CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	`	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00081605		84			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Nathan M.			08/19/2025	
		NICKNAME	LAST		SUFFIX	1	
			Johnson			Date Hand-delivered or [Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)		
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam		_		
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	<u> </u>	Month Day	Year		
3	COVERED	01/01/2025	THROUGH	06/30/2025	reai	Date Imaged	
6	EXPLANATION OF C			00/30/2023			
0		mended to add two moneta	uny contributions and o	ne in-kind inadvertentl	v left off the orig	inal report	
	This report is being a	mended to add two moneta	ily continbutions and of	ie iii-kiila iilaaveiteitti	y left off the ong	marreport.	
7	AFFIDAVIT						
'	ALLIDAVII			ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
			X	Semiannual reports was made in good fa			
				misrepresent the info			
			X	Other reports: I s report not later than			
				that the report as ori	ginally filed is in	accurate or incomple	ete. I
				swear, or affirm, that filed was made in go		nission in the report a	as originally
				go			
				The Ho	onorable Natha	an M. Johnson	
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	hand and seal of office	е.		
	Cianotius of stee	or administaries aste	Drintod reases of a	fficer administrator ==	+b -	Fitto of officer adverted	intoring onth
	Signature of office	er administering oath	Printed name of of	fficer administering oa	uı l	Fitle of officer admini	stering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

