CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		Filer ID (Ethics Commis 00086108	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	IRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Nathaniel			Date Received	
					ELECTRONICA	JIY FII FD
	NICKNAME			CLIEFIX	07/15/2025	
		.AST Schatzline		SUFFIX	01713/2023	
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 162564					
ADDRESS					Receipt #	Amount
Change of Address	Fort Worth, TX 76161				2 . 2	
	·				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS/MRS/MR F	IRST		MI	<u> </u>	
TREASURER		drienne Bradl	oigh	1411		
NAME	IVII 5.	unenne braur	eigii			
	NIOIALANE					
		AST Schatzline		SUFFIX		
		cnatziine				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE);	APT	// SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	P.O. Box 162564					
(Residence or Business)						
	Fort Worth, TX 76161					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	VTENCION			
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(469) 337-9547					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after can	nnaign treasurer
		con day before		L	appointment (offic	
	X July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	imary	Runoff	Other	
	03/03/2026	□Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
II OITIOL	State Representative Distric	t 93 Tarrant		State Represent		
	2					
		GO T	O PAGE 2			
1						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 42

13 C / OH NAME	14 Filer ID (E 00086108	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	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 LOANS	5)	\$ 45,843.50
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 19,754.45
CONTRIBUTION BALANCE	REPORTING PE			\$ 179,181.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 40,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hanese	hia Niadharrial Gabadail	·
			ble Nathaniel Schatzl Candidate or Officehold	
AFFIX NO:	TADV STAMD / SEAL ADA	Ç	Candidate of Officeriola	CI
	TARY STAMP / SEAL ABO			
		aidertify which, witness my hand and seal of office.	, this the	day
01	, 20, 10 00	ently which, withess my hand and sear 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 42
_	ER NAN		19 Filer ID	(Ethi	ics Commission Filers)
Sc	hatzline	e, Nathaniel (The Honorable)	00086108		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	45,843.50
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.	X	\$	40,635.00		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	19,754.45
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION		\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
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	\$		
12.	. Х	\$	1,625.00		
				•	

	MONET	IETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/42	
2	FILER NAME Schatzline, N	Jathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
4	Date 06/23/2025	 Full name of contributor out-of-state PAC (ID# Abusaad, Nazeh Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$200.00
8	Principal occur Self Employe	Richardson, TX 76082 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#Akowski, Melinda Contributor address; City; State; Zip Code Fort Worth, TX 76126)		Amount of Contribution (\$)	\$104.43
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u> </u>		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID# Arenz, John Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$104.43
	Principal occu unemployed	North Richland Hills, TX 76182 pation / Job title (See Instructions)		Employer (See Instructions unemployed	<u> </u> s)		
Date Full name of contributor out-of-state PAC (06/23/2025 Bennett, Montgomory Contributor address; City; State; Zip Code		Bennett, Montgomory)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Ashford Inc.	<u>I</u> S)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID# Brice, James Contributor address; City; State; Zip Code Fayetteville, NC 28306			•	Amount of Contribution (\$)	\$104.43
	Principal occu Minister	pation / Job title (See Instructions)		Employer (See Instructions CLC	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/42	
2	FILER NAME Schatzline, N	Nathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
4	Date 06/30/2025	5 Full name of contributorBrown, Asher6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$208.54
_	5	Leander, TX 78641	10		<u></u>		
8	Legislative A			Employer (See Instructions Texas House of Repres			
	Date 06/24/2025	Full name of contributor Bruce, Robert Contributor address; City; Sta)		Amount of Contribution (\$)	\$1,000.00
		Boerne, TX 78006			<u></u>		
		pation / Job title (See Instructions) adcast Production		Employer (See Instructions Self-Employed	5)		
	Date 06/23/2025	Full name of contributor Carter, Jeffrey Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Dringing con	Streetman, TX 75859	. — т	Employer (Coo Instructions	<u></u>		
	Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self Employed	·)		
	Date 06/23/2025	Full name of contributor Chalaki, Shahed Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 06/30/2025	Full name of contributor Curry, Patrick Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$520.88
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/42	
2	FILER NAME Schatzline, N	Nathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	n Filers)
4	Date 06/30/2025	Davis, Timothy	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_		Southlake, TX 76092					
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Cantey Hanger LLP	i) 		
	Date 06/27/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$52.37
		Euless, TX 76039		5 1 (0 1 1 1	_		
	Chief of Staff	pation / Job title (See Instructions) f	Employer (See Instructions House of Representative				
	Date 06/30/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$52.37
		Fort Worth, TX 76116					
	Principal occu Social Scient	pation / Job title (See Instructions) tist		Employer (See Instructions TCU	5)		
	Date 06/30/2025	Fite, Ralph				Amount of Contribution (\$)	\$364.71
	Principal occu SVP Finance	pation / Job title (See Instructions)		Employer (See Instructions Welcome Group	5)		
	Date 06/27/2025	Forbes, Matt	of-state PAC (ID#:			Amount of Contribution (\$)	\$26.35
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed	i)		
			•				

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/42	
