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$750.00	915 Keith Lane, Apt. 101					
		Austin, TX 78705					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Contract labor for campaign/officeholder services					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	'						
	Date	Payee name					
	01/18/2025	Ebay					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$863.80	2025 Hamilton Avenue					
		San Jose, CA 95125					
	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  Furnishings for Capitol office					
		Furnishings for Capitor office					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O						
	Data						
	Date 01/15/2025	Payee name Flower Mound Chamber of Commerce					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$225.00	700 Parker Square					
		Flower Mound, TX 75028-7448					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Officeholder membership dues					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	<b>o</b>					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:									
Sch: 20/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399								
4 Date	5 Payee name								
02/11/2025	Flower Mound Chamber of Commerce								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$4,000.00	700 Parker Square								
	Flower Mound, TX 75028-7448								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Contributions/Donations Made By								
EXI ENDITORE	Candidate/Officeholder/Political Committee								
	Sponsorship support								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
experiorale to belieff C/O									
Date	Payee name								
03/20/2025	Godaddy.com								
Amount (\$)	Payee address; City; State; Zip Code								
\$119.94	2155 East Godaddy Way								
	Tempe, AZ 85284								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.								
EXPENDITURE	Check if Austin, TX, officeholder living expense								
	Campaign website fees								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O	п								
Date	Payee name								
03/21/2025	Godaddy.com								
Amount (\$)	Payee address; City; State; Zip Code								
\$481.06	2155 East Godaddy Way								
	Tempe, AZ 85284								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Advertising Expense								
LAI LINDITORE	Check if Austin, TX, officeholder living expense								
	Campaign website fees								
Commission CAULY Station	Constitute (Office helder nome								
Complete <u>ONLY</u> 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 -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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	
	ilers)
Sch: 21/37 Rpt: Parker IV, Nathaniel W. (The Honorable) 00058399	
4 Date 5 Payee name	
06/19/2025 Godaddy.com	
6 Amount (\$) 7 Payee address; City; State; Zip Code \$102.21 2155 East Godaddy Way	
Tempe, AZ 85284	
· ·	
OF  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Campaign website fees	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/12/2025 Graham, Shannon	
Amount (\$) Payee address; City; State; Zip Code	
\$5,000.00 4205 Greenbrier Drive	
Dallas, TX 75225	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Contract labor for campaign/officeholder servi	ces
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
04/01/2025 Graham, Shannon	
Amount (\$) Payee address; City; State; Zip Code	
\$500.00 4205 Greenbrier Drive	
Dallas, TX 75225	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Contract labor for campaign/officeholder servi	ces
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 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: 22/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
L	05/01/2025	Graham, Shannon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4205 Greenbrier Drive
		Dallag TV 75225
Ļ		Dallas, TX 75225
8	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
		Contract labor for campaign/officeholder services
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	· .	
	Date 06/01/2025	Payee name Graham, Shannon
L		
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 4205 Greenbrier Drive
	φ300.00	4200 Officialities Drive
		Dallas, TX 75225
┝	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
		Contract labor for campaign/officeholder services
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/12/2025	Grapevine Farmers Market
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$334.62	520 S Main St #203
L		Grapevine, TX 76051
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gifts for Senate members
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 23/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	01/01/2025	Humphrey, Caleb
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 271741
		Flower Mound, TX 75027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/12/2025	Humphrey, Caleb
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 271741
		Flower Mound, TX 75027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Consulting services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/OI	·
	Date	Payee name
L	02/01/2025	Humphrey, Caleb
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 271741
		Flower Mound, TX 75027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITURE	Check if Austin, TX, officeholder living expense
		Consulting services
	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 0/01	•

#### 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 Committee

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

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (others extended the light of the light

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
l	03/01/2025	Humphrey, Caleb
Ļ	Α (Φ)	
l٥	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2,000.00	P.O. Box 271741
l		
l		Flower Mound, TX 75027
Ļ	PURPOSE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense
l		Consulting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Davisa nama
		Payee name
	04/01/2025	Humphrey, Caleb
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 271741
		Flower Mound, TX 75027
		<u> </u>
	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
		Consulting services
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	05/01/2025	
		Humphrey, Caleb
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 271741
1		
		Flower Mound, TX 75027
$\vdash$	DUDD 0.5-	To a
	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
		Consulting services
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H		
l		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 25/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	06/01/2025	Humphrey, Caleb
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$500.00	P.O. Box 271741
l		
		Flower Mound, TX 75027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Consulting services
		Consuming Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	01/15/2025	JW Marriott
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$580.60	110 East 2nd St
l		
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Officeholder staff lodging for opening of session
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/01/2025	Jerina, Avery
┢	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,000.00	P.O. Box 12068
l		Capitol Station
l		Austin, TX 78711
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
L		

#### 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		nmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instruction			Expens Wages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1: Sch: 26/37 Rpt:	1	FILER NAME Parker IV. N		(The Honora	ble)			3	Filer ID 00058399	(Ethics Commission Filers)	
4	Date	┡		-attraction vv.	(1110 11011010	.~.~,						
•	01/12/2025		Payee name Lewis, Jenn	ıa								
6	Amount (\$)	7	Payee addres	ss; City;	Stat	te; Zip Co	ode					
	\$5,000.00		P.O. Box 12	2068								
			Capitol Stat	ion								
			Austin, TX 7	78711								
8	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contra	ct Labor			<b>=</b>		de of Texas. Con officeholder living	nplete Schedule T.	
								<b>—</b>			/officeholder services	
									-	1 9		
9	Complete ONLY if direct expenditure to benefit C/Oh	_	Candidate/Offi	ceholder nam	e	Office sou	ught			Office h	eld	
	Date		Payee name									
	05/01/2025		Lewisville N	loon Rotary								
	Amount (\$)		Payee addre	ss; City;	Stat	te; Zip Co	ode					
	\$1,000.00		P.O. Box 274									
			Lewisville, 7	TX 75067								
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE			ns/Donations		mittee		<b>=</b>			nplete Schedule T.	
			Candidate/Officeholder/Political Committee Do						Check if Austin, TX, officeholder living expense  Donation to Mitchell Memorial Fund			
										-		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder nam	e	Office sou	ught			Office h	eld	
	Date		Payee name									
	01/15/2025		Lyft									
	Amount (\$)		Payee addre			te; Zip Co	ode					
	\$16.57		185 Berry S	t, Suite 500	0							
			San Francis	sco, CA 9410	07							
	PURPOSE OF				d at the top of this s	schedule)	(b)	Description				
	EXPENDITURE	1	Travel Out	of District						de of Texas. Con officeholder living	nplete Schedule T.	
								Officeholder s				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder nam	е	Office sou	ught			Office h	eld	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se 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

	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: 27/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399	
4	Date	5 Payee name	
	04/02/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.36	185 Berry St, Suite 5000	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Officeholder staff travel during session	
		Officeriolder staff traver during session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	04/03/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.51	185 Berry St, Suite 5000	
	Ψ14.31	100 Berry St, Suite 3000	
		San Francisco, CA 94107	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Officeholder staff travel during session	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit Gree		
	Date	Payee name	
	06/02/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$185.12	185 Berry St, Suite 5000	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Officeholder staff travel during session	
		Cinocholder stan travel during session	
	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 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: 28/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	01/01/2025	Mann, Savannah
6	Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 2245 West Oak St, Apt B
		Denton, TX 76201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2025	Mann, Savannah
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 2245 West Oak St, Apt B
		Denton, TX 76201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting services
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	Date	Payee name
	02/01/2025	Mann, Savannah
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 2245 West Oak St, Apt B
		Denton, TX 76201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting Services
	Complete 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 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: 29/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	03/01/2025	Mann, Savannah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	2245 West Oak St, Apt B
		Denton, TX 76201
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Consulting services
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
L	04/01/2025	Mann, Savannah
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	2245 West Oak St, Apt B
l		
		Denton, TX 76201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Consulting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/01/2025	Mann, Savannah
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$350.00	2245 West Oak St, Apt B
		Denton, TX 76201
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting services
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·

## SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	06/01/2025	Mann, Savannah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	2245 West Oak St, Apt B
		Denton, TX 76201
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
		Consulting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del></del>
	Date	Payee name
	04/06/2025	Pros & Heroes, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,136.63	2401 S Stemmons Fwy #1260
		Lewisville, TX 75067
	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
		Framing for Capitol office furnishings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	01/29/2025	Renaissance Austin Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.94	9721 Arboretum Boulevard
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder staff lodging during session
		Cinical stail loaging during session
	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 Committee

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: 31/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399				
4	Date	5 Payee name				
	03/15/2025	Right Lists of Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,250.00	1 E Greenway Plaza, Suite 225				
		Houston, TX 77046				
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  Campaign list rental fee				
		Sampaigh list remained				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	_					
	Date	Payee name				
	01/12/2025	Robinson, Trish				
	Amount (\$)	Payee address; City; State; Zip Code				
\$12,000.00 784 McMakin Road						
		Bartonville, TX 76226				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Contract labor for campaign/officeholder services				
		Contract labor for campaign/omeenclaci services				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data					
	Date	Payee name				
	02/01/2025	Robinson, Trish				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	784 McMakin Road				
		Bartonville, TX 76226				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Contract labor for campaign/officeholder services				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Oriana.o to borioni O/Oi					

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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:	
	Sch: 32/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	03/01/2025	Robinson, Trish
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	784 McMakin Road
		Bartonville, TX 76226
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Robinson, Trish
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	784 McMakin Road
		Bartonville, TX 76226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Robinson, Trish
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	784 McMakin Road
		Bartonville, TX 76226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract labor for campaign/officeholder services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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		OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 33/37 Rpt:	Parker IV, Nathaniel W. (The Honorable)	00058399						
4	Date	5 Payee name							
	06/01/2025	Robinson, Trish							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,000.00	784 McMakin Road							
		Bartonville, TX 76226							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Galaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T.  TX, officeholder living expense						
		l	r for campaign/officeholder services						
		33.18.835	. To campaig women consider confiden						
9	Complete ONLY if direct expenditure to benefit C/O	Office held							
	Date	Payee name							
	01/24/2025	Senate Ladies Club							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,200.00	P.O. Box 12068							
		Capitol Station							
		Austin, TX 78711							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations wade by	outside of Texas. Complete Schedule T.						
		Garrandato, Giriodrioladi, Formidati Germinate	TX, officeholder living expense						
		Sponsorship s	support for Pre-Session Dinner						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/O		Office field						
	Date	Payee name							
	01/14/2025	Sierra, Brennan							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4,000.00	P.O. Box 12068							
		Capitol Station							
		Austin, TX 78711							
	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,	TX, officeholder living expense						
		Contract labo	r for campaign/officeholder services						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held						
	experience to benefit of orr								