S CAMPAIGN TREASURER ADDRESS (Residence of flusiness) (Residence of flusiness) REPORT TYPE AREA CODE TREASURER ADDRESS REPORT TYPE AREA CODE TREASURER PHONE AREA CODE TREASURER PHONE REPORT TYPE AREA CODE TREASURER ADDRESS AREA CODE TREASURER PHONE AREA CODE THONE TREASURER TYPE AREA CODE TREASURER TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYPE	The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00081605		2 Total pages	filed: 84
NAME The Honorable Naman M.					MI	OFFICE	USE ONLY
NICKNAME LAST Johnson		The Honorable	Nathan M.			Date Received	
Johnson 4 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 670994 ADDRESS Change of Address Dallas, TX 75367-0994 5 CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CO 12770 Coit Road, Suite 850 Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE 3 January 15 30th day before election Runoff reporting limit play year O1/01/2025 B PERIOD COVERED Month Day Year O1/01/2025 THROUGH 06/30/2025 10 ELECTION DELECTION DATE Date Processed Posteries of Date Address of Date Addres						ELECTRONI	CALLY FILED
A CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX: APT / SUITE #; CITY; ZIP CODE ADDRESS PO BOX: APT / SUITE #; CITY; ZIP CODE ADDRESS PO BOX: APT / SUITE #; CITY; ZIP CODE ADDRESS PO BOX: APT / SUITE #; CITY; ZIP CODE ADDRESS PO BOX: APT / SUITE #; CITY; ZIP CODE ADDRESS PO BOX: APT / SUITE #; CITY; ZIP CODE ADDRESS PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS (Residence or Business) Police Phone Number Extension TREASURER ADDRESS (Residence or Business) Phone Phone Phone Phone Phone (Z14) 365-5377 8 REPORT TYPE January 15		NICKNAME	LAST		SUFFIX	08/19/2025	
OFFICEHOLDER MAILING ADDRESS Campaign of Address Dallas, TX 75367-0994 MS / MRS / MR FIRST MI MI Howard Mark NICKNAME LAST SUFFIX Spector Esq. Campaign TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CO 12770 Coit Road, Suite 850 Dallas, TX 75251 T CAMPAIGN TREASURER ADDRESS (Residence or Business) Residence or Business) AREA CODE PHONE NUMBER EXTENSION TREASURER (214) 365-5377 Residence or Business) AREA CODE PHONE NUMBER EXTENSION TREASURER (214) 365-5377 B REPORT TYPE January 15 Suffer election Runoff Sib day before election Exceeded modified Phone Province Proporting limit Final Report (Attach C/OH-FR) Final Report (Attach C/OH-FR) O6/30/2025 D ELECTION ELECTION DATE ELECTION TYPE			Johnson				
MAILING ADDRESS Change of Address Dallas, TX 75367-0994		ADDRESS / PO BOX; APT	Γ/SUITE#; CIT	ГΥ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
Date Imaged Date Imaged	MAILING	P.O. Box 670994				Receipt #	Amount
Date Imaged Date Imaged	Change of Address	Dallas, TX 75367-0994				2 . 2	
5 CAMPAIGN TREASURER NAME Mr. Howard Mark MICKNAME LAST Spector Superix Esq. 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (214) 365-5377 Bath day before election TYPE January 15 Bath day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year O1/01/2025 THROUGH Month Day Year O1/01/2025 THROUGH BILECTION DATE ELECTION TYPE MI MI MI MI MI MI MI MI MI M						Date Processed	
TREASURER NAME Mr. Howard Mark NICKNAME LAST SUFFIX Spector Esq. 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CO 12770 Coit Road, Suite 850 Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE PHONE (214) 365-5377 8 REPORT TYPE January 15 July 15 Street Address APT / SUITE #; CITY; STATE; ZIP CO AREA CODE PHONE NUMBER EXTENSION (214) 365-5377 Bit day after campaign treasurer appointment (officeholder only) X July 15 Bith day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year 01/01/2025 THROUGH 06/30/2025						Date Imaged	
NAME NICKNAME LAST Spector Spector Sopector Street ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CO 12770 Coit Road, Suite 850 Dallas, TX 75251 AREA CODE TREASURER PHONE AREA CODE (214) 365-5377 AREA CODE January 15 January 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year 01/01/2025 THROUGH O6/30/2025 10 ELECTION DATE ELECTION TYPE	5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
NICKNAME LAST Spector Specto		Mr.	Howard Mark				
Spector Esq. 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CO 12770 Coit Road, Suite 850 7 CAMPAIGN TREASURER PHONE NUMBER EXTENSION (214) 365-5377 8 REPORT TYPE 9 PERIOD COVERED Month Day Year Month Day Year Month Day Year O1/01/2025 THROUGH Month Day Year HROUGH Month Day Year O1/01/2025 THROUGH ELECTION DATE STATE; ZIP CO APT (CITY; STATE; ZIP CO APT (SITY); S							
6 CAMPAIGN TREASURER ADDRESS (Residence or Business) Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE AREA CODE (214) 365-5377 8 REPORT TYPE Danuary 15 Sth day before election X July 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year 01/01/2025 THROUGH APT / SUITE #; CITY; STATE; ZIP CO APA		NICKNAME					
TREASURER ADDRESS (Residence or Business) Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE (214) 365-5377 8 REPORT TYPE January 15 Sth day before election X July 15 Sth day before election Exceeded modified reporting limit Pinal Report (Attach C/OH-FR) PERIOD COVERED Month Day Year 01/01/2025 THROUGH DELECTION DATE Dallas, TX 75251 PHONE NUMBER EXTENSION Runoff Runoff Extended modified reporting limit Final Report (Attach C/OH-FR) PERIOD COVERED 10 ELECTION DATE ELECTION TYPE			Spector		Esq.		
TREASURER ADDRESS (Residence or Business) Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE (214) 365-5377 8 REPORT TYPE January 15 Sth day before election Exceeded modified reporting limit 9 PERIOD COVERED Month Day Year Month Day Year O1/01/2025 THROUGH 12770 Coit Road, Suite 850 Dallas, TX 75251 PHONE NUMBER EXTENSION (214) 365-5377 PHONE NUMBER EXTENSION Runoff Sth day after campaign treasurer appointment (officeholder only) Exceeded modified reporting limit Final Report (Attach C/OH-FR) Final Report (Attach C/OH-FR) THROUGH O6/30/2025	6 CAMPAIGN	STREET ADDRESS (NO DO	D BOX DI EVSE).	ΛD	T / SUITE #· CI	TV· S	TATE: ZID CODE
ADDRESS (Residence or Business) Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE (214) 365-5377 8 REPORT TYPE January 15 July 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year 01/01/2025 THROUGH DELECTION FINAL REPORT THROUGH ELECTION TYPE AREA CODE PHONE NUMBER EXTENSION Runoff Interventing I	TREASURER	· ·		AF	1730HE#, CH	11, 3	TATE, ZIP CODE
Dallas, TX 75251 7 CAMPAIGN TREASURER PHONE NUMBER EXTENSION (214) 365-5377 8 REPORT TYPE January 15 Sth day before election Runoff Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year Month Day Year 01/01/2025 THROUGH ELECTION DATE ELECTION TYPE							
7 CAMPAIGN TREASURER PHONE NUMBER EXTENSION 8 REPORT TYPE January 15 July 15 Sth day before election Exceeded modified reporting limit 9 PERIOD COVERED Month Day Year 01/01/2025 THROUGH AREA CODE PHONE NUMBER EXTENSION Runoff Exceeded modified reporting limit Final Report (Attach C/OH-FR) THROUGH O6/30/2025 THROUGH ELECTION DATE AREA CODE PHONE NUMBER EXTENSION Runoff Exceeded modified reporting limit Final Report (Attach C/OH-FR) Final Report (Attach C/OH-FR) THROUGH O6/30/2025	(Residence or Business)	Dallas, TX 75251					
TREASURER PHONE (214) 365-5377 REPORT TYPE January 15 Sth day before election Runoff Exceeded modified reporting limit July 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year O1/01/2025 THROUGH D6/30/2025 10 ELECTION DATE ELECTION TYPE		,					
TREASURER PHONE 8 REPORT TYPE January 15 Sth day before election X July 15 Sth day before election X July 15 Sth day before election X July 15 Sth day before election X Day Year O1/01/2025 THROUGH 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) 10 ELECTION DATE ELECTION TYPE	7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
8 REPORT TYPE January 15 30th day before election Runoff Exceeded modified reporting limit 9 PERIOD COVERED Month Day Year 01/01/2025 THROUGH ELECTION DATE Sth day before election Final Report (Attach C/OH-FR) Month Day Year 06/30/2025 ELECTION TYPE	TREASURER		NE NOMBER	EXTENSION			
TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day 79ear 01/01/2025 THROUGH Month Day 79ear 06/30/2025 THROUGH ELECTION DATE ELECTION TYPE	PHONE						
9 PERIOD COVERED Month Day Year O1/01/2025 THROUGH DELECTION DATE ELECTION TYPE Strictly solve election Trends Indicated Strict Configuration (officeholder only) Exceeded modified reporting limit Final Report (Attach C/OH-FR) Final Report (Attach C/OH-FR) Appointment (officeholder only) Final Report (Attach C/OH-FR) THROUGH 06/30/2025 10 ELECTION DATE ELECTION TYPE							
9 PERIOD Month Day Year Month Day Year O1/01/2025 THROUGH 06/30/2025 10 ELECTION ELECTION DATE ELECTION TYPE	ITPE	January 15	30th day before	e election	Runoff		
9 PERIOD Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025 10 ELECTION ELECTION DATE ELECTION TYPE		X July 15	8th day before	election		Final Report (A	Attach C/OH-FR)
COVERED 01/01/2025 THROUGH 06/30/2025 10 ELECTION ELECTION DATE ELECTION TYPE							
10 ELECTION ELECTION DATE ELECTION TYPE		*	-	IDOLICII			
	OOVERED	01/01/2025	11	HROUGH	06/30/2	2025	
	10 ELECTION	ELECTION DATE			ELECTION TYPE		
Month Day Year Primary Runoff Other		Month Day Year	F	Primary	Runoff	Other	
General Special				General	Special		
					—		
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)	11 OFFICE		·				
State Senator District 16 State Senator District 16		State Senator District 16			State Senator	District 16	
GO TO PAGE 2			GO ⁻	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 84