2	FILER NAME	Nathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
_					Ļ		
4	Date 06/26/2025	5 Full name of contributorGalloway, John6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$26.35
		Arlington, TX 76011					
8	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	<u>. </u>		
_	Marketing	pation, our time (eee mendelone		Ferrovial US			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/23/2025	Gore, Rex					\$2,000.00
		Contributor address; City; S	tate; Zip Code		1		
	Δustin TX 78735						
	Delegale at a second	Austin, TX 78735	<u>.</u>	Formular var (Octobration	<u></u>		
	unemployed	pation / Job title (See Instructions	5)	Employer (See Instructions unemployed	5)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#0 F00 00
	06/23/2025	Gravely , Marc					\$2,500.00
		Contributor address; City; S	tate; Zip Code				
		Frisco, TX 75033					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Self Employe	,	´	Self Employed	•		
	Date	Full name of contributor	out-of-state PAC (ID#:	. ,	Т	Amount of Contribution (\$)	
	06/30/2025	Hilliard, Paula	U out-of-state FAC (ID#	J		Amount of Continuation (4)	\$25.00
	00/30/2023	Contributor address; City; S	tato: Zin Codo		1		Ψ23.00
		Contributor address, City, S	iale, Zip Code				
		San Antonio, TX 78260					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	unemployed			unemployed			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/26/2025	Hinojosa, John					\$52.37
		Contributor address; City; S	tate; Zip Code		1		
		Fort Worth, TX 76244					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Sr. Associate			Santander			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/42	
2	FILER NAME Schatzline, N	Jathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	ı Filers)
4	Date 06/30/2025	5 Full name of contributor Hootman, Joe6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$26.35
8	Principal occur	Austin, TX 78758 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>.</u>		
•	unemployed			unemployed	,		
	Date 06/29/2025	Full name of contributor Hoverman, TJ Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.35
		Fort Worth, TX 76108					
	Principal occupation / Job title (See Instructions) Engineer			Employer (See Instructions Lockheed Martin	5)		
	Date 06/26/2025	Full name of contributor Isom, Carolyn Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.73
		Haslet, TX 76052					
	Principal occu Clerk	pation / Job title (See Instructions)		Employer (See Instructions USPS	()		
Date 06/30/2025		Full name of contributor Jimenez, Mirella Contributor address; City; State Amarillo, TX 79118				Amount of Contribution (\$)	\$52.37
	Principal occu Sales Associ	pation / Job title (See Instructions)		Employer (See Instructions Street VW	5)		
	Date 06/26/2025	Full name of contributor Jimenez , Ruben Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$52.37
	Principal occup unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/42	
2	FILER NAME	Jothanial (The Henerable)			3	Filer ID (Ethics Commission	n Filers)
_		Nathaniel (The Honorable)			L	00086108	
4	Date 06/30/2025	5 Full name of contributorKim, Alexander6 Contributor address; City; S	out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76111					
8	Principal occu Judge	pation / Job title (See Instructions	(5)	Employer (See Instructions State of Texas	s)		
	Date 06/30/2025	Full name of contributor King, Randy Contributor address; City; S	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$26.35
		Euless, TX 76039					
	Principal occu unemployed	pation / Job title (See Instructions	(3)	Employer (See Instructions unemplyed	S)		
	Date 06/30/2025	Full name of contributor Leist, Erik Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Keller, TX 76248					
	Principal occu Consultant	pation / Job title (See Instructions	(3)	Employer (See Instructions Self-Employed	5)		
	Date 06/29/2025	Full name of contributor Levitt, Charles Contributor address; City; S Haltom City, TX 76137	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$52.37
	Principal occu unemployed	pation / Job title (See Instructions	5)	Employer (See Instructions unemployed	5)		
	Date 06/29/2025	Full name of contributor McCarty, Julie Contributor address; City; Si Grapevine, TX 76051	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu Real Estate	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	s)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/42	
2	FILER NAME Schatzline, N	Jathaniel (The Honorable)				3	Filer ID (Ethics Commission 00086108	n Filers)
4	Date 06/26/2025	5 Full name of contributor Medeiros, Joshua6 Contributor address; City; St.	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.52
8	Principal occup	Austin, TX 78758 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	 - s)		
	Date 06/23/2025	Full name of contributor Metroplex Republican Wo Contributor address; City; St)		Amount of Contribution (\$)	\$500.00
	Principal occu	Bedford, TX 76021 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 06/26/2025	Full name of contributor Moore, Joshua Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$52.37
		Willow Park, TX 76087						
	Principal occup	pation / Job title (See Instructions tor)		Employer (See Instructions Representative Nate Sc	•	zline	
	06/25/2025 Morris, Cooper Contributor address; City; State; Zip Code		out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.73
	Principal occu Intern	Fort Worth, TX 76116 pation / Job title (See Instructions			Employer (See Instructions City of Fort Worth	<u>l</u> 5)		
	Date 06/25/2025	Full name of contributor Nastaran, Safdarian Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occup Self Employe	pation / Job title (See Instructions ed			Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/42	
2	FILER NAME Schatzline, N	Nathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
4	Date 06/30/2025	5 Full name of contributor Posey, Jake6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Georgetown, TX 78633		5 1 (2 1 1 1	<u></u>		
8	Attorney	pation / Job title (See Instructions) 9	Employer (See Instructions The Posey Law Firm	5)		
	Date 06/30/2025	Full name of contributor Rauch, Erick Contributor address; City; St				Amount of Contribution (\$)	\$10.73
	Principal occur	Fort Worth, TX 76137 pation / Job title (See Instructions		Employer (See Instructions) 		
	unemployed	panon, cos ano (cos menasas).	,	unemployed	,		