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	ll 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: 34/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	01/08/2025	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,100.00	P.O. Box 12068
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder's lounge fee
		Officerolder's fourige fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/28/2025	Spaw Senate Account
H	Amount (\$)	Payee address; City; State; Zip Code
	\$44.50	P.O. Box 12068
	¥11.00	Capitol Station
L		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent gift flags
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/03/2025	Spaw Senate Account
H	Amount (\$)	Payee address; City; State; Zip Code
	\$222.50	P.O. Box 12068
	¥==	Capitol Station
		Austin, TX 78711
	DUDD 005	To a second seco
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Constituent gift flags
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
$\vdash$		
l		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	_
1	Total pages Schedule F1: Sch: 35/37 Rpt:	2 FILER NAME Parker IV, Nathaniel W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00058399
4	Date	5 Payee name
	05/24/2025	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$165.00	P.O. Box 12068
		Capitol Station
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to Lt. Governor gift fund
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	Texas Crazy
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.68	P.O. Box 3378
		Abilene, TX 79604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Constituent gift
		Sonsatuent gitt
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/01/2025	The McIntosh Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$23,876.79	9203 Esplanade Drive
		Dallas, TX 75220
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Conculting convices
		Consulting services
_	Operation ONE VIII II	On didn't 10 ff a balden name
	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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 36/37 Rpt:	Parker IV, Nathaniel W. (The Honorable) 00058399
4	Date	5 Payee name
	03/01/2025	US Postmaster
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$668.68	401 DFW Turnpike
		Dallas, TX 75208
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
		Postage for fundraiser invitation mailing from Oct
		2024
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	03/01/2025	Valentine Direct
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,903.25	14243 Proton Road
		Farmers Branch, TX 75244
	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 fundraising letter fulfillment from Oct 2024
		January Company Compan
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/10/2025	Valentine Direct
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,047.24	14243 Proton Road
		Farmers Branch, TX 75244
	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 signs invoice from fall 2024
		Campaign signs invoice nom fail 2024
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>
$\vdash$		
I		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	ift/Awards/Memo egal Services The Instruction		Printing   Salaries/ lains how to c	/Wages	s/Contract Labor		Travel Out of Di OTHER (enter a		isted above)
1	Total pages Schedule F1: Sch: 37/37 Rpt:	ı	FILER NAME Parker IV, Na	athaniel W.	(The Hond	orable)			3	Filer ID 00058399	(Ethics Co	mmission Filers)
4	Date 02/01/2025		Payee name Watts, Kimbe	erly					<u> </u>			
6	Amount (\$) \$300.00		Payee address 1412 Berne I Lewisville, TX	ane	S	State; Zip C	ode					
8	PURPOSE OF EXPENDITURE		Category <sub>(See</sub>			nis schedule)	(b)	ш	, TX,	de of Texas. Con officeholder livin or campaign	g expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	9	Office so	ught			Office h	eld	
	Date 06/24/2025	ı	Payee name WinRed									
	Amount (\$) \$311.81		Payee address 1776 Wilson Arlington, VA	Blvd	S	State; Zip C	ode					
	PURPOSE OF EXPENDITURE	ı	Category (See Fees	Categories listed	at the top of th	nis schedule)	(b)	Check if Austin	, TX,	de of Texas. Con officeholder livin ON Process	g expense	ет. or period 6/24-
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	e	Office so	ught			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

l		The Inst	ruction Guide explains how	to complete thi	is form.						
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 1/60 Rpt: 46/106	Parker IV, Nathanie	el W. (The Honorable)	00058399							
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEND	TOTAL OF UNITEMIZED EXPENDITURES 6,219.32 CHARGED TO A CREDIT CARD						
6	PAYMENT	(a) Amount Charged \$561.97	(b) Date of Charge 04/22/2025	(c) Date(s) C 06/03/202	Credit Card Issuer	Paid					
7	PAYEE	(a) Payee name Eddie V's		(b) Payee ac 301 East 5	th St	City, State, Zip Cod					
Ļ		( ) 0 :		Austin, TX							
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Officeholde	on er staff meeting						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
€	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$68.30	(b) Date of Charge 02/13/2025	(c) Date(s) C 04/03/2025	Credit Card Issuer	<sup>*</sup> Paid					
Г	PAYEE	(a) Payee name	(b) Payee ac	ldress;	City,	State,	Zip Code				
		Facebook	1 Hacker V	Vay							
L					k, CA 94025						
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description  Digital advent							
	Non-Political	(a) Chapte if traval autoida	of Texas. Complete Schedule T.		7 Charle if Austin TV	officebolder living over					
┝	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·		Crieck ii Austin, TX,	officeholder living exp	lerise				
e	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$49.98	(b) Date of Charge 03/13/2025	(c) Date(s) C 05/03/2025	Credit Card Issuer 5	Paid					
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code			
		Facebook	1 Hacker Way								
L			Menlo Park, CA 94025								
	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)  Advertising Expense			(b) Description  Digital advent							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX.	officeholder living exp	ense				
E	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

	The Inst	ruction Guide explains how	to complete t	his form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 2/60 Rpt: 47/106	Parker IV, Nathanie	el W. (The Honorable)	00058399						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 6,219.32				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$250.00	05/22/2025							
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	Facebook		1 Hacker	Way					
				rk, CA 94025					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
X Political	Advertising Expense	or this seriedate)	Digital ad	vertising					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$124.90	06/13/2025							
PAYEE	(a) Payee name	(b) Payee a	address;	City,	State,	Zip Code			
	Facebook		1 Hacker	Way					
			Menlo Park, CA 94025						
PURPOSE OF	(a) Category	of this cabady (a)	(b) Description						
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	or this schedule)	Digital ad	vertising					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·i	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid				
	\$387.66	01/30/2025	03/03/202	25					
PAYEE	(a) Payee name	ı	(b) Payee a	address;	City,	State,	Zip Code		
			646 S. Flo	ores St.					
	HEB Curbside								
			San Anto	nio, TX 78204					
PURPOSE OF	(a) Category	of this schodule)	(b) Descrip						
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Refreshments for Capitol office for staff and visitors						
X Political									
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> 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 Inst	ruction Guide explains how	to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 3/60 Rpt: 48/106	Parker IV, Nathanie	el W. (The Honorable)	00058399						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	<b> </b> \$	6,219.3	32			
6	PAYMENT	(a) Amount Charged \$377.45	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card 04/03/2025						
7	PAYEE	(a) Payee name  HEB Curbside		(b) Payee address; 646 S. Flores St.	City, State, Zip Cod					
Ļ		( ) 0 /		San Antonio, TX 78	204					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Refreshments for C	apitol office for staf	f and visito	ors			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living e	xpense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
€	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$415.49	(b) Date of Charge 04/03/2025	(c) Date(s) Credit Card 05/03/2025	d Issuer Paid					
	PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code			
		HEB Curbside		646 S. Flores St.						
L				San Antonio, TX 78204						
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Refreshments for Capitol office for staff and visitors						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
H	Complete ONLY if direct	Candidate/Officeholder		ce sought Office held						
E	expenditure to benefit C/OH			3						
	PAYMENT	(a) Amount Charged \$445.06	(b) Date of Charge 04/21/2025	(c) Date(s) Credit Card 06/03/2025	d Issuer Paid					
PAYEE (a) Payee name  HEB Curbside			(b) Payee address; 646 S. Flores St. San Antonio, TX 78	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense			(b) Description Refreshments for Capitol office for staff and visitors						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living e	xpense				
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 Inst	ruction Guide explains how	to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethi	ics Commiss	sion Filers)	
	Sch: 4/60 Rpt: 49/106	Parker IV, Nathanie	el W. (The Honorable)		c	00058399			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s <b> </b> \$	\$	6,219.3	32	
6	PAYMENT	(a) Amount Charged \$400.84	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Co 06/03/2025	ard Issuer F	Paid			
7	PAYEE	(a) Payee name  HEB Curbside		(b) Payee address; 646 S. Flores St.		City,	State,	Zip Code	
Ļ		( ) 0 /		San Antonio, TX	78204				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Refreshments for	Capitol of	tol office for staff and visitors			
	Non-Political	(c) should take details a rempire semester :			if Austin, TX, of	ficeholder living exp	oense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								
PAYMENT (a) Amount Charged (b) Date of Charge				(c) Date(s) Credit Ca	ard Issuer F	Paid			
		\$75.29	06/10/2025						
Г	PAYEE (a) Payee name			(b) Payee address;		City,	State,	Zip Code	
		HEB Curbside		646 S. Flores St.					
				San Antonio, TX	78204				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Refreshments for Capitol office for staff and visitors					
	X Political								
L	Non-Political	· · · —	of Texas. Complete Schedule T.			ficeholder living exp	oense		
Ę	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$8.66	(b) Date of Charge 01/02/2025	(c) Date(s) Credit Ca 02/03/2025	ard Issuer F	Paid			
	PAYEE	(a) Payee name Hill Country Springs			ntage Rd.	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense			(b) Description Water service for Capitol office				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<b>_</b>					
€	Complete ONLY if direct complete ONLY is a complete ONLY if direct complete ON								