13 C / OH NAME	Johnson, Nathan M.	(The Honorable)		14 Filer ID 00081605	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without quired to report this information	the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAMI	 E			
Ш	GENERAL					
		COMMITTEE ADDI	RESS			
	SPECIFIC					
		COMMITTEE CAMI	PAIGN TREASURER NAME			
		COMMITTEE CAMI	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, (IS OR GUARANTEES OF LOANS	5)	\$	63,180.53
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	4,974.47
	4. TOTAL POLITIC	CAL EXPENDITURES	5		\$	139,591.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	435,853.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					-	
		t	swear, or affirm, under penalty rue and correct and includes a under Title 15, Election Code.			
		-		able Nathan M. Johr Candidate or Officeho		
VEELA NO	TARY STAMP / SEAL AB	OVE	orginatore of	oundidate of officers	Juci	
			my hand and seal of office.	, this the		day
of	, 20, 10 Cl	ertily willers i	ny nanu anu sea oi oince.			
Signature of offi	cer administering	Printed name o	of officer administering	Title of office	er administer	ing oath
Signature of one	3ag	· ····································		. 140 01 01100		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					4 of 84
	ER NAM	19 Filer ID 00081605	(Eth	nics Commission Filers)	
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	\$	62,275.53		
2.	X	\$	905.00		
3.		\$			
4.		\$			
5.	Х	\$	130,436.83		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		\$			
8.	X	\$	9,149.93		
9.	X	\$	5.05		
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
12.	Х	\$	28.10		