	Date 06/26/2025	Full name of contributor Ray, Ruth Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76244					
	Principal occu Political Dire	pation / Job title (See Instructions ctor)	Employer (See Instructions Tarrant County	5)		
	Date 06/30/2025	Full name of contributor Rhodes, Fran Contributor address; City; St Fort Worth, TX 76244	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions True Texas Project	5)		
	Date 06/26/2025	Full name of contributor Roberts, Scott Contributor address; City; St Haltom City, TX 76117	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Team R	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/42	
2	FILER NAME	Nathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
4	Date	5 Full name of contributor		1	-	Amount of Contribution (\$)	
4	06/23/2025	Rodriguez, Mario 6 Contributor address; City; S	out-of-state PAC (ID#:	_	'	Amount of Continuution (\$)	\$500.00
		Cedar Hill, TX 75104	,				
8	Principal occu	pation / Job title (See Instruction:	5)	9 Employer (See Instructions	<u>-</u> S)		
	Self Employe	ed		Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	06/27/2025	Russo, Christopher	Out of state 1 AC (ID#	<i></i>		γ unduit or Contribution (φ)	\$52.37
	00/21/2020		toto: 7in Codo		ł		Ψ02.01
		Contributor address; City; S	tate, Zip Code				
		El Lago, TX 77586					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s) 		
	President	patient 7 000 title (000 metradion		Strong Borders Founda			
	Data	Full name of contributor			Т		
	Date 06/30/2025	Schatzline, Karen	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,041.44
	00/30/2023		4-4 7'- O-4-		ł		Ψ1,041.44
		Contributor address; City; S	tate; zip Code				
		Southlake, TX 76092					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> S)		
		thor, Health Coach		Two Crazy Dreamers LI			
					Ť	Amount of Contribution (A)	
	Date 06/24/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦE Ε <i>1</i>
	00/24/2025	Schatzline, Nate					\$5.54
		Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76244					
	Principal occu	pation / Job title (See Instruction:	3)	Employer (See Instructions	2) 		
	Pastor	pation, oop the (oop metachen	,	Mercy Culture Church	٠,		
		Full control of a control of the con			_	Δ	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ ንፑስ ስስ
	06/26/2025	Scherer, Daniel					\$250.00
		Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76244					
	Dringinal occur	pation / Job title (See Instruction:	<u>-)</u>	Employer (See Instructions	5) 		
	Flight Dispat		<i>>)</i>	SW Airlines	رد		
	י יישיוני טוטףמנ	.GHGI					

	MONET	ARY POLITICAL C	IS		SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/42	
2	FILER NAME Schatzline, N	Nathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
4	Date 06/23/2025	6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Heath, TX 75032 pation / Job title (See Instructions)	Employer (See Instructions	-, 			
Ū	Self Employe		Self Employed	',			
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Smith, Gail Ann Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$104.43
	Fort Worth, TX 76244						
	Principal occupation / Job title (See Instructions) Employer Realtor/Owner Presenc				5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Stanton, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
		Dallas, TX 75225			_		
	Self Employe	pation / Job title (See Instructions) ed)	Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Tarrant County Patriots PAC Contributor address; City; State; Zip Code Fort Worth, TX 76131				Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Taylor, Mark Contributor address; City; State; Zip Code Fort Worth, TX 76111					Amount of Contribution (\$)	\$104.43
	Principal occu Unemployed	pation / Job title (See Instructions))	Employer (See Instructions Unemployed	5)		
			·				

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this forn	ı.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/42	
2	FILER NAME Schatzline, N	lathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
4	Date 06/26/2025	5 Full name of contributor)	7	Amount of Contribution (\$)	\$520.88
		Fort Worth, TX 76114	1				
8	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Texans United for a Conservative Majority Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$10,000.00
	Principal occu	Victoria , TX 77901 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 06/25/2025					Amount of Contribution (\$)	\$5,000.00
_	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 06/25/2025	Full name of contributor Texas Gun Rights PAC Contributor address; City; State Weatherford , TX 76086	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor Thurston, Fred Contributor address; City; State Fort Worth, TX 76244	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.35
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONEI	ARY POLITICAL (SCHEDU	SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/42	
2	FILER NAME Schatzline, N	Nathaniel (The Honorable)			3	Filer ID (Ethics Commission 00086108	on Filers)
4	Date 06/30/2025	5 Full name of contributor		/	7	Amount of Contribution (\$)	\$2,000.00
8	Princinal occu	Roanoke, TX 76262 pation / Job title (See Instructions	Employer (See Instructions	<u>=)</u>			
0	Insurance A			Buffer Insurance	> <i>)</i>		
	Date Full name of contributor out-of-state PAC (ID#:) Vazquez, Cindy Contributor address; City; State; Zip Code Mansfield, TX 76063			Amount of Contribution (\$)	\$10.73		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	unemployed		,	unemployed	,		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$104.43	
		Llano, TX 78643					
	Principal occu Unemployed	pation / Job title (See Instructions)	Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 06/25/2025 Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77055					Amount of Contribution (\$)	\$2,500.00
	Principal occu Senior Chair	pation / Job title (See Instructions man)	Employer (See Instructions Texans for Lawsuit Refe		1	
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 White, David Contributor address; City; State; Zip Code Austin, TX 78746					Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Public Blueprint	5)		
			•				

The Instruction Guid FILER NAME Schatzline, Nathaniel (*)	de explains how to complete this f			1					
		The Instruction Guide explains how to complete this form.							