## 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.	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)								
Sch: 5/60 Rpt: 50/106	Parker IV, Nathanie	el W. (The Honorable)		00058399										
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32								
6 PAYMENT	(a) Amount Charged \$31.15	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer 03/03/2025	Paid										
7 PAYEE	(a) Payee name Hill Country Springs	5	(b) Payee address; 10019 S I-35 Frontage Rd	City,	State,	Zip Code								
	( ) -		Austin, TX 78747											
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Water service for Capitol (	office										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense									
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held										
expenditure to benefit C/OH														
PAYMENT	(a) Amount Charged \$49.65	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issuer 04/03/2025	Paid										
PAYEE	PAYEE (a) Payee name			City,	State,	Zip Code								
	Hill Country Springs	5	10019 S I-35 Frontage Rd	<b>.</b>										
			Austin, TX 78747											
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Water service for Capitol of	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	Candidate/Officeholder	<u> </u>	e sought	Office held										
expenditure to benefit C/OH														
PAYMENT	(a) Amount Charged \$64.65	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer 05/03/2025	Paid										
PAYEE	Hill Country Springs		(b) Payee address; 10019 S I-35 Frontage Rd Austin, TX 78747	City,	State,	Zip Code								
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		(b) Description Water service for Capitol 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 Office 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 Tota	pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)			
Sch:	: 6/60 Rpt: 51/106	Parker IV, Nathanie	el W. (The Honorable)			00058399					
4 CRE ISSU	DIT CARD JER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,219.3	32			
6 PAY	MENT	(a) Amount Charged \$49.65	(b) Date of Charge 05/01/2025	(c) Date(s) 06/03/20	Credit Card Issue 25	r Paid					
7 PAY	EE	(a) Payee name Hill Country Springs	5	(b) Payee 10019 S Austin, T	I-35 Frontage Ro	City, d.	State,	Zip Code			
	POSE OF ENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Water service for Capitol o  (c) Check if travel outside of Texas. Complete Schedule T.			office						
Ш	Non-Political				Check if Austin, TX,	officeholder living exp	oense				
	plete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
<u> </u>	liture to benefit C/OH	( )		145544							
PAY	MENT	(a) Amount Charged \$90.64	(b) Date of Charge 06/02/2025	(c) Date(s)	Credit Card Issue	r Paid					
PAY	EE	(a) Payee name Hill Country Springs	6	(b) Payee 10019 S Austin, T	I-35 Frontage Ro	City,	State,	Zip Code			
	POSE OF ENDITURE Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		office					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense				
	plete <u>ONLY</u> if direct liture to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAY	MENT	(a) Amount Charged \$1,129.70	(b) Date of Charge 01/17/2025	(c) Date(s) 03/03/20	Credit Card Issue 25	r Paid					
PAY	EE	(a) Payee name Hilton Garden Inn		(b) Payee 301 Wes Austin, T	t 7th St	City,	State,	Zip Code			
EXP	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Officeholder lodging			der lodging durin							
┝┋╙	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	2 2211214	X Check if Austin, TX,		oense				
	plete <u>ONLY</u> if direct diture to benefit C/OH	Candidate/Officeholder	name 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 Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 7/60 Rpt: 52/106	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$178.82	01/25/2025	03/03/2025					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Hilton Garden Inn		301 West 7th St					
a puppose of	(a) Category		Austin, TX 78701 (b) Description					
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder lodging during session					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	. officeholder living expe	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 Issue	er Paid				
	\$1,266.40	01/22/2025	03/03/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hootsuite, Inc.		111 East 5th Ave					
	( ) 2 :		Vancouver BC V5T4L1 C	anada				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign advertising					
X Political	Advertising Expense	· 	Campaign advertising					
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	<u> </u>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/03/2025	er Paid				
	\$222.42	04/09/2025	03/03/2023					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hotels.com		5400 LBJ Freeway, Suite	500				
			Dallas, TX 75240					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Travel Out of District	or and soriculary	Officeholder staff lodging	auring session				
X Political			<u> </u>					
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expe	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 Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)			
Sch: 8/60 Rpt: 53/106	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 6,219.	32			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$1,107.94	06/16/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Imprint.com		14550 Beechnut St.					
			Houston, TX 77083					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Advertising Expense	or this scheduley	Campaign promotion iten	ns				
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	e sought	Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$219.94	01/15/2025	03/03/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	JW Marriott		110 East 2nd St					
			Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder staff lodging for opening of session					
X Political	Trainer dat di Biotiliot							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$439.88	01/16/2025	03/03/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
			110 East 2nd St					
	JW Marriott							
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder staff lodging	for opening of session				
X Political	Traver out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	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:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)			
	Sch: 9/60 Rpt: 54/106	Parker IV, Nathanie	el W. (The Honorable)			00058399					
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI CHARG	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,219.3	32			
Ļ	PAYMENT	(a) Amount Charged	(h) Data of Charge	CARD	Cradit Card Issue	r Doid					
ľ	PATMENT	(a) Amount Charged \$556.80	(b) Date of Charge 01/16/2025	03/03/202	Credit Card Issue 25	i Palu					
7	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code			
		JW Marriott		110 East							
L				Austin, T							
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Officeholder staff lodging for			for opening of	session					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense					
9						Office held					
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$306.75	(b) Date of Charge 03/07/2025	(c) Date(s) 04/03/202	Credit Card Issue 25	r Paid					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
		Lakeland Baptist Cl	hurch	397 Soutl	n Stemmons Fw	у					
				Lewisville	, TX 75067						
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio		(b) Descrip Sponsors	tion hip support						
	Non-Political		of Texas. Complete Schedule T.	<u> </u>	Check if Austin TX	officeholder living exp	nense				
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought	Official in Austria, 178,	Office held	Jense				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
		\$225.00	06/23/2025								
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
		Legislative Solution	is .	P.O. Box							
$\vdash$	PURPOSE OF	(a) Category		(b) Descrip							
	EXPENDITURE	(See Categories listed at the top	of this schedule)		n email advertisi	na					
	Advertising Expense			Campaigi	Teman daverno	9					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				dule T. Check if Austin, TX, officeholder living expense						
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	xpenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

	The instruction Guide explains now to complete this form.										
1 Total pages Schedule F4:		3 Filer ID (Ethics C	commission Filers)								
Sch: 10/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	1 '	5,219.32						
6 PAYMENT	(a) Amount Charged \$1,500.00	(b) Date of Charge 03/31/2025	(c) Date(s) Credit Card Issuer 05/03/2025	Paid							
7 PAYEE	(a) Payee name  Lewisville Chamber	r of Commerce	(b) Payee address; 551 North Valley Pkwy Lewisville, TX 75067	City, S	State, Zip Code						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Sponsorship support								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense	•						
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuer 03/03/2025	<sup>·</sup> Paid							
PAYEE	Mailchimp		(b) Payee address; 675 Ponce De Leon Ave N Atlanta, GA 30308	<i>,</i>	State, Zip Code 5000						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Campaign email service								
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 \$330.46	(b) Date of Charge 02/22/2025	(c) Date(s) Credit Card Issuer 04/03/2025	Paid							
PAYEE	(a) Payee name Mailchimp		(b) Payee address; 675 Ponce De Leon Ave N Atlanta, GA 30308		State, Zip Code 5000						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	•	(b) Description Campaign email service								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.									
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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commiss	sion Filers)	
	Sch: 11/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT		6,219.3	32	
6	PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 03/22/2025	(c) Date(s 05/03/20	) Credit Card Issue 125	r Paid			
7	PAYEE	(a) Payee name Mailchimp			address; ce De Leon Ave I GA 30308	City, North East, Suite	State, 5000	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	E (See Categories listed at the top of this schedule) Advertising Expense  Campaign en							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expen	ise		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
L	·	(a) Amazunt Chausad	(h) Data of Charge	(a) Data(a)	Cradit Card Issue	r Daid			
	PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 04/22/2025	06/03/20	) Credit Card Issue 125	i Palu			
	PAYEE	(a) Payee name Mailchimp			address; ce De Leon Ave I GA 30308	City, North East, Suite	State, 5000	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descri					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expen	ise		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 05/22/2025	(c) Date(s	) Credit Card Issue	r Paid			
	PAYEE	PAYEE (a) Payee name  Mailchimp			address; ce De Leon Ave I GA 30308	City, North East, Suite	State, 5000	Zip Code	
	PURPOSE OF EXPENDITURE  X Political Non-Political	(See Categories listed at the top of this schedule)  Advertising Expense		(b) Descri Campaig	n email service	effective in the second			
L					Check if Austin, TX,	Office held	ise		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought		Office field			
ı									

## 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: 12/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,219.3	32		
6	PAYMENT	(a) Amount Charged \$330.46	(b) Date of Charge 06/22/2025	(c) Date(s)	Credit Card Issue	r Paid				
7	PAYEE	(a) Payee name Mailchimp			address; ce De Leon Ave GA 30308	City, North East, S	State, uite 5000	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Advertising Expense			(b) Description Campaign email service					
	Non-Political	1 (0) 🗀			Check if Austin, TX,	officeholder living e	xpense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$395.00	(b) Date of Charge 04/17/2025	(c) Date(s) 06/03/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name  Metroport Chamber	r of Commerce		address; t Byron Nelson E , TX 76262	City, Blvd	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri		dues				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living e	xpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$191.00	(b) Date of Charge 01/16/2025	(c) Date(s) 03/03/20	Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name  Preferred Self Storage		(b) Payee 8301 Jus Lewisville		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	XPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		(b) Descri Campaig	n storage unit					
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living e	xpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