MONETARY POLITICAL CONTRIBUTIONS							SCHEDUI	LE A1
	The Instru	ction Guide explains hov	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/84				
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
		than M. (The Honorable)	_				00081605	
4	Date 06/30/2025	Full name of contributor Clevenger, Don	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
		6 Contributor address; City; S Sunnyvale, TX 75182	tate; Zip Code					
2	Principal occu	pation / Job title (See Instruction:	2)	Q F	Employer (See Instructions			
0		President/CFO	5) 		Oncor	')		
			<u> </u>				A	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢10.00
	06/23/2025	De La Cruz, Sandra						\$10.00
		Contributor address; City; S	tate; Zip Code					
		Dallas, TX 75220-3749						
	Principal occupation / Job title (See Instructions) Employer (See Instruction					5)		
	Not Employed Not Employed							
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/25/2025 Grace & McEwan Consulting LLC					\$250.00			
	Contributor address; City; State; Zip Code							
		Austin, TX 78701-1629						
	Principal occu	pation / Job title (See Instruction:	5)	E	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/30/2025 Henry, Matthew Contributor address; City; State; Zip Code					\$2,500.00			
		Dallas, TX 75218-4340						
	Principal occu	nation / Job title (See Instruction:	s)	E	Employer (See Instructions	<u>. </u>		
	Attorney			(Oncor			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/25/2025	Hodge, Daniel					(+)	\$1,000.00
	Contributor address; City; State; Zip Code				,-,,,,,,,,			
		Contributor address, Sky, S	tato, 2.p 0000					
		Austin, TX 78701-1871						
	Principal occu	pation / Job title (See Instruction:	5)	E	Employer (See Instructions	()		
	Consultant				Self employed			
			I.					

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/84		
2	FILER NAME Johnson, Na	than M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081605	
4	Date 06/25/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$1,000.00	
_	Deignaignal	Austin, TX 78701-5002	O Franklavar (Caa Instructions	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Powell, Gideon Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$20,000.00	
	Principal occu	Dallas, TX 75251-1800 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	CEO	,	Cholla Inc.	_		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Swift, Galvin Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10.53	
	Principal occu	Dallas, TX 75209-2822 pation / Job title (See Instructions)	Employer (See Instructions	:) [
	Retired		Retired	,		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Truth & Liberty PAC Contributor address; City; State; Zip Code Austin, TX 78701-1819			Amount of Contribution (\$) \$25,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1814			Amount of Contribution (\$) \$10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/84		
2	FILER NAME Johnson, Na	uthan M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081605
4	Date 06/26/2025 5 Full name of contributor out-of-state PAC (ID#:) Williamson, Ellen 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$5.00
8	Principal occu	Irving, TX 75039-3234 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instr	ruction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/84					
2 FILER NAM Johnson, I	E Nathan M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081605				
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 06/25/202	6 Full name of contributor out-of-state PAC (ID#: 5 Earl, David 7 Contributor address; City; State; Zip Code	8 Amount of some contribution (\$) 9 In-kind contribution description s380.00 Fundraising event email advertising					
	San Antonio, TX 78240-1646		Check if travel outside of Texas. Complete Schedule T.				
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 06/30/202	Full name of contributor out-of-state PAC (ID#: HS Law PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$250.00 Fundraising event venue				
	Austin, TX 78701-1696		Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)							
Contributor'	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
Date 06/25/202	Full name of contributor out-of-state PAC (ID#: Ingersoll, Deborah Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$275.00 Fundraising event coordination				
	Austin, TX 78763-5643		Check if travel outside of Texas. Complete Schedule T.				
Principal oc Consultan	cupation / Job title (FOR NON-JUDICIAL) (See instructions) t	Employer (FOR NON Legislative Solution					
Contributor'	s principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor'	or's spouse (if any) (FOR JUDICIAL)						
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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