	The Honorable)		3	Filer ID (Ethics Commission Filers) 00086108					
06/25/2025 Willems	ne of contributor	7	Amount of Contribution (\$) \$104.4						
Scottsd 8 Principal occupation / Job	dale, AZ 85260 title (See Instructions)	9	Employer (See Instructions	 					
Chief of Staff			MCSO	,					

	LOANS					SCHEDULE E
	The Instruction	·	ages Schedule E: /1 Rpt: 17/42			
	FILER NAME Schatzline, Nath	naniel (The Honorable)				(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$
	Date of loan 06/26/2025	7 Name of lender out-	of-state PAC (D#:	,	9 Loan Amount (\$) \$40,635.00
	Is lender a financial institution? No	8 Lender address; City; Fort Worth, TX 76244	State;	Zip Code		10 Interest Rate 0 11 Maturity Date 06/26/2030
12	Principal occupation	on / Job title (See Instructions)	113	B Employer (See Instructions)	00/20/2030
	Pastor	5117 002 tale (000 metacaene)		Mercy Culture Church	,	
	Description of Coll X None	ateral	15	Check if personal funds we	re deposite	d into political account (See Instructions)
	GUARANTOR	17 Name of guarantor	<u> </u>			19 Amount Guaranteed (\$)
	INFORMATION X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on	22	L Employer (See Instructions	·)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 18/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	02/20/2025	7-ELEVEN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.24	613 Congress Avenue
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Event
		Stati Livino
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	•	
	Date	Payee name
	05/15/2025	7-ELEVEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.62	613 Congress Avenue
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Event
		Stan Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•
	Date	Payee name
	05/28/2025	7-ELEVEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.99	613 Congress Avenue
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Event
		Stall Everit
	Compulate ONU V if alice	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbur

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 2/24 Rpt: 19/42	Schatzline, Nathaniel (The Honorable) Cettics Commission Files) 00086108
4	Date	5 Payee name
	01/08/2025	AGA Service Company
6	Amount (\$) \$58.82	7 Payee address; City; State; Zip Code 9950 Maryland Drive Henrico, VA 23233
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 Travel Expense on Official Business
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2025	Allianz
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.10	PO Box 72031
		Richmond, VA 23255
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Expense for Official Business
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/13/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.78	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/24 Rpt: 20/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	03/03/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$150.47	410 Terry Ave. N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	01/08/2025	American Airlines
┝		
	Amount (\$) \$893.96	
	Ф093.90	1 Skyview Drive
		Fout Mouth, TV 764FF
		Fort Worth, TX 76155
	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Official Business Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/19/2025	American Heritage and History Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 10388
		Conway, AZ 72034
	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
		Ten Commandments Monument for Tarrant County
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comr Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	•		pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1: Sch: 4/24 Rpt: 21/42		E , Nathaniel (The H	lonorable)					Filer ID 00086108	(Ethics Commission Filers)	
4	·			valuation (The Honorable)							
4	Date 01/02/2025	5 Payee name Anchora P	e roperties LLC.								
6	Amount (\$)	7 Payee addr	Payee address; City; State; Zip Code								
	\$3,337.50	309 E. Bro	ad Street								
		Mansfield	, TX 76063								
8	PURPOSE	(a) Category	See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expe				-		de of Texas. Com officeholder living	plete Schedule T.	
							Housing in Au			y expense	
							.				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	C	Office souç	ght			Office he	eld	
	Date	Payee name	e								
	02/03/2025	Anchora P	roperties LLC.								
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	de					
	\$1,712.50	309 E. Bro	ad Street								
		Mansfield	, TX 76063		<u>.</u>						
	PURPOSE OF		See Categories listed at the	top of this sche	edule)	(b)	Description	oute:	do of Tower Or	anlota Cahadula T	
	EXPENDITURE	Living Exp	enses						de of Texas. Com officeholder living	plete Schedule T. g expense	
							ഥ Austin Housir				
L											
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	C	Office sou	ght			Office he	eld	
	Date	Payee name	e								
	03/03/2025	Anchora P	roperties LLC.								
	Amount (\$)	Payee addr		State;	Zip Cod	de					
	\$1,712.50	309 E. Bro	ad Street								
		Mansfield	, TX 76063		<u> </u>						
	PURPOSE OF	l	See Categories listed at the	top of this sche	edule)	(b)	Description	ot-:	do of Tours O	onlote Cohodulo T	
	EXPENDITURE	Living Exp	ense				_		de of Texas. Com officeholder living	plete Schedule T. g expense	
							Austin Housir		·		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	C	Office souç	ght			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit

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/Political Committee Credit Card Payment		Committee Legal S	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<u> </u>			3 Filer ID	(Ethics Commission Filers)			
_	Sch: 5/24 Rpt: 22/42		aniel (The Honorable))		00086108	(Lanes Commission Files)			
4	Date	5 Payee name								
	04/01/2025	Anchora Propert	ies LLC.							
6	Amount (\$) \$1,712.50	7 Payee address;309 E. Broad StrMansfield , TX 7	reet	; Zip Cod	e					
8	PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	edule) (b) Description					
	OF EXPENDITURE	Living Expense			Check if travel	outside of Texas. Compl , TX, officeholder living e ng				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officehol	der name C	Office sough	ht	Office hel	d			
	Date	Payee name								
	05/01/2025	Anchora Propert	ies LLC.							