## 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: 13/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged \$191.00	(b) Date of Charge 02/17/2025	(c) Date(s) Credit Card Issuer 04/03/2025	r Paid							
7 PAYEE	(a) Payee name Preferred Self Stora	age	(b) Payee address; 8301 Justin Rd	City,	State,	Zip Code					
	( ) 2 .		Lewisville, TX 75077								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign storage unit								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$191.00	(b) Date of Charge 03/17/2025	(c) Date(s) Credit Card Issuer 05/03/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Preferred Self Stora	age	8301 Justin Rd								
			Lewisville, TX 75077								
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign storage unit								
Non-Political	(a) Charle if traval autoida	of Toyon, Complete Cabadyla T	Charle if Austin TV	officebolder living over							
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exp	ense						
expenditure to benefit C/OH	Candidate/Oniceriolaer	That is a second of the second	c sought	Office field							
PAYMENT	(a) Amount Charged \$191.00	(b) Date of Charge 04/16/2025	(c) Date(s) Credit Card Issuer 06/03/2025	r Paid							
PAYEE	(a) Payee name  Preferred Self Stora	(a) Payee name (l)  Preferred Self Storage		City,	State,	Zip Code					
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		(b) Description Campaign storage unit								
Non-Political	(c) Check if travel outside	Check if Austin, TX,	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 Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 14/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid							
	\$191.00	05/16/2025									
7 PAYEE	(a) Payee name  Preferred Self Stora	age	(b) Payee address; 8301 Justin Rd	City,	State,	Zip Code					
			Lewisville, TX 75077								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
l <u> </u>	Office Overhead/Rent		Campaign storage unit								
X Political											
Non-Political	\frac{1}{2}   \frac{1}{2}	of Texas. Complete Schedule T.		officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH	(a) A	(h) Data at Obarra	(-) D-+-(-) O	- D-1-I							
PAYMENT	(a) Amount Charged \$191.00	(b) Date of Charge 06/16/2025	(c) Date(s) Credit Card Issuer	r Pala							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Preferred Self Stora	age	8301 Justin Rd								
			Lewisville, TX 75077								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Campaign storage unit								
X Political	Office Overhead/Rent	iai Experise									
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 \$1,139.39	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid							
PAYEE	(a) Payee name	ı	(b) Payee address; 300 East 4th St	City,	State,	Zip Code					
	Residence Inn By N	Marriott	300 Edst 4til 3t								
			Austin, TX 78701								
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder lodging durin								
X Political	(See Categories listed at the top of this schedule)  Travel Out of District			g session							
Non-Political	X Check if Austin, TX,	officeholder living exp	ense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
	1										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 15/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$5,152.29	03/02/2025	04/03/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Residence Inn By N	<i>M</i> arriott	300 East 4th St								
	() 2 :		Austin, TX 78701								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder lodging durin	a coccion							
X Political	Travel Out of District	,	Officeriolder loughly duffi	ig session							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	X, officeholder living expense							
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 04/03/2025	r Paid							
	\$341.62	03/04/2025	04/03/2023								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Residence Inn By N	Marriott	300 East 4th St								
			Austin, TX 78701								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder lodging during session								
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/03/2025	r Paid							
	\$468.30	03/11/2025	03/03/2023								
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code					
			300 East 4th St								
	Residence Inn By N	Marriott									
			Austin, TX 78701								
PURPOSE OF	(a) Category	of this cahadula)	(b) Description								
EXPENDITURE	NDITURE (See Categories listed at the top of this schedule)  Travel Out of District			g session							
X Political	X Political										
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							
	•										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 16/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,219.3	32
6	PAYMENT	(a) Amount Charged \$1,233.39	(b) Date of Charge 03/18/2025	(c) Date(s) 0 05/03/2029	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name  Residence Inn By N	<i>f</i> larriott	(b) Payee at 300 East 4	th St	City,	State,	Zip Code
Ļ		(-) O-t		Austin, TX				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Officeholde	on er lodging durin	g session		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Х	Check if Austin, TX,	officeholder living exp	oense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$1,262.38	(b) Date of Charge 03/25/2025	(c) Date(s) 0 05/03/2029	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Residence Inn By N	esidence Inn By Marriott		th St			
				Austin, TX	78701			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Officeholde	on er lodging durin	g session		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX.	officeholder living ex	pense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought	<u> </u>	Office held		
е	expenditure to benefit C/OH			· ·				
	PAYMENT	(a) Amount Charged \$1,195.67	(b) Date of Charge 04/01/2025	(c) Date(s) 0 05/03/202	Credit Card Issuer 5	Paid		
	PAYEE (a) Payee name  Residence Inn By Marriott		(b) Payee at 300 East 4 Austin, TX	th St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District		of this schedule)	(b) Description Officeholder lodging during session				
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			dule T. X Check if Austin, TX, officeholder living expense				
е	(c) described of temporal constant of			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 (Ethic	s Commiss	sion Filers)					
	Sch: 17/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
	PAYMENT	(a) Amount Charged \$1,194.77	(b) Date of Charge 04/08/2025	(c) Date(s) Credit Card Issue 05/03/2025	r Paid							
7	PAYEE	(a) Payee name  Residence Inn By N	<i>N</i> arriott	(b) Payee address; 300 East 4th St Austin, TX 78701	City,	State,	Zip Code					
8	PURPOSE OF	(a) Category		(b) Description								
ľ	EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder lodging durin	g session							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	ense						
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
	PAYMENT	(a) Amount Charged \$1,194.62	(b) Date of Charge 04/15/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid							
	PAYEE (a) Payee name  Residence Inn By Marriott		<i>M</i> arriott	(b) Payee address; 300 East 4th St	City,	State,	Zip Code					
H	DUDDOCE OF	(a) Catagony		Austin, TX 78701 (b) Description								
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Officeholder lodging durin	g session							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	ense						
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
	PAYMENT	(a) Amount Charged \$1,373.09	(b) Date of Charge 04/22/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid							
	PAYEE	(a) Payee name  Residence Inn By Marriott		(b) Payee address; 300 East 4th St Austin, TX 78701	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District		(b) Description Officeholder lodging durin	g session		_					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	ense						
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
1						<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	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 18/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	6,219.3	32
6	PAYMENT	(a) Amount Charged \$1,242.93	(b) Date of Charge 04/29/2025	(c) Date(s) C 06/03/2025	redit Card Issuer	Paid		
7	PAYEE	(a) Payee name  Residence Inn By N	<i>M</i> arriott	(b) Payee ad 300 East 4t	th St	City,	State,	Zip Code
Ļ		(-) O-t		Austin, TX				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholde	on er lodging durin	g session		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Х	Check if Austin, TX,	officeholder living exp	oense	
9	osmpioto on a most		e sought		Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$1,036.95	(b) Date of Charge 05/05/2025	(c) Date(s) C 06/03/2025	redit Card Issuer 5	Paid		
	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
		Residence Inn By Marriott		300 East 4t	h St			
				Austin, TX	78701			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholde	on r lodging durin	g session		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I X	Check if Austin, TX.	officeholder living exp	pense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought	1	Office held		
lе	xpenditure to benefit C/OH			Ū				
	PAYMENT	(a) Amount Charged \$170.66	(b) Date of Charge 05/06/2025	(c) Date(s) C 06/03/2025	redit Card Issuer	Paid		
	PAYEE (a) Payee name  Residence Inn By Marriott		(b) Payee ad 300 East 4t Austin, TX	h St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Officeholder lodging during session					
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			dule T. X Check if Austin, TX, officeholder living expense				
е	(c) described of temporal constant of			e sought		Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form.	(* ** ** ******************************	,	,		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)		
	Sch: 19/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$1,194.62	05/13/2025						
7	PAYEE	(a) Payee name  Residence Inn By N	<i>l</i> arriott	(b) Payee address; 300 East 4th St	City,	State,	Zip Code		
Ļ	DUDDOOF OF	(a) Catagoni		Austin, TX 78701 (b) Description					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Officeholder lodging during	ng session				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living exp	ense			
9	'			Office held					
٤	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$1,023.96	(b) Date of Charge 05/19/2025	(c) Date(s) Credit Card Issue	r Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Residence Inn By N	Marriott (	300 East 4th St					
L				Austin, TX 78701					
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder lodging during session					
	Non-Political	() <b>[</b> ]		<u> </u>					
┝	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense  ffice sought  Office held					
Ę	expenditure to benefit C/OH	Canadate/Officeriolaer	Tiane Office	2 Sought	Office field				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$170.66	05/20/2025						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Residence Inn By N	<i>M</i> arriott	300 East 4th St					
				Austin, TX 78701					
	PURPOSE OF EXPENDITURE	1 ' ' ' '		(b) Description Officeholder lodging during session					
	X Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
Ľ	expenditure to benefit C/OH								
ĺ									

## 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 (Ethi	cs Commis	sion Filers)	
	Sch: 20/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$1,435.91	05/28/2025					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Residence Inn By N	Marriott	300 East 4th St				
Ļ	DUDDOCE OF	(a) Catagony		Austin, TX 78701				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder lodging durin	ng session			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought	Office held				
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$1,047.78	06/03/2025					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Residence Inn By N	Marriott (	300 East 4th St				
				Austin, TX 78701				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder lodging during session				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	. officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
		\$181.49	06/04/2025					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Residence Inn By N	<i>M</i> arriott	300 East 4th St				
_	DUDDOS 6-	(a) Cataman		Austin, TX 78701				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder lodging during	nn session			
	X Political	Travel Out of District		Officeholder lodging during session				
	Distance Political			Ile T. X Check if Austin, TX, officeholder living expense				
$\vdash$	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	Office held	,c.i.g.		
e	xpenditure to benefit C/OH		- 3	<b>3</b> -				
H		<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:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)					
Sch: 21/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged \$280.48	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid							
7 PAYEE	(a) Payee name  Southwest Airlines		(b) Payee address; PO Box 36611	City,	State,	Zip Code					
	( ) 2 :		Dallas, TX 75235								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Officeholder staff travel to	I to district							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$373.48	(b) Date of Charge 02/10/2025	(c) Date(s) Credit Card Issue 04/03/2025	r Paid							
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Southwest Airlines		PO Box 36611								
			Dallas, TX 75235								
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Officeholder travel to Aus	tin during legisl	ative ses	sion					
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	<u> </u>	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$234.48	(b) Date of Charge 02/14/2025	(c) Date(s) Credit Card Issue 04/03/2025	r Paid							
PAYEE	(a) Payee name  Southwest Airlines	1	(b) Payee address; PO Box 36611 Dallas, TX 75235	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Travel In District		(b) Description Officeholder travel from A	ustin to district							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T				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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 22/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b> 6,219.32							
6 PAYMENT	(a) Amount Charged \$286.48	(b) Date of Charge 03/06/2025	(c) Date(s) Credit Card Issue 04/03/2025	er Paid							
7 PAYEE	(a) Payee name  Southwest Airlines		(b) Payee address; PO Box 36611 Dallas, TX 75235	City, State, Zip Code							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Officeholder travel from Austin to district								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense							
9 Complete ONLY if direct candidate/Officeholder name Office sought expenditure to benefit C/OH  (a) Amount Charged (b) Date of Charge (c) Date(c) Credit Card			e sought	Office held							
PAYMENT	(a) Amount Charged \$318.48	(b) Date of Charge 03/23/2025	(c) Date(s) Credit Card Issue 05/03/2025	er Paid							
PAYEE	(a) Payee name  Southwest Airlines		(b) Payee address; PO Box 36611  Dallas, TX 75235	City, State, Zip Code							
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder travel to Austin during legislative session								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							
PAYMENT	(a) Amount Charged \$318.48	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card Issue 05/03/2025	er Paid							
PAYEE	(a) Payee name  Southwest Airlines		(b) Payee address; PO Box 36611 Dallas, TX 75235	City, State, Zip Code							
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Travel In District		of this schedule)	(b) Description Officeholder travel from A	Austin to district							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T				C, officeholder living 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:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 23/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,219.3	32				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$318.48	03/30/2025	05/03/20	25							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Southwest Airlines		PO Box 3	36611							
			Dallas, TX 75235								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip								
X Political	Travel Out of District	or this scriedule)	Officeholo	der travel to Ausi	ıstin during legislative session						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct					Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	` '	Credit Card Issue	r Paid						
	\$318.48	04/03/2025	05/03/20	25							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code				
	Southwest Airlines		PO Box 3	86611							
			Dallas, T	X 75235							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder travel from Austin to district								
X Political	Travel In District										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	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 Issue	r Paid						
	\$338.48	05/15/2025									
PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code				
	On the sect Aldies of		PO Box 3	86611							
	Southwest Airlines										
			Dallas, T	X 75235							
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip								
EXPENDITURE	Travel In District	of this scriedule)	Officehol	der travel from A	ustin to district						
I =	X Political										
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expe	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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 24/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UEXPENDITUE CHARGED CARD		\$	6,219.3	32				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid						
	\$306.08	05/18/2025									
7 PAYEE	(a) Payee name	•	(b) Payee addr	ess;	City,	State,	Zip Code				
	Southwest Airlines		PO Box 3661	1							
			Dallas, TX 75235								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder travel to Austin during legislative session								
X Political	Travel Out of District	or this solication	Officenoider	ravei to Aust	istin duning legislative session						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held						
expenditure to benefit C/OH		_									
PAYMENT	AYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			Paid							
	\$346.30	05/24/2025									
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code				
	Southwest Airlines		PO Box 3661	.1							
	Southwest Allilles		Dollag TV 75								
PURPOSE OF	(a) Category		Dallas, TX 75 (b) Description	0233							
EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder travel from Austin to district								
X Political	Travel In District		Simosholdor davor nom radoun to district								
Non-Political	`	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held						
expenditure to benefit C/OH		I (1) = 1 (2)	1//-//								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid						
	\$318.30	05/25/2025									
PAYEE	(a) Payee name	<u> </u>	(b) Payee addr	ess;	City,	State,	Zip Code				
			PO Box 3661	•	- 9,	,					
	Southwest Airlines			<del>-</del>							
			Dallas, TX 75	5235							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top	of this schedule)	Officeholder t	ravel to Aust	in during legisl	ative ses	sion				
X Political	X Political Travel Out of District										
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule				officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	r name Office	e sought		Office held						
expenditure to benefit C/OH											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 25/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	6,219.3	32	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$377.30	06/24/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36611				
			Dallas, TX 75235				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Travel Out of District	or this scriedule)	Officeholder travel for Se	enate Republicar	ı Caucus	s fundraisei	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$572.59	06/25/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Southwest Airlines		PO Box 36611				
			Dallas, TX 75235				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Travel Out of District	of this scriedule)	Officeholder round trip travel to/from Austin during legislative session				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$537.37	05/17/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Special Olympics T	exas	4732 Whirlwind Drive				
			San Antonio, TX 78217				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donation	•	Sponsorship support				
X Political		er/Political Committee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	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