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

	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: 1/57 Rpt: 9/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/15/2025	AJL Advertising
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$325.00	2101 Airport Blvd
		Austin, TX 78722-1403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Sine Die T shirts
		Sine Die 1 Stilles
Ļ	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/25/2025	AJL Advertising
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2101 Airport Blvd
		Austin, TX 78722-1403
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Sine Die T-shirt
		Sine Die 1 Stifft
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/30/2025	Allen, Brenda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	2505 Wedglea Drive
		Dallas, TX 75211
	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
		Campaign salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundatasing 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: 2/57 Rpt: 10/84		Johnson, Nathan M. (The Honorable)					00081605
4	Date	5	Payee name					
	03/31/2025		Allen, Brenda					
6	Amount (\$) \$1,500.00		Payee address; City; State; 2505 Wedglea Drive Dallas, TX 75211	Zip Co	de			
8	PURPOSE	⊢		1	(h)	Description		
8	OF EXPENDITURE		Category (See Categories listed at the top of this scher Salaries/Wages/Contract Labor	dule)	(D)	=	TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice sou	ght			Office held
	Date		Payee name					
	02/28/2025		Allen, Brenda					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$1,500.00		2505 Wedglea Drive					
			Dallas, TX 75211					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scher Salaries/Wages/Contract Labor	dule)	(b)	<u> </u>	TX,	de of Texas. Complete Schedule T. officeholder living expense /
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice sou	ght			Office held
	Date		Payee name					
L	01/31/2025		Allen, Brenda					
	Amount (\$) \$1,500.00	ı	Payee address; City; State; 2505 Wedglea Drive	Zip Co	de			
		L	Dallas, TX 75211					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scher Salaries/Wages/Contract Labor	dule)	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice souç	ght			Office held

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Final Services Salaries/Wangs/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: 3/57 Rpt: 11/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/30/2025	Allen, Brenda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	2505 Wedglea Drive
		Dallas, TX 75211
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign salary
		Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	and the second of the second o
	Data	
	Date 06/30/2025	Payee name
		Allen, Brenda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	2505 Wedglea Drive
		Dallas, TX 75211
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign salary
		Sampaig. Featury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.46	440 Terry Ave N
	Ψ32.40	440 Telly / We IV
		Seattle, WA 98109-5210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Drinking glasses for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

	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: 4/57 Rpt: 12/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/12/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.72	440 Terry Ave N
		Seattle, WA 98109-5210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office supplies for District office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/23/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.63	440 Terry Ave N
		Seattle, WA 98109-5210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Tools and privacy film for district office
		roots and privacy mini for district office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	Davies same
	Date 06/20/2025	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.30	440 Terry Ave N
		Seattle, WA 98109-5210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Security equipment for district office
		Security equipment for district office
_	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 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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/57 Rpt: 13/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	02/04/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,063.10	PO Box 6031
		Carol Stream, IL 60197-6031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
		S. Gail, Gail a paymoni
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	David and the second se
	03/04/2025	Payee name
		American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$713.75	PO Box 6031
		Carol Stream, IL 60197-6031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/14/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,390.44	PO Box 6031
		Carol Stream, IL 60197-6031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card payment
	Operation ONLY if allowed	Our file to 10 ff as hald a grown of the state of the sta
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/57 Rpt: 14/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/03/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,128.68	PO Box 6031
		Carol Stream, IL 60197-6031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Credit card payment
Ļ	Compulate ONII V if diseast	Condidate/Officeholder neme
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	06/10/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$555.08	PO Box 6031
		Carol Stream, IL 60197-6031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H		
	Date	Payee name
	06/30/2025	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,481.54	PO Box 6031
		Carol Stream, IL 60197-6031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit card payment
⊢	Complete ONU V Staller	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 7/57 Rpt: 15/84	Johnson, Nathan M. (The Honorable) O0081605
4	Date	5 Payee name
	03/20/2025	Berlin Rosen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,456.74	15 Maiden Ln
		Ste 1600
		New York, NY 10038-5111
8	PURPOSE	1
١	OF	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Direct mail
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	01/13/2025	Campaignly Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	4615 Jeannes Ct
		West Chester, OH 45069-9293
	PURPOSE 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.
		Campaign digital consulting
		Campaigh digital consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	Campaignly Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	4615 Jeannes Ct
	+ 1,000.00	
		West Chester, OH 45069-9293
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign digital consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/57 Rpt: 16/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/03/2025	Campaignly Group LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,000.00	4615 Jeannes Ct
		West Chester, OH 45069-9293
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign digital consulting
		Campaigh digital consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/08/2025	Campaignly Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	4615 Jeannes Ct
		West Chester, OH 45069-9293
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign digital consulting
		Campaigh digital consulting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/05/2025	Campaignly Group LLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.00	4615 Jeannes Ct
	Ψ4,300.00	4013 Seattles Of
		West Chester, OH 45069-9293
H	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
		Digital consulting services
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	1
1		
ı		