	Amount (\$)	Payee address;	City; State;	Zip Cod	e					
	\$1,747.50	309 E. Broad Str	reet							
		Mansfield , TX 7	6063							
	PURPOSE OF	(a) Category (See Cate	gories listed at the top of this sch	edule) (b) Description					
	EXPENDITURE	Living Expense				outside of Texas. Compl				
					X Check if Austin, TX, officeholder living expense Austin Housing					
					7100011	19				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officehol	der name C	Office sough	ht	Office hel	d			
	Date	Payee name								
	01/13/2025	Best Buy								
	Amount (\$)	Payee address;	City; State;	; Zip Cod	e					
	\$140.70	9600 S Interstate	e 35							
		Austin, TX 7874	3							
	PURPOSE OF		gories listed at the top of this sch	edule)	b) Description	outside of Town	ata Cabadula T			
	EXPENDITURE	Office Supplies				outside of Texas. Compl , TX, officeholder living o				
					Office Supplie		жение			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officehol	der name C	Office sough	ht	Office hel	d			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Gu	Salaries	/Wage	vages/Contract Labor OTHER (enter a category not listed above complete this form.						
		_			ide explains now to d	ompi	ete tilis lorili.	_				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 6/24 Rpt: 23/42		Schatzline,	Nathaniel (The	Honorable)				00086108			
4	Date 5 Payee name											
	01/21/2025		Cambria Ho	tel								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode						
	\$1,130.00		69 O St SW									
			•									
			Washington	DC, DC 20024								
Ļ	DUDD 005	_				100						
8	PURPOSE OF	(a)		e Categories listed at th	e top of this schedule)	(b)	Description					
	EXPENDITURE		Travel Out o	of District					de of Texas. Com officeholder living			
							Out of state to					
							out of otato t		or orr orriorar	Sacinoco		
Ļ	Commission ONII V if disposi	<u> </u>	Condidate/Offi		O#iss ss				Office he	- I - I		
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ugnt			Office he	eia		
	<u> </u>											
	Date		Payee name									
	04/11/2025		Capitol Gift	Shop								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode						
	\$352.90		1400 Congr	ess Ave. Suite E	1.006							
			Austin , TX	78701								
	DUDD005	_				Las						
	PURPOSE OF	(a)		e Categories listed at th		(b)	Description		d4.T O	whete Cohendrale T		
	EXPENDITURE	Ontri Wards/ Wellonals Expense					=	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
							Gift/Awards	,,	omoonoidoi nviilg	, oxponed		
_	Complete ONLY if direct	<u> </u>		ceholder name	Office so	uaht			Office he	7ld		
	expenditure to benefit C/OI		Januluale/Onic	centituel name	Office 30	ugni			Office fie	aiu		
	-	_										
	Date		Payee name									
	01/16/2025		Chick Fil A									
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode						
	\$250.98		12501 N MC) Рас Ехру								
			Austin, TX 7	'8758								
	PURPOSE	(2)				(h)	Description					
	OF	(a)		e Categories listed at th	e top of this schedule)	(0)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Event Exper	156			ш		officeholder living			
							Constituent C					
H	Complete ONLY if direct	(Candidate/Offic	ceholder name	Office so	uaht			Office he	eld		
	expenditure to benefit C/OI				253 50				200 110			
H												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 7/24 Rpt: 24/42	Schatzline, Nathaniel (The Honorable) 00086108					
4	Date	5 Payee name					
	03/04/2025	Chipotle					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$228.14	801 Congress Ave. Ste 100					
		Austin, TX 78701					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Staff Event					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	03/06/2025	Chipotle					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$14.45	801 Congress Ave. Ste 100					
		Austin, TX 78701					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Staff Event					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	4					
	Date	Payee name					
	06/25/2025	Donor Box					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$17.00	The Hearst Building, 53rd St.					
		Suite 900					
		San Francisco, CA 94103					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	X Check if Austin, TX, officeholder living expense					
		Donation Platform Fee					
	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/Politica Credit Card Payment		•	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 8/24 Rpt: 25/42	ı	Schatzline, Nathaniel (The Honorable)					00086108		
4	Date	5	Payee name							
	06/25/2025		Donor Box							
6	Amount (\$) \$17.00		Payee address; City; State; Zip Code The Hearst Building, 53rd St. Suite 900 San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheel Accounting/Banking	dule)	(b)	=	, TX,	de of Texas. Complete Schedule T. officeholder living expense m Fee		
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	ght			Office held		
	Date		Payee name							
	03/10/2025		FedEx							
	Amount (\$)			Zip Co	de					
	\$86.33		6600 N. Freeway							
		l	Unit 132							
		 	Fort Worth, TX 76137	1	<u></u>					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this scher	dule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	ght			Office held		
	Date	ı	Payee name							
	04/09/2025		Fort Worth Republican Women							
	Amount (\$) \$31.00	ı	Payee address; City; State; P.O. Box 101613	Zip Co	de					
			Fort Worth, TX 76185							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scher Event Expense	dule)	(b)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense ıblican Women's Luncheon		
	Complete ONLY if direct expenditure to benefit C/ON		Candidate/Officeholder name Of	ffice souç	ght			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	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: 9/24 Rpt: 26/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	06/25/2025	Fort Worth Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.00	P.O. Box 101613
		Fort Worth, TX 76185
8	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 Fort Worth Republican Women's Luncheon
		Tott World Nepublican Women's Euncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Daysa nama
		Payee name Croot American Cookie
	01/15/2025	Great American Cookie
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.69	2901 S Capital of Texas Hwy, Unit P08A
		Austin, TX 78746
	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.