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 (Ethic	cs Commiss	sion Filers)					
	Sch: 26/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	6,219.3	32					
6	PAYMENT	(a) Amount Charged \$1,250.00	(b) Date of Charge 03/11/2025	(c) Date(s) 0 05/03/202	Credit Card Issuer 5	Paid							
7	PAYEE	(a) Payee name Stewart, Kevin			ddress; tana Sky Drive 78727-6361	City,	State,	Zip Code					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Legal Services	of this schedule)	(b) Descripti									
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held							
	PAYMENT	(a) Amount Charged \$1,250.00	(b) Date of Charge 06/17/2025	(c) Date(s) (	Credit Card Issuer	Paid							
	PAYEE	Stewart, Kevin			ddress; tana Sky Drive 78727-6361	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Legal Services	of this schedule)	(b) Descripti									
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	- Γ	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							
	PAYMENT	(a) Amount Charged \$276.83	(b) Date of Charge 01/28/2025	(c) Date(s) 0 03/03/202	Credit Card Issuer 5	· Paid							
	PAYEE	(a) Payee name  Texas Chili Parlor		(b) Payee at 1409 Lava	ca St.	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE  X Political	PENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense  Officeholder meeting with				colleagues							
L						officeholder living exp	ense						
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held							
1													

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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 Commis	sion Filers)		
	Sch: 27/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,219.3	32		
6	PAYMENT	(a) Amount Charged \$229.96	(b) Date of Charge 02/27/2025	(c) Date(s) 04/03/20	) Credit Card Issue 025	er Paid				
7	PAYEE	(a) Payee name  The Downright Hote	el	(b) Payee 701 E 11 Austin, T	th St	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip	ption	g during session				
	Non-Political	` 1	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
	9 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 03/31/2025	(c) Date(s) 05/03/20	) Credit Card Issue 025	er Paid				
	PAYEE	(a) Payee name  True Texas Project	Payee name (b) Payee address; 3617 Greenbriar Ct.  True Texas Project  Colleyville, TX 76034		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descri						
	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 Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$82.75	(b) Date of Charge 01/13/2025	(c) Date(s) 03/03/20	) Credit Card Issue 025	er Paid				
	PAYEE	(a) Payee name Uber			address; irket Street #400 ncisco, CA 94103	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri Officehol	lder transportatio					
lacksquare	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				
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

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 Commis	sion Filers)				
	Sch: 28/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,219.3	32				
6	PAYMENT	(a) Amount Charged \$31.04	(b) Date of Charge 01/28/2025	(c) Date(s 03/03/20	) Credit Card Issue 125	r Paid						
7	PAYEE	(a) Payee name Uber			address; rket Street #400 ncisco, CA 94103	City,	State,	Zip Code				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
	9 Complete ONLY if direct Candidate/Officeholder name Off expenditure to benefit C/OH			e sought		Office held						
Ľ	·	(a) Amount Charged	(h) Data of Charge	(a) Data(a	Cradit Card Issue	r Doid						
	PAYMENT	(a) Amount Charged \$14.12	(b) Date of Charge 02/04/2025	03/03/20	) Credit Card Issue 125	i Palu						
	PAYEE	(a) Payee name (b) Payee address;  1455 Market Street #			City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri								
	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 xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$43.37	(b) Date of Charge 02/28/2025	(c) Date(s 04/03/20	) Credit Card Issue 125	r Paid						
	PAYEE	(a) Payee name Uber	1		address; rket Street #400 ncisco, CA 94103	City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descri	otion der transportation	n						
Non-Political (c) Check if travel outside 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						
ı												

#### 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 Gitt/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 (Ethic	cs Commis	sion Filers)
	Sch: 29/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	6,219.3	32
6	PAYMENT	(a) Amount Charged \$94.71	(b) Date of Charge 03/01/2025	(c) Date(s) 04/03/20	) Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name Uber			address; rket Street #400 ncisco, CA 94103	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip		1		
	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	iture to benefit C/OH				Office held		
	PAYMENT	(a) Amount Charged \$110.46	(b) Date of Charge 03/02/2025	(c) Date(s) 04/03/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street #400		City,	State,	Zip Code
L					ncisco, CA 94103			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Officehol	otion der transportatior	1		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	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		
	PAYMENT	(a) Amount Charged \$88.55	(b) Date of Charge 03/03/2025	(c) Date(s) 04/03/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Uber			address; rket Street #400 ncisco, CA 94103	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Officehol	otion der transportatior	1		
	Non-Political	(c) Check if travel outside	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 Öffice	e sought		Office held		
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 30/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$	6,219.3	32						
6 PAYMENT	(a) Amount Charged \$7.00	(b) Date of Charge 03/07/2025	(c) Date(s) Credit Card Issu 04/03/2025	uer Paid								
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street #40 San Francisco, CA 9410		State,	Zip Code						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder transportat									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 7	ΓΧ, officeholder living exp	oense							
9 Complete ONLY if direct candidate/Officeholder name Office sought expenditure to benefit C/OH  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issued			Office held									
PAYMENT	(a) Amount Charged \$64.93	(b) Date of Charge 03/08/2025	(c) Date(s) Credit Card Issu 04/03/2025	uer Paid								
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street #40 San Francisco, CA 9410		State,	Zip Code						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder transportat									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	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 \$5.43	(b) Date of Charge 03/11/2025	(c) Date(s) Credit Card Issu 05/03/2025	uer Paid								
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street #40 San Francisco, CA 9410		State,	Zip Code						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder transportat									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	ΓX, officeholder living exp	oense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this fo	rm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 31/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITUR CHARGED TO CARD	RES	\$	6,219.3	32
6 PAYMENT	(a) Amount Charged \$13.52	(b) Date of Charge 04/03/2025	(c) Date(s) Cred 05/03/2025	t Card Issuer	Paid		
7 PAYEE	(a) Payee name Uber		(b) Payee addre 1455 Market S San Francisco	itreet #400	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District			ansportation			
			Ch	eck if Austin, TX, o	officeholder living expe	ense	
9 Complete ONLY if direct candidate/Officeholder name Office sought expenditure to benefit C/OH			e sought		Office held		
PAYMENT	(a) Amount Charged \$24.86	(b) Date of Charge 04/07/2025	(c) Date(s) Cred 05/03/2025	t Card Issuer	Paid		
PAYEE	Uber		(b) Payee addre 1455 Market S San Francisco	treet #400	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder tr		ı		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Ch	eck if Austin, TX, o	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$37.05	(b) Date of Charge 04/12/2025	(c) Date(s) Cred 06/03/2025	t Card Issuer	Paid		
PAYEE	(a) Payee name Uber		(b) Payee addre 1455 Market S San Francisco	itreet #400	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE (See Categories listed at the top of this schedule)  Travel Out of District		(b) Description Officeholder tr				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				eck if Austin, TX, o	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	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:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)						
Sch: 32/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREI CARD	\$	6,219.3	32						
6 PAYMENT	(a) Amount Charged \$59.81	(b) Date of Charge 04/13/2025	(c) Date(s) Credit Card Iss 06/03/2025	suer Paid								
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street #40 San Francisco, CA 941		State,	Zip Code						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	(See Categories listed at the top of this schedule)  Travel Out of District  Officeholder transportation										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense							
9 Complete ONLY if direct candidate/Officeholder name Office sought expenditure to benefit C/OH  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer			Office held									
PAYMENT	(a) Amount Charged \$33.70	(b) Date of Charge 04/25/2025	(c) Date(s) Credit Card Iss 06/03/2025	suer Paid								
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street #40 San Francisco, CA 941		State,	Zip Code						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder transporta									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	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 \$17.58	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Iss 06/03/2025	suer Paid								
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street #40 San Francisco, CA 941		State,	Zip Code						
PURPOSE OF EXPENDITURE    X   Political	PURPOSE OF  EXPENDITURE  (a) Category  (b) Description  Officeholder transpor  Travel Out of District			ition								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.										
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: 33/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid							
	\$21.79	05/14/2025										
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code					
	Uber		1455 Mai	rket Street #400								
			San Francisco, CA 94103									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		_							
X Political	Travel Out of District		Officerior	der transportatior	1							
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	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid							
	\$45.66	05/16/2025										
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code					
	Uber		1455 Ma	rket Street #400								
			San Fran	icisco, CA 94103								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip									
X Political	Travel Out of District	or this scriedule)	Officehol	der transportatior	1							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	L	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid							
	\$25.90	05/18/2025										
PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code					
	Libor		1455 Ma	rket Street #400								
	Uber											
				icisco, CA 94103								
PURPOSE OF EXPENDITURE	PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)		(b) Descrip	otion der transportatior	•							
Travel Out of District			Onicerior	uei transportation	1							
X Political				<b>—</b>								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate/Officeholder name Offic				Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought		Office field							
S. Policitato to boliciti 0/011												