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 9/57 Rpt: 17/84	Johnson, Nathan M. (The Honorable) 00081605	
4	Date	5 Payee name	
	04/30/2025	Clark, Ernest	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1259 Springbrook Dr	
		Desoto, TX 75115-3100	
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	
		Campaign salary	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
_	Data	T -	
	Date	Payee name	
	03/31/2025	Clark, Ernest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1259 Springbrook Dr	
		Desoto, TX 75115-3100	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign salary	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
	Date	Payee name	
	02/28/2025	Clark, Ernest	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1259 Springbrook Dr	
		Desoto, TX 75115-3100	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign salary	
		Cumpaign Saidly	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 10/57 Rpt: 18/84	2 FILER NAME Johnson, Nathan M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081605
4	Date	5 Payee name
7	01/31/2025	Clark, Ernest
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1259 Springbrook Dr
	Ψ300.00	1239 Springbrook Di
		Desoto, TX 75115-3100
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	, <u> </u>
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign salary
		Sampaigh salary
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	
_	Date	Payee name
	05/30/2025	Clark, Ernest
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1259 Springbrook Dr
		Desoto, TX 75115-3100
		T
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
		Payee name
	06/30/2025	Clark, Ernest
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1259 Springbrook Dr
		Decete TV 75115 2100
		Desoto, TX 75115-3100
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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