	-	Constituent Welcome Event
		Consultent Welcome Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/26/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.22	1000 E 41st Street
		Austin, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Event
		Stan Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/24 Rpt: 27/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	04/15/2025	HEB
6	Amount (\$) \$90.49	7 Payee address; City; State; Zip Code 1000 E 41st Street
		Austin, TX 78751
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/29/2025	HEB
	Amount (\$) \$114.90	Payee address; City; State; Zip Code 1000 E 41st Street
		Austin, TX 78751
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	Hobby Lobby
	Amount (\$) \$162.32	Payee address; City; State; Zip Code 6600 S Mopac
		Austin, TX 78754
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	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
Credit Card Payment

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

Travel in District
Travel Out of Distract 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 co	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 11/24 Rpt: 28/42	Schatzline, Nathaniel (The Honorable)			00086108	
4	Date	5 Payee name		<u> </u>		
	01/13/2025	Home Depot				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$528.26	7100 N Freeway				
		Fort Worth, TX 76137				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Supplies		Check if travel outsid	le of Texas. Com	plete Schedule T.
	LAFENDITORE			Check if Austin, TX,	officeholder living	g expense
				Office Supplies		
_	Operation ONLY if allowed	Out lide to 10 ff in the lide was asset to 10 ff in a second	!		O#: I-	-1.4
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ugnt		Office he	eiu
	Date	Payee name				
	05/27/2025	Ken Paxton for Senate				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$250.00	110 N Akard Street, PMB# 40				
		Dallas , TX 75201				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outsid		
		Candidate/Officeholder/Political Committee		Donation to Ken		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
	expenditure to benefit C/O	1	J			
	Date	Payee name				
	02/12/2025	Lanier Parking				
	Amount (\$)	Payee address; City; State; Zip Co	nde			
	\$18.00	447 W 3rd street	Juo			
	420.00					
		Austin, TX 78701				
	PURPOSE	·	(h)	Danadatian		
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(D)	Description Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX,		•
				Parking		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/24 Rpt: 29/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	01/13/2025	Lowe's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.62	920 N. Burleson Blvd.
		Burleson, TX 76028
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	04/25/2025	Metroplex Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	147 E. Hurst Blvd
		Hurst, TX 76053
	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 Metroplex Republican Women's Luncheon
		Metropiex Republican Women's Eunencon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	06/09/2025	Moore, Joshua
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	431 Meadow Place Dr.
		Apt. 5210
		Willow Park, TX 76087
	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
		Staff Payment
_	Operation ONE V. C. F.	Open Higher (Office health are nown)
	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 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: 13/24 Rpt: 30/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	02/21/2025	PMC Paid Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.46	216 Congress Ave
		Austin, TX 78754
8	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 Parking
		i arking
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/21/2025	PMC Paid Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.46	216 Congress Ave
		Austin, TX 78754
	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 Parking
		i arking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	02/21/2025	PMC Paid Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.49	216 Congress Ave
		Austin, TX 78754
	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.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Parking
_	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

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/24 Rpt: 31/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	04/14/2025	QΤ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.32	901 S Bell Blvd
		Cedar Park, TX 78613
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Staff Supply Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Supply Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/18/2025	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	501 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/18/2025	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.47	185 Berry St.
		#550
		San Francisco, TX 94107
	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
		Digital Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	emorials Expense tion Guide explain		Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	2		<u>-</u>			1	3	Filer ID	(Ethics Commiss	ion Filers)
•	Sch: 15/24 Rpt: 32/42	_	Schatzline, Nathaniel	(The Honorabl	e)			,	00086108	(Eulico Commiss	ion i licis)
4	Date	5	Payee name								
	03/03/2025		Stripe								
6	Amount (\$)	7	Payee address; City	; Stat	te; Zip Co	de					
	\$49.12		185 Berry St.								
			#550								
			San Francisco, TX 94	107							
8	PURPOSE	(a)	Category (See Categories I	sted at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Fees				=		de of Texas. Com		
							_		officeholder living	j expense	
							Online Platfor	1111			
_	Complete ONLY if direct	<u> </u>	Candidata/Office belder :-		Office	ab+			Office		
9	expenditure to benefit C/O		Candidate/Officeholder na	ıme	Office sou	gnı			Office he	eiu	
\vdash	Dete	_									
	Date		Payee name	0							
	02/04/2025	L	Texas House Republi								
	Amount (\$)		Payee address; City	; Stat	te; Zip Co	de					
	\$1,000.00		1100 Congress Ave.								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories I	sted at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Fees				_		de of Texas. Com		
							Caucus Dues		officeholder living	j expense	
							Caucus Dues	•			
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder na	ime	Office sou	aht			Office he	ald.	