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete t	his form.		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)									
	Sch: 34/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399											
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,219.3	32									
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid											
		\$16.00	05/23/2025														
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code									
		Uber			ket Street #400												
					cisco, CA 94103												
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		_											
	X Political	Travel Out of District	or the sorrough	Опісепої	der transportatior	1											
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			[	Check if Austin, TX,	officeholder living expe	ense										
9	Complete ONLY if direct Candidate/Officeholder name Office sought				Office held												
е	xpenditure to benefit C/OH																
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid											
		\$3.89	06/04/2025														
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code									
		Uber		1455 Mar	ket Street #400												
L					cisco, CA 94103												
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Officeholo	tion der transportatior	า											
	x Political																
	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 xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held											
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid											
		\$36.54	06/05/2025														
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code									
				1455 Mar	ket Street #400												
		Uber															
L					cisco, CA 94103												
	PURPOSE OF	(a) Category	-f.4b-i	(b) Descrip													
	EXPENDITURE (See Categories listed at the top of this schedule) Officeholder transport			der transportatior	า												
	X Political																
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living expe	ense										
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held											
е	xpenditure to benefit C/OH																
•																	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)				
Sch: 35/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,219.3	32				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	\$5.48	06/08/2025									
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	Uber			ket Street #400							
				cisco, CA 94103							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip								
X Political	Travel Out of District	or the sorround,	Опісепої	der transportatior	1						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			[	Check if Austin, TX,	officeholder living expe	ense					
9 Complete ONLY if direct	9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	\$12.92	06/09/2025									
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	Uber		1455 Mar	ket Street #400							
				cisco, CA 94103							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder transportation								
X Political	Traver Out of District										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid						
	\$41.96	06/10/2025									
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
	I lib a n		1455 Mar	ket Street #400							
	Uber										
				cisco, CA 94103							
PURPOSE OF	(a) Category	of this schedule)	(b) Descrip								
<u></u>	EXPENDITURE (See Categories listed at the top of this schedule)  Travel Out of District  Officeholder transpo			der transportation	1						
I <b>=</b>	X Political										
Non-Political	of Texas. Complete Schedule T.	i	Check if Austin, TX,	officeholder living expe	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

	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: 36/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	6,219.3	32
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
	\$30.54	06/25/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Uber		1455 Mark	et Street #400			
				isco, CA 94103			
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)	Officehold	er transportatior	1		
Non-Political				Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct					Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$48.81	01/21/2025	03/03/202	5			
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Uber Eats		1455 Mark	tet Street #400			
			San Franc	isco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti				
l <u> </u>	Food/Beverage Exper	•	Officehold	er staff meeting			
X Political							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH		I	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 05/03/202	Credit Card Issuer	Paid		
	\$89.64	03/12/2025	03/03/202	3			
PAYEE	(a) Payee name	l	(b) Payee a	ddress:	City,	State,	Zip Code
	(a) r ayou name			et Street #400	Oity,	Otato,	Zip Code
	Uber Eats		1400 Mark	ict Gil cct 11-400			
			San Franc	isco, CA 94103			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	,	Officehold	er staff meeting			
X Political Food/Beverage 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 O			e sought		Office held		
expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	ű	ruction Guide explains how	•	THEN (effici à calegor)	y not listed a	bove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 37/60 Rpt:		el W. (The Honorable)		00058399		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32
6	PAYMENT	(a) Amount Charged \$129.89	(b) Date of Charge 01/08/2025	(c) Date(s) Credit Card Issuer 02/03/2025	r Paid		
7	PAYEE	(a) Payee name Wayfair.com		(b) Payee address; 4 Copley Place Boston, MA 02116	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Desk for Capitol office			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
9				e sought	Office held		
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged \$351.81	(b) Date of Charge 06/10/2025	(c) Date(s) Credit Card Issuer	r Paid		
	PAYEE (a) Payee name  Yeti Coolers, LLC			(b) Payee address; 7601 Southwest Parkway Austin, TX 78735	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Constituent gift			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$220.18	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issuer 03/03/2025	Paid		
	PAYEE (a) Payee name  Yuki		(b) Payee address; 6317 3 FM 2244, Suite 33 Austin, TX 78746	City, 30	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description Officeholder staff meeting			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			<u> </u>	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
l							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense 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 (Ethics Commission Filers)			
Sch: 38/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITORNO	<b>\$</b> 6,219.32			
6 PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 01/18/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid			
7 PAYEE	(a) Payee name Zoom		(b) Payee address; 55 Almaden Blvd, Suite 6 San Jose, CA 95113	City, State, Zip Code 600			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Office Overhead/Rental Expense			ion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
expenditure to benefit C/OH			e sought	Office held			
PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 02/18/2025	(c) Date(s) Credit Card Issue 04/03/2025	er Paid			
PAYEE	(a) Payee name Zoom		(b) Payee address; 55 Almaden Blvd, Suite 6 San Jose, CA 95113	City, State, Zip Code 600			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign staff subscript	ion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Issue 05/03/2025	er Paid			
PAYEE	(a) Payee name Zoom		(b) Payee address; 55 Almaden Blvd, Suite 6 San Jose, CA 95113	City, State, Zip Code 600			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		tal Expense	(b) Description Campaign staff subscription				
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. rname Offic	Check if Austin, TX e sought	(, officeholder living expense 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	is form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
Sch: 39/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4 CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,219.3	32
6 PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 04/18/2025	(c) Date(s) C 06/03/2025	Credit Card Issuer 5	Paid		
7 PAYEE	(a) Payee name Zoom		(b) Payee ac 55 Almade San Jose,	n Blvd, Suite 60	City, 00	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description		on		
X Political	Office Overhead/Ren	tal Expense					
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	·				Office held		
expenditure to benefit C/OH		1	T				
PAYMENT	(a) Amount Charged \$159.80	(b) Date of Charge 04/20/2025	(c) Date(s) C 06/03/2025	Credit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Zoom		55 Almade	n Blvd, Suite 60	00		
			San Jose,				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description District 12	on staff Zoom sub:	scription		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		7 Check if Austin TX	officeholder living exp	iense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held		
PAYMENT	(a) Amount Charged \$17.05	(b) Date of Charge 05/18/2025	(c) Date(s) C	Credit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee ac	•	City,	State,	Zip Code
	Zoom		San Jose,	n Blvd, Suite 60 CA 95113	JO		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description  Campaign staff subscription				
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 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 thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
l	Sch: 40/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED ITURES D TO A CREDIT	\$	6,219.3	32
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$18.12	06/18/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Zoom		55 Almade	n Blvd, Suite 60	00		
L				San Jose,				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
		Office Overhead/Rent		Campaign	staff subscription	on		
	X Political							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living exp	ense	
	<u> </u>			e sought		Office held		
-	expenditure to benefit C/OH	() (	T (1) = 1 (2)	1/12///				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$808.87	04/04/2025	03/03/2020	,			
H	PAYEE	(a) Payee name	I	(b) Payee ac	ldress;	City,	State,	Zip Code
		Aloft Austin Downto	own	109 East 7	th St			
				Austin, TX	78701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder staff lodging during Denton County Days at the				Days at the
	X Political	Travel Out of District		Capitol				
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	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		I	1				
	PAYMENT	(a) Amount Charged \$117.96	(b) Date of Charge 01/11/2025	(c) Date(s) C 03/03/2025	Credit Card Issuer	Paid		
H	PAYEE	(a) Payee name	l	(b) Payee ac	ldress;	City,	State,	Zip Code
				410 Terry A	Ave N			
		Amazon.com						
				Seattle, WA	A 98109			
	PURPOSE OF	(a) Category	of this calcadula)	(b) Description				
	(See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		*	Capitol office	ce supplies			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule 1				Check if Austin, TX,	officeholder living exp	ense	
厂	<u> </u>			e sought	<u> </u>	Office held		
E	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 Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)					
Sch: 41/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged \$78.22	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuer 03/03/2025	Paid							
7 PAYEE	(a) Payee name  Amazon.com		(b) Payee address; 410 Terry Ave N	City,	State,	Zip Code					
	(a) Oatawari		Seattle, WA 98109								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol office supplies								
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 \$74.66	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issuer 03/03/2025	<sup>*</sup> Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Amazon.com		410 Terry Ave N								
			Seattle, WA 98109								
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Capitol office supplies								
Non-Political	(2) D 0 1 7 1 1 1 1 1	(7. 0. 1. 0. 1. 7.		<i>(</i> , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Carlaidate/Officeriolaer	name ome	o sought	Office field							
PAYMENT	(a) Amount Charged \$183.40	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issuer 03/03/2025	Paid							
PAYEE	(a) Payee name Amazon.com	1	(b) Payee address; 410 Terry Ave N Seattle, WA 98109	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense		(b) Description Capitol office supplies								
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 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: 42/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,219.3	32			
6	PAYMENT	(a) Amount Charged \$140.71	(b) Date of Charge 02/18/2025	(c) Date(s 04/03/20	) Credit Card Issue 125	er Paid					
7	PAYEE	(a) Payee name Amazon.com		(b) Payee 410 Terr		City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descri							
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX	, officeholder living exp	ense				
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$324.70	(b) Date of Charge 05/06/2025	(c) Date(s 06/03/20	) Credit Card Issue 125	er Paid					
	PAYEE	(a) Payee name  Amazon.com		(b) Payee 410 Terr	y Ave N	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri	WA 98109 ption Ider staff gift						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living exp	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$604.96	(b) Date of Charge 01/24/2025	(c) Date(s) 03/03/20	) Credit Card Issue 025	er Paid					
	PAYEE	(a) Payee name  American Airlines		(b) Payee 1 Skyvie Fort Wor		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political  Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District			der round trip tra			9			
$\vdash$	(b) []				Cneck if Austin, TX	office held	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought		Onice Helu					

## 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	ics Commiss	ion Filers)		
	Sch: 43/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$	6,219.3	32		
6	PAYMENT	(a) Amount Charged \$318.48	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card 03/03/2025	Issuer Paid				
7	PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 7615	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel In District	See Categories listed at the top of this schedule)  Travel In District  Officeholder travel to Aus			ıstin during legislative session			
				Check if Aus	stin, TX, officeholder living ex	pense			
	9 Complete ONLY if direct Candidate/Officeholder name Off expenditure to benefit C/OH			e sought	Office held				
	PAYMENT	(a) Amount Charged \$318.48	(b) Date of Charge 02/17/2025	(c) Date(s) Credit Card 04/03/2025	Issuer Paid				
	PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 7615	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Officeholder travel to		slative ses	sion		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$318.48	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card 04/03/2025	Issuer Paid				
	PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 7615	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	* * * *		(b) Description Officeholder travel fr	om Austin to distric	t			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T		<u> </u>	edule T. Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct xpenditure 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 this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)		
	Sch: 44/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32		
6	PAYMENT	(a) Amount Charged \$399.48	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuel 04/03/2025	r Paid				
7	PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 76155	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District			(b) Description Officeholder travel to Austin during legislative session				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T			Check if Austin, TX,	officeholder living expe	nse			
<b>9</b> e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$286.48	(b) Date of Charge 03/02/2025	(c) Date(s) Credit Card Issue 04/03/2025	r Paid				
	PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 76155	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder travel to Aust	tin during legisla	ative ses	sion		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	PAYMENT	(a) Amount Charged \$318.48	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card Issue 05/03/2025	r Paid				
	PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 76155	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel In District		of this schedule)	(b) Description Officeholder travel from A	ustin to district				
	Non-Political (c) Check if travel outside of Texas. Complete Schedule				officeholder living expe	nse			
е	Complete ONLY if direct xpenditure 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