Travel in District

Transportation Equipment & Related Expense Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/57 Rpt: 19/84 Johnson, Nathan M. (The Honorable) 00081605 4 Date Payee name 01/24/2025 **Constant Contact** 6 Amount (\$) Payee address; City; State; Zip Code \$490.36 1601 Trapelo Rd Waltham, MA 02451-7333 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign email management and delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/24/2025 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$490.36 1601 Trapelo Rd Waltham, MA 02451-7333 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign email management and delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/24/2025 **Constant Contact** Amount (\$) Payee address: City; State; Zip Code \$490.36 1601 Trapelo Rd Waltham, MA 02451-7333 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign email management and delivery Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	•	,			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 12/57 Rpt: 20/84	Johnson, Nathan M. (The Honorable) 00081605					
4	Date	5 Payee name		-			
	04/24/2025	Constant Contact					
6	Amount (\$)	7 Payee address; City; State; Zip Code	.				
	\$490.36	1601 Trapelo Rd					
		Waltham, MA 02451-7333					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.			
	LAI LINDITORE			Check if Austin, TX, officeholder living expense			
				Campaign email management and delivery			
_	Opening ONE V if dispert	Overdistant (Office hald an area		Office held			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	π	Office held			
	Data						
	Date	Payee name					
	05/27/2025	Constant Contact					
	Amount (\$)	Payee address; City; State; Zip Code	è				
	\$490.36	1601 Trapelo Rd					
		Waltham, MA 02451-7333					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
				Campaign email management and delivery			
		Campaign chair management and delivery					
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held			
	expenditure to benefit C/O						
	Date	Payee name					
	03/20/2025	Costco					
	Amount (\$)	Payee address; City; State; Zip Code	-				
	\$54.11	8055 Churchill Way					
	70=	Cooc Charoniii May					
		Dallas, TX 75251-2149					
	PURPOSE		·/	Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	יי ו	Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Overhead/Nerital Expense		Check if Austin, TX, officeholder living expense			
				Food and supplies for district office			
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held			
	expenditure to benefit C/O	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 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: 13/57 Rpt: 21/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	03/20/2025	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.99	8055 Churchill Way
		Dallas, TX 75251-2149
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	E/II EIIDITE.	Check if Austin, TX, officeholder living expense
		Food and supplies for district office
_	2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.55	8055 Churchill Way
		Dallas, TX 75251-2149
	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
		Food and supplies for district office
		1 ood and supplies for district office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/21/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.54	8055 Churchill Way
		Dallas, TX 75251-2149
	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 Food and supplies for district office
		Food and supplies for district office
	0 1: 0 1: 0	
	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 C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	S		ages	/Contract Labor		OTHER (enter a	strict category not listed abo	ve)
				The Instruction G	uide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 14/57 Rpt: 22/84		Johnson, Na	athan M. (The H	Honorable)					00081605		
4	Date	5	Payee name									
	04/15/2025		Costco									
6	Amount (\$)	7	Payee addres	ss; City;	State; 2	Zip Cod	de					
	\$107.97		8055 Church	hill Way								
			Dallas, TX 7	'5251-2149								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex				=			plete Schedule T.	
	LAFENDITORE							\Box		officeholder living		
								Food and sup	opli	es for distric	ct office	
_												
9	Complete ONLY if direct expenditure to benefit C/OI		Sandidate/Offic	ceholder name	Offi	ce soug	ght			Office h	eld	
		_										
	Date		Payee name									
	05/02/2025		Costco									
	Amount (\$)		Payee addres		State; 2	Zip Cod	de					
	\$129.18		8055 Church	hill Way								
			Dallas, TX 7	'5251-2149								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex				=			plete Schedule T.	
								—		officeholder living		
								Food and sup	JPIII	es ioi distric	of office	
	Complete ONLY if direct	<u> </u>	Candidata/Offic	ceholder name	Offi	00.00110	nht.			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Onic	centituer manne	Oili	ce soug	JIIL			Office fi	eiu	
_	D :	1										
	Date		Payee name									
	06/30/2025		Costco									
	Amount (\$)		Payee addres		State; 2	Zip Cod	de					
	\$120.65		8055 Churcl	nili Way								
			Dallas, TX 7	'5251-2149								
	PURPOSE OF	(a)		e Categories listed at		ıle)	(b)	Description				
	EXPENDITURE		Office Overl	nead/Rental Ex	pense			ш		de of Texas. Com officeholder living	plete Schedule T.	
								Food and sup				
								. 504 4114 541	- P11	55 151 GISTIN	511100	
-	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Offi	ce soug	thr			Office h	eld	
	expenditure to benefit C/OI				Oili		٠٠٠٠			C.IIICC III		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 15/57 Rpt: 23/84	Johnson, Nathan M. (The Honorable) 00081605	
4	Date	5 Payee name	_
	06/30/2025	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
•	\$78.98	8055 Churchill Way	
	4.0.00		
		Dallac TV 75251 2140	
		Dallas, TX 75251-2149	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food and supplies for district office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Data	Para area	=
	Date 01/29/2025	Payee name	
		Dallas County Democratic Party	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1414 N Washington Ave	
		Dallas, TX 75204-5261	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution	
		Contribution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
			=
	Date	Payee name	
	01/28/2025	Dallas Democratic Forum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	2101 Ross Ave	
		Dallas, TX 75201-2703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense	
		Contribution	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	S. portantare to borient 0/01	•	