	expenditure to benefit C/O		parlaidate/Officeriolaer ric	unc	Office 300	giit			Onice ne	Jiu	
_	Data	_	Davies name								
	Date 01/02/2025		Payee name The Flying Locksmith								
					7:- 0-	-1-					
	Amount (\$)		Payee address; City		te; Zip Co	ae					
	\$211.09		4364 Western Center	BIVO							
			F. 4344. 4	•							
			Fort Worth , TX 7613								
	PURPOSE OF	(a)	Category (See Categories I	sted at the top of this s	chedule)	(b)	Description		d- 4T-: 0	wlate Oaka III T	
	EXPENDITURE		Office Expense				=		de of Texas. Com officeholder living		
							Check if Austin, Office Expens		omocnoider livility	CAPCIIOC	
							=pori				
	Complete ONLY if direct		Candidate/Officeholder na	ıme	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI					-					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/24 Rpt: 33/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	02/19/2025	Turcios, Carlos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.00	1100 Congress Avenue
		Austin , TX 78701
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 Staff Expense
		Stati Experise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	01/13/2025	Walmart Supercenter
	Amount (\$)	Payee address; City; State; Zip Code
	\$553.80	710 E Ben White Blvd
	Ψ555.00	710 E Ben Wille Blvd
		Austin, TX 78704
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Supplies (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/04/2025	Walmart Supercenter
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.14	710 E Ben White Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Cinios supplies
	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 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		Legal Services The Instruction Guide explain		/ages	/Contract Labor		OTHER (enter a	category not listed a	bove)
1	Total pages Schodule F1:	2 FILED NAM					2	Filer ID	(Ethics Commis	cion Eilore)
_	Total pages Schedule F1: Sch: 17/24 Rpt: 34/42	1	⊏ Nathaniel (The Honorabl	le)			3	00086108	(Ethics Commis	Sion Filers)
4	<u> </u>		<u> </u>					00000100		
4	Date	5 Payee name	<u>, </u>							
	03/04/2025	Zoom								
6	Amount (\$)	7 Payee addre		te; Zip Co	de					
	\$16.98	55 N Alma	den Blvd, 6th Floor							
		San Jose,	CA 95113							
8	PURPOSE	(a) Category (5	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Fees						ide of Texas. Com		
						_		, officeholder living	expense	
						Campaign Zo	1100	1 Account		
_	2		e							
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
	·									
	Date	Payee name	9							
	04/04/2025	Zoom								
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip Co	de					
	\$16.98	55 N Alma	den Blvd, 6th Floor							
		San Jose,	CA 95113							
	PURPOSE	(a) Category (s	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		ide of Texas. Com		
						—		, officeholder living	expense	
						Zoom accour	IL			
	Complete ONLY if direct	Candidate/Of	Finahaldar nama	Office cou	abt			Office he	ald.	
	expenditure to benefit C/OI		ficeholder name	Office sou	gni			Office fie	eiu	
		i								
	Date	Payee name	9							
	05/05/2025	Zoom								
	Amount (\$)	Payee addre	, ,,	te; Zip Co	de					
	\$16.98	55 N Alma	den Blvd, 6th Floor							
		San Jose,	CA 95113							
	PURPOSE	(a) Category (S	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Fees				ш		ide of Texas. Com		
						Zoom Accour		, officeholder living	expense	
						ZOOIII ACCOU	11			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/OI		nocholaci Haitie	Onice Sou	grit			Onice He	,iu	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 18/24 Rpt: 35/42	Schatzline, Nathaniel (The Honorable) 00086108							
4	Date	5 Payee name							
	06/04/2025	Zoom							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$18.05	55 N Almaden Blvd, 6th Floor							
		San Jose, CA 95113							
8	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							
		Zoom Account							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
_	Date	Payee name							
	03/27/2025	domino's							
	Amount (\$) \$140.64								
	\$140.04	1900 guadalupe st.							
		Auctin TV 7070E							
		Austin, TX 78705							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Constituent Event							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OF	1							
_	Date	Payee name							
	05/15/2025	domino's							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$362.41	1900 guadalupe st.							
	₩ 002.41	1000 guidanape of.							
		Austin, TX 78705							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Event Expense							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							
	experience to beliefft C/Or	,							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commiss	ion Filers)		
	Sch: 19/24 Rpt: 36/42		e, Nathaniel (The Ho	onorable)				00086108				
4	Date	5 Payee na	ne									
	02/24/2025	mailchim	р									
6	Amount (\$)	7 Payee ad	dress; City;	State;	Zip Code	e						
	\$90.61	405 N Ar	ngier Ave.									
		Atlanta, (GA 30308									
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this sche	edule) (I	Description						
	OF EXPENDITURE	Advertisi	ng Expense						nplete Schedule T.			
						Email Service		(, officeholder livir	ig expense			
						Email Servic	.es					
Ļ	Operation ONLY if disease	0	O#:h-ld			-1		Office h	-1-1			
9	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	U	office sough	IL		Office i	ieiu			
	·											
	Date	Payee na										
	03/21/2025	mailchim	p									
	Amount (\$)	Payee ad	dress; City;	State;	Zip Code	е						
	\$90.61	405 N Ar	ngier Ave.									
		Atlanta, (GA 30308									
	PURPOSE	(a) Category	(See Categories listed at the to	op of this sche	edule) (I	Description						
	OF EXPENDITURE		ng Expense		,	_	el outs	side of Texas. Cor	mplete Schedule T.			