Garialdae/Gillocholde// Gilde	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)					
Sch: 45/60 Rpt:		l W. (The Honorable)		00058399						
4 CREDIT CARD ISSUER	Name of finar see pr	evious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		,219.32					
6 PAYMENT	(a) Amount Charged \$318.48	(b) Date of Charge 04/07/2025	(c) Date(s) Credit Card Issue 05/03/2025	r Paid						
7 PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 76155	City, S	state, Zip Code					
8 PURPOSE OF EXPENDITURE  X Political	EXPENDITURE  (See Categories listed at the top of this schedule)  Travel Out of District			(b) Description Officeholder travel to Austin during legislative session						
Non-Political	(e) = sissin tutter eatistic estimates			officeholder living expense						
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$228.48	(b) Date of Charge 04/12/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid						
PAYEE	(a) Payee name  American Airlines		(b) Payee address;  1 Skyview Drive	City, S	State, Zip Code					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of Travel In District	of this schedule)	Fort Worth, TX 76155  (b) Description  Officeholder travel from Austin to district							
Non-Political	(c) Check if travel outside of	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 \$318.48	(b) Date of Charge 04/28/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid						
PAYEE	(a) Payee name  American Airlines		(b) Payee address; 1 Skyview Drive Fort Worth, TX 76155	City, S	state, Zip Code					
PURPOSE OF EXPENDITURE  X Political	YENDITURE (See Categories listed at the top of this schedule)  Travel Out of District		(b) Description Officeholder travel to Austin during legislative session							
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
Complete ONLY if direct 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	Commiss	ion Filers)	
Sch: 46/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	2	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$328.13	05/09/2025	06/03/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	American Airlines		1 Skyview Drive				
			Fort Worth, TX 76155				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description				
X Political	Travel In District	or tris scriedule)	Officeholder travel from A	Austin to district			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$642.53	05/10/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	American Airlines		1 Skyview Drive				
			Fort Worth, TX 76155				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE 	(See Categories listed at the top  Travel In District	of this schedule)	Officeholder round trip travel to/from Austin during				
X Political			legislative session				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$572.40	06/02/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	A A india		1 Skyview Drive				
	American Airlines						
			Fort Worth, TX 76155				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	Travel Out of District	of this schedule)	Officeholder round trip tra	avel to/from Aust	ın during	)	
ı <u></u>	X Political			legisiative session			
Non-Political	`	of Texas. Complete Schedule T.					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
	•						

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form.				
1 Total pages So	chedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 47/60 R	pt:	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4 CREDIT CARI	D		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$	6,219.3	32	
6 PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$572.40	06/10/2025					
7 PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		American Airlines		1 Skyview Drive				
				Fort Worth, TX 76155				
8 PURPOSE OF		(a) Category		(b) Description				
EXPENDITUR		(See Categories listed at the top	of this schedule)	Officeholder travel to Austin during legislative session				
X Political		Travel Out of District		Omechoider traverto /	astiri daririg legi.	sidiive see	31011	
Non-Polit	tical	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense		
9 Complete ONL				e sought	Office held			
expenditure to benefit C/OH			· ·					
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$568.96	06/24/2025					
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				1 Skyview Drive				
		American Airlines						
				Fort Worth, TX 76155				
PURPOSE OF EXPENDITUR		(a) Category (See Categories listed at the top	of this schodule)	(b) Description  Office helder round trip travel to/from Auctin during				
I 👝	(E	Travel Out of District	or tris scriedule)	Officeholder round trip travel to/from Austin during legislative session				
X Political				legisiative session				
Non-Poli		(7)	of Texas. Complete Schedule T.		TX, officeholder living ex	kpense		
Complete <u>ONL</u>		Candidate/Officeholder	name Office	e sought	Office held			
expenditure to be	enefit C/OH							
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$1,546.25	01/14/2025	03/03/2025				
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
IAILL		(a) Payee name			City,	State,	Zip Code	
		Austin Land & Cattl	le	1205 N Lamar Blvd				
				Austin, TX 78703				
PURPOSE OF	F	(a) Category		(b) Description				
EXPENDITUR	RE	(See Categories listed at the top	•	Officeholder staff meeti	ing			
X Political		Food/Beverage Expe	nse		-			
Non-Poli	Non-Political (c) Check if travel outside of Texas. Complete Schedule			Check if Austin,	TX, officeholder living ex	kpense		
Complete ONL	Complete ONLY if direct Candidate/Officeholder name			e sought	Office held			
expenditure to be	enefit 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 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: 48/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,219.3	32			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid					
	\$676.31	06/26/2025								
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code			
	Big Frog Custom T-	-Shirts	1900 Long	ı Prairie Rd, Sui	te 104					
			Flower Mound, TX 75022							
8 PURPOSE OF	(a) Category	of this calcadula)	(b) Descripti							
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	or triis scriedule)	Campaign	T-shirts for volu	ınteers					
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	Candidate/Officeholder name Office so			Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid					
	\$102.22	01/16/2025	03/03/202	5						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Capitol Gift Shop		1400 North	n Congress						
			Austin, TX	78701						
PURPOSE OF	(a) Category		(b) Descripti							
EXPENDITURE	(See Categories listed at the top		Donation of silent auction items							
X Political	Contributions/Donatio	er/Political Committee								
Non-Political	(*)	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		T	1							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 05/03/202	Credit Card Issuer 5	Paid					
	\$159.89	04/03/2025	03/03/202	5						
PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code			
			1400 North	n Congress						
	Capitol Gift Shop									
			Austin, TX	78701						
PURPOSE OF	(a) Category			ion						
EXPENDITURE	(See Categories listed at the top of this schedule) Contributions/Donations Made By			of silent auction	items					
X Political	Candidate/Officeholde	nittee								
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.									
Complete ONLY if direct	Y if direct Candidate/Officeholder name C				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 thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
l	Sch: 49/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	6,219.3	32
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	<sup>·</sup> Paid		
		\$324.75	06/02/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Capitol Gift Shop		1400 North	n Congress			
L				Austin, TX				
8	PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Officeholde	er staff apprecia	ation gifts		
	X Political		'					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
				e sought		Office held		
e	expenditure to benefit C/OH	T	1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$44.95	01/07/2025	02/03/2023	5			
H	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
		Chick-Fil-A		503 W Mar	tin Luther King	, Jr. Blvd		
				Austin, TX	78701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	*	(b) Description	on er staff meeting			
	X Political	Food/Beverage Expe	nse					
L	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		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C 03/03/2025	Credit Card Issuer	Paid		
		\$334.97	01/14/2025					
r	PAYEE	(a) Payee name	l	(b) Payee ac	ldress;	City,	State,	Zip Code
		01:15:14		503 W Mar	tin Luther King	, Jr. Blvd		
		Chick-Fil-A						
L				Austin, TX				
	PURPOSE OF	(a) Category	of this echodulo)	(b) Description				
	X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense		Food for vi	sitors on first da	ay of session		
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule		' г	Check if Austin, TX,	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	■	Office held		
E	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 (Ethic	cs Commiss	sion Filers)	
	Sch: 50/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	\$	6,219.3	32	
6	PAYMENT	(a) Amount Charged \$20.10	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid			
7	PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; 503 W Martin Luther King Austin, TX 78701	City, g, Jr. Blvd	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Officeholder staff meeting	g			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			(, officeholder living exp	ense			
expenditure to benefit C/OH			e sought	Office held				
	PAYMENT	(a) Amount Charged \$67.04	(b) Date of Charge 01/23/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid			
	PAYEE	PAYEE (a) Payee name Chick-Fil-A		(b) Payee address; 503 W Martin Luther King Austin, TX 78701	City, g, Jr. Blvd	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description Officeholder staff meeting	g			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$51.74	(b) Date of Charge 02/05/2025	(c) Date(s) Credit Card Issue 03/03/2025	er Paid			
	PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; 503 W Martin Luther King Austin, TX 78701	City, g, Jr. Blvd	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Officeholder staff meeting	g			
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T		·		(, officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH				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 (Ethic	cs Commiss	sion Filers)					
Sch: 51/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$91.45	02/20/2025	04/03/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Chick-Fil-A		503 W Martin Luther King	, Jr. Blvd							
			Austin, TX 78701								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
X Political	Food/Beverage Exper	*	Officeholder staff meeting								
Non-Political	(c) Should define a substant of the substant o			officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$13.14	03/25/2025	05/03/2025								
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Chick-Fil-A		503 W Martin Luther King	, Jr. Blvd							
			Austin, TX 78701								
PURPOSE OF	(a) Category	of this cohodule)	(b) Description								
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	*	Officeholder staff meeting								
X Political	L										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid							
	\$58.36	03/26/2025	05/03/2025								
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code					
			503 W Martin Luther King	, Jr. Blvd							
	Chick-Fil-A										
			Austin, TX 78701								
PURPOSE OF	(a) Category		(b) Description								
	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense		Officeholder staff meeting	l							
X Political	X Political Poou/Beverage Expense										
Non-Political (c) Check if travel outside of Texas. Complete Schedule			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							
	<u>l</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:	2 FILER NAME	3 Filer ID (Ethi	cs Commiss	sion Filers)						
Sch: 52/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$72.90	04/16/2025	06/03/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Chick-Fil-A		503 W Martin Luther King	ı, Jr. Blvd						
			Austin, TX 78701							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Food/Beverage Exper	· ·	Officeholder staff meeting	1						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$88.20	(b) Date of Charge 05/08/2025	(c) Date(s) Credit Card Issue 06/03/2025	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Chick-Fil-A		503 W Martin Luther King	ı, Jr. Blvd						
			Austin, TX 78701							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Officeholder staff meeting							
X Political										
Non-Political	· · · —	of Texas. Complete Schedule T.		officeholder living exp	ense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
PAYMENT	(a) Amount Charged \$66.79	(b) Date of Charge 05/20/2025	(c) Date(s) Credit Card Issue	r Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	(a) Payee name		503 W Martin Luther King	•	State,	Zip Code				
	Chick-Fil-A		303 W Martin Lutilei King	, Jr. Bivu						
			Austin, TX 78701							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	•	Officeholder staff meeting	J						
X Political	Food/Beverage Exper	nse 								
Non-Political	`	of Texas. Complete Schedule T.		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.	- · · · <u>-</u> · · (• · · · · · · · · · · · · · · · ·		,
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 53/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)	00058399			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	6,219.3	32
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$33.54	06/02/2025				
7 PAYEE	(a) Payee name Chick-Fil-A		(b) Payee address; 503 W Martin Luther Kin	City, g, Jr. Blvd	State,	Zip Code
			Austin, TX 78701			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description			
EXPENDITURE	Food/Beverage Exper		Officeholder staff meetin	ıg		
X Political	· · · · · · · · · · · · · · · · · · ·					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$47.29	06/26/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Chick-Fil-A		503 W Martin Luther Kin	g, Jr. Blvd		
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE    X   Political	(See Categories listed at the top Food/Beverage Exper		Officeholder staff meetin	g		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$584.94	(b) Date of Charge 01/16/2025	(c) Date(s) Credit Card Issu 03/03/2025	er Paid		
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code
			300 East 4th St.			
	Courtyard By Marri	ott				
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Officeholder staff lodging	g during session		
X Political	Traver Out or District					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, 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 Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)						
Sch: 54/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399							
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32					
6 PAYMENT	(a) Amount Charged \$109.02	(b) Date of Charge 01/30/2025	(c) Date(s) Credit Card Issuel 03/03/2025	r Paid							
7 PAYEE	(a) Payee name (b) Payee address; 300 East 4th St.			City,	State,	Zip Code					
			Austin, TX 78701								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Officeholder lodging during			g session							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Cradit Card Issue	r Doid							
PAYMENT	(a) Amount Charged \$463.40	(b) Date of Charge 02/21/2025	(c) Date(s) Credit Card Issue 04/03/2025	rPalu							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Courtyard By Marri	ott	300 East 4th St.								
			Austin, TX 78701								
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Officeholder staff lodging	during session							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	ansa						
Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$659.47	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issue 03/03/2025	r Paid							
PAYEE	(a) Payee name Cristina's		(b) Payee address; 360 E Round Grove Rd. Lewisville, TX 75067	City,	State,	Zip Code					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Description Catering for officeholder staff event								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held											