	EXPENDITORE							(, officeholder livir	ng expense			
						Email Servic	ces					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	0	office sough	nt		Office h	neld			
	experientere to benefit 6/61	<u>'</u>										
	Date	Payee na	me									
	04/22/2025	mailchim	p									
	Amount (\$)	Payee ad	dress; City;	State;	Zip Code	е						
	\$90.61	405 N Ar	ngier Ave.									
		Atlanta, (GA 30308									
	PURPOSE	(a) Category	(See Categories listed at the to	op of this sche	edule) (I	Description						
	OF EXPENDITURE	Advertisi	ng Expense			<u> </u>			mplete Schedule T.			
								K, officeholder livir	ng expense			
						Email Servic	es					
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	0	office sough	nt		Office h	neld			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	iplete t	this form.		
1	Total pages Schedule F1:				Filer ID	(Ethics Commission Filers)
	Sch: 20/24 Rpt: 37/42	Schatzline, Nathaniel (The Honorable)		(00086108	
4	Date	5 Payee name				
	05/22/2025	mailchimp				
6	Amount (\$)	7 Payee address; City; State; Zip Code	le			
	\$90.61	405 N Angier Ave.				
		Atlanta CA 20209				
Ļ	DUDDOCE	Atlanta, GA 30308	1-1 -			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	D€ □	escription Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, o	officeholder living	g expense
			Er	mail Services		
Ļ	Operation ONLY if dispose	Out til det 10ff askalden anna	l- 4		0#:	-1.4
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	nt		Office he	eia
-	Data					
	Date 06/23/2025	Payee name mailchimp				
_	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$90.61	405 N Angier Ave NE				
		Atlanta, GA 30033				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
	OF EXPENDITURE	Advertising Expense		Check if travel outside		
			 Fr] Check if Austin, TX, o mail Services	officeholder living	g expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	01/21/2025	uber				
	Amount (\$)	Payee address; City; State; Zip Code	le			
	\$32.64	1515 3rd Street				
		San Francisco, CA 94158				
	PURPOSE OF	, ,	(b) D∈	escription Check if travel outside	e of Texas Com	nlete Schedule T
	EXPENDITURE	Travel Out of District	E	Check if Austin, TX, o		
			Oı	ut of District Tra	avel on Offi	cial Business
					- 6**	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	ht		Office he	eld
_						

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	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: 21/24 Rpt: 38/42	Schatzline, Nathaniel (The Honorable) 00086108			
4	Date	5 Payee name			
	01/21/2025	uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$33.95	1515 3rd Street			
		San Francisco, CA 94158			
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 Out of District Travel on official business			
		Out of District Travel of Official business			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Data	David and the second se			
	Date	Payee name			
	01/21/2025	uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$28.53	1515 3rd Street			
		San Francisco, CA 94158			
	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 Out of district travel on official business.			
		Out of district traver on official business.			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	D :				
	Date	Payee name			
	01/21/2025	uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.95	1515 3rd Street			
		San Francisco, CA 94158			
	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			
		Out of district travel on official business			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 22/24 Rpt: 39/42	Schatzline, Nathaniel (The Honorable) 00086108
4	Date	5 Payee name
	01/21/2025	uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.91	1515 3rd Street
		San Francisco, CA 94158
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 Out of district travel on official business.
		Out of district travel off official business.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/21/2025	uber
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$5.38	1515 3rd Street
	Ψ0.00	1010 010 011001
		San Francisco, CA 94158
Г	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Out of district travel on official business.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davisa nama
	01/21/2025	Payee name uber
	Amount (\$)	
	\$37.08	Payee address; City; State; Zip Code 1515 3rd Street
	φ37.06	1313 Sid Sileet
		San Francisco, CA 94158
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Out of district travel on official business
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	experialitate to beliefit C/OI	'
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 23/24 Rpt: 40/42	2 FILER NAME Schatzline, Nathaniel (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086108
4	Date	5 Payee name
	01/22/2025	uber
6	Amount (\$) \$38.27	7 Payee address; City; State; Zip Code 1515 3rd Street San Francisco, CA 94158
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 Out of district travel on official business
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/22/2025	Payee name uber
	Amount (\$) \$55.71	Payee address; City; State; Zip Code 1515 3rd Street San Francisco, CA 94158
	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 Out of district travel on official business
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/13/2025	Payee name walgreens
	Amount (\$) \$93.87	Payee address; City; State; Zip Code 4501 Guadalupe St.
		Austin, TX 78751
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY 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
Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/24 Rpt: 41/42	Schatzline, Nathaniel (The Honorable)	00086108
4	Date	5 Payee name	
	01/14/2025	walgreens	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.00	4501 Guadalupe St.	
		Austin, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Office Supp	
		оо сырр	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/04/2025	wholefoods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.04	525 N Lamar Blvd	
	, , _ , ,		
		Austin, TX 78703	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	,	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	tin, TX, officeholder living expense
		Staff Event	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/13/2025	wholefoods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.20	525 N Lamar Blvd	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Staff Event	in, 17, onecholder wing expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

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: 42/42 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Schatzline, Nathaniel (The Honorable) 00086108 5 Name of person from whom amount is received 8 Amount (\$) 06/10/2025 \$1,625.00 Anchora Properties LLC 6 Address of person from whom amount is received; City; State; Zip Code Mansfield, TX 76063 Purpose for which amount is received Check if political contribution returned to filer Returned Deposit