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,	
1 Total pages Schedule F4:	ges Schedule F4: 2 FILER NAME					cs Commiss	sion Filers)	
Sch: 55/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)		00058399				
4 CREDIT CARD ISSUER	Name of final see pi	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	6,219.3	32		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid			
	\$260.73	06/17/2025						
7 PAYEE	(a) Payee name (b) Payee address; 2921 Country Club Rd #1			City, 02	State,	Zip Code		
0. PURPOSE OF	(a) Catagony			TX 76210				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ship support				
X Political	Contributions/Donatio		Эропзог	snip support				
Non-Political	Candidate/Officeholde			Oha alla if Assatia, TV	-#			
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.  name Office	e sought	Crieck ii Austiri, 1X,	officeholder living exp	Jense		
expenditure to benefit C/OH			o coug		Oooo.u			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	<sup>-</sup> Paid			
	\$32.00	01/13/2025	03/03/20	25				
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	DFW Airport Parkin	a	3200 E Airfield Drive					
	2	9	DEW Air	port, TX 75261				
PURPOSE OF	(a) Category		(b) Descri					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Airport parking for officeholder travel					
X Political	Fees							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid			
	\$131.00	05/02/2025	06/03/20					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	DEVA Aires and Davidio	_	3200 E A	Airfield Drive				
	DFW Airport Parkin	g						
	(a) Cataman			port, TX 75261				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion arking for officeho	older travel			
X Political	Fees		/ inport po	and of officers	JIGGI TIUVGI			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp	nense		
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Creck ii Austili, 1X,	Office held	,		
expenditure to benefit C/OH		2	. 3					
	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: 56/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDITU CHARGED CARD		\$	6,219.3	32				
6	PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 05/04/2025	(c) Date(s) Cre 06/03/2025	c) Date(s) Credit Card Issuer Paid 06/03/2025							
7	PAYEE	(a) Payee name  DFW Airport Parkin	3200 E Airfield Drive			City,	State,	Zip Code				
8	PURPOSE OF	(a) Category		DFW Airport, (b) Description								
	EXPENDITURE  X Political	(See Categories listed at the top Fees	or this schedule)	Airport parkir	ng for officeho	older travel						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living exp	ense					
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
е	expenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid						
		\$160.00	05/09/2025	06/03/2025								
PAYEE (a) Payee name		I	(b) Payee addr	ess;	City,	State,	Zip Code					
		DFW Airport Parkin	ng	3200 E Airfie	ld Drive							
				DFW Airport,	TX 75261							
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Airport parkir	ng for officeho	older travel						
	Non-Political	(a) Chook if traval autoida	of Texas. Complete Schedule T.	<u> </u>	Shook if Austin TV	officeholder living over	onco					
H	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Meck ii Austiii, 1A,	officeholder living exp	lense					
е	expenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged \$128.00	(b) Date of Charge 05/16/2025	(c) Date(s) Cre	dit Card Issuer	Paid						
Г	PAYEE	(a) Payee name	•	(b) Payee addr	ess;	City,	State,	Zip Code				
		DFW Airport Parkin	ng	3200 E Airfie	ld Drive							
				DFW Airport,	TX 75261							
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees		of this schedule)	(b) Description Airport parkir	ng for officeho	older travel							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Theck if Austin TV	officeholder living exp	ense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	•	e sought	ZIECK II AUSUII, 1A,	Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete t	his form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers			
	Sch: 57/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)	00058399					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	<b>\$</b> 6,219.32			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$3.00	06/24/2025						
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		DFW Airport Parkin	g	3200 E Ai	irfield Drive				
				<u> </u>	ort, TX 75261				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Airport pa	tion Irking for officeho	older travel			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	sought	<b></b>	Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$31.30	05/11/2025						
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		HEB Curbside		646 S. Flo	ores St.				
				San Antonio, TX 78204					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Refreshments for Capitol office for staff and visitors					
	X Political	Office Overhead/Rent	al Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	sought		Office held			
ex	xpenditure to benefit C/OH	( ) )		1 ( ) = . ( )					
	PAYMENT	(a) Amount Charged \$477.91	(b) Date of Charge 05/19/2025	(c) Date(s)	Credit Card Issuer	r Paid			
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		UED Combaida		646 S. Flo	ores St.				
		HEB Curbside							
					nio, TX 78204				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion ents for Capitol (	office for staff	and vicita	rc	
	X Political	Office Overhead/Rent		Reliesiiii	еніз іог Сарііог	onice for stair	anu visito	15	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	ONLY if direct Candidate/Officeholder name Office 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 (Ethics Commission Filers)						
Sch: 58/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)			00058399						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	6,219.3	32				
6 PAYMENT	(a) Amount Charged \$112.94	(b) Date of Charge 05/31/2025	(c) Date(s)	Credit Card Issue	r Paid						
	Ψ112.94	03/31/2023									
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code				
	HEB Curbside		646 S. FI	ores St.							
				nio, TX 78204							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren	· · · · · · · · · · · · · · · · · · ·	(b) Descrip Refreshm		l office for staff and visitors						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid						
	\$750.00	03/13/2025	05/03/20	25							
PAYEE (a) Payee name		(b) Payee	address;	City,	State,	Zip Code					
	Meals on Wheels		P.O. Box 903								
	Wiedis on Whieeis		Decatur.	TX 76234							
PURPOSE OF	(a) Category		(b) Descrip								
EXPENDITURE	(See Categories listed at the top		Sponsorship support								
X Political	Contributions/Donation Candidate/Officehold	er/Political Committee									
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 Office	e sought		Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
	\$432.53	03/11/2025	05/03/20	25							
PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code				
	LIED Curboido		646 S. FI	ores St.							
	HEB Curbside										
				nio, TX 78204							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	nents for Capitol	office for staff	and vicita	arc				
X Political	Office Overhead/Ren	•	Reliesilli	ень ю Сарко	Unice for Stall	ariu visil0	no.				
Non-Political	(c) Chock if traval autoida	of Toyac Complete Schodule T		Chock if Austin TV	officeholder living ave	oonso					
Complete ONLY if direct	(c) Check if travel outside  Candidate/Officeholder	of Texas. Complete Schedule T.  name Office	e sought	CHECK II AUSUII, TX,	officeholder living exp	JEIISE					
expenditure to benefit C/OH					oooiu						
	ı										

## 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: 59/60 Rpt:	Parker IV, Nathanie	el W. (The Honorable)				00058399					
4	CREDIT CARD ISSUER		ncial institution revious	EXP	ENDI ARGE	F UNITEMIZED TURES D TO A CREDIT	\$ 6,219.32					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid					
		\$260.79	03/20/2025	05/03/	/2025	5						
7	PAYEE	(a) Payee name		(b) Pay	ee ad	dress;	City,	State,	Zip Code			
		HEB Curbside		646 S.	. Flor	es St.						
						o, TX 78204						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Des								
	X Political	Office Overhead/Rent		Refres	shme	nts for Capitol (	office for staff a	rs				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	, officeholder living expense					
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held					
e	xpenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid					
		\$263.73	05/07/2025	06/03/	/2025	)						
PAYEE (a) Payee name		(b) Pay	ee ad	dress;	City,	State,	Zip Code					
		Winning the Fight		3004 (	Oxfor	d Ct						
				Flower Mound, TX 75028								
	PURPOSE OF	(a) Category		(b) Des	criptio	on						
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Sponsorship support								
	X Political	Candidate/Officeholde										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held					
e	xpenditure to benefit C/OH											
	PAYMENT	(a) Amount Charged	(b) Date of Charge	` '	٠,,	redit Card Issuer	Paid					
		\$402.00	01/03/2025	02/03/	/2025	)						
H	PAYEE	(a) Payee name	l	(b) Pay	ee ad	dress;	City,	State,	Zip Code			
				208 S	outh .	Agnew St.						
		Wise County Reput	olican Women									
				Boyd,	TX 7	6023						
	PURPOSE OF	(a) Category		(b) Des								
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Spons	orshi	p support						
	X Political	Candidate/Officeholde										
L	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	•	THEN (enter a category	not iisteu a	bove)	
1	Total pages Schedule F4:	3 Filer ID (Ethics	S Commiss	sion Filers)				
	Sch: 60/60 Rpt:		el W. (The Honorable)		00058399			
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	6,219.3	32	
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 01/31/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid			
7	PAYEE	(a) Payee name (b) Payee address; 11617 North Central Expy,			City, , Suite 240	State,	Zip Code	
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
<b>9</b>	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$1,813.52	(b) Date of Charge 01/03/2025	(c) Date(s) Credit Card Issuel 02/03/2025	r Paid			
	PAYEE (a) Payee name  Den. Co. Rep. Lin. Cab. PAC		Cab. PAC	(b) Payee address; 4120 Austin Circle	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		Sanger, TX 76266  (b) Description  Sponsorship support for F	reedom Dinner			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$1,639.00	(b) Date of Charge 01/03/2025	(c) Date(s) Credit Card Issuer 02/03/2025	r Paid			
	PAYEE	Denton County Republican Party		(b) Payee address; 2921 Country Club Rd #10 Denton, TX 76210	City, 02	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 Sponsorship support for L				
L	Non-Political	(*/ 🗖	of Texas. Complete Schedule T.		officeholder living exper	nse		
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
l								

# 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: 106/106 2 FILER NAME Filer ID (Ethics Commission Filers) Parker IV, Nathaniel W. (The Honorable) 00058399 5 Name of person from whom amount is received 8 Amount (\$) 02/18/2025 \$3,500.00 The Prosper Group 6 Address of person from whom amount is received; City; State; Zip Code Greenwood, IN 46142 Purpose for which amount is received Check if political contribution returned to filer refund of unused advertisement expense