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 Comm Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		kpense /ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM				3 Filer ID (Ethics Commission	on Filers)
Ĺ	Sch: 16/57 Rpt: 24/84		Nathan M. (The Honorab	ole)		00081605	,
4	Date	5 Payee nam	e				
	04/30/2025	Diaz, Alva	ro				
6	Amount (\$)	7 Payee addr	ess; City; S	State; Zip Co	de		
	\$100.00	2405 Mon	topolis Dr				
		Apt 2224					
		Austin, TX	78741-6426				
8	PURPOSE	(a) Category	See Categories listed at the top of the	nis schedule)	(b) Description		
	OF EXPENDITURE		/ages/Contract Labor			outside of Texas. Complete Schedule T.	
	-				Campaign sa	, TX, officeholder living expense	
					Campaign 30	iliai y	
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	ght	Office held	
Ĺ	expenditure to benefit C/OI						
	Date	Payee nam					
	03/31/2025	Diaz, Alva	ro				
	Amount (\$)	Payee addr	•	State; Zip Co	de		
	\$100.00	2405 Mon	topolis Dr				
		Apt 2224					
		Austin, TX	78741-6426				
	PURPOSE OF		See Categories listed at the top of the	nis schedule)	(b) Description		
	EXPENDITURE	Salaries/W	/ages/Contract Labor		<u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
					Campaign sa		
						•	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ght	Office held	
H	Date	Payee nam	<u> </u>				
	02/28/2025	Diaz, Alva					
\vdash	Amount (\$)	Payee addr		State; Zip Co	de		
	\$100.00	2405 Mon	•				
		Apt 2224					
		-	78741-6426				
\vdash	PURPOSE		See Categories listed at the top of the	nis schedule)	(b) Description		
	OF EXPENDITURE		/ages/Contract Labor	Joricuale)	Check if travel	outside of Texas. Complete Schedule T.	
	LAF LINDI I UNE					, TX, officeholder living expense	
					Campaign sa	uary	
_	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	nht	Office held	
	expenditure to benefit C/OI		moonoluer hame	Office 500	yt	Onice field	

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: 17/57 Rpt: 25/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/31/2025	Diaz, Alvaro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2405 Montopolis Dr
		Apt 2224
		Austin, TX 78741-6426
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign salary
		Campaigh salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	Diaz, Alvaro
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2405 Montopolis Dr
		Apt 2224
		Austin, TX 78741-6426
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2025	Diaz, Alvaro
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2405 Montopolis Dr
		Apt 2224
		Austin, TX 78741-6426
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign calary
		Campaign salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

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: 18/57 Rpt: 26/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/28/2025	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.24	1 Hacker Way
		Menlo Park, CA 94025-1456
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital advertising
		Digital davertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	04/28/2025	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$224.55	1 Hacker Way
		Menlo Park, CA 94025-1456
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital advertising
		Digital davertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	05/27/2025	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.71	1 Hacker Way
		Menlo Park, CA 94025-1456
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Digital advertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)	
Ĺ	Sch: 19/57 Rpt: 27/84	Johnson, Nathan M. (The Honorable) 00081605	-/	
4	Date	5 Payee name		
	05/27/2025	Facebook		
6	Amount (\$) \$575.96	7 Payee address; City; State; Zip Code		
	φ5/5.90	1 Hacker Way		
		Menlo Park, CA 94025-1456		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Digital advertising		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	DH		
	Date	Payee name		
	06/26/2025	Facebook		
	Amount (\$)	Payee address; City; State; Zip Code		
\$14.20 1 Hacker Way				
		Menlo Park, CA 94025-1456		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Digital advertising		
		Signal advertising		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	/T		
	Date	Payee name		
	06/26/2025	Facebook		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$653.57	1 Hacker Way		
		Menlo Park, CA 94025-1456		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Digital advertising		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	DH		

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: 20/57 Rpt: 28/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	06/30/2025	Fly Unified LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,255.00	680 E Main St
		# 1280
		Stamford, CT 06901-2113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign digital marketing consulting services
		Campaigh digital marketing consulting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	05/19/2025	Fresas
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.60	915 N Lamar Blvd
		Austin, TX 78703-4946
	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
		Food for staff
		1 334 131 34411
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/14/2025	Funky East Dallas Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 181734
		Dallas, TX 75218-8734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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 Gard Layment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 21/57 Rpt: 29/84	Johnson, Nathan M. (The Honorable)	00081605			
4	Date	5 Payee name				
	04/30/2025	Gardner, May				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	1504 Murray Ln				
	l					
	l	Austin, TX 78703-3411				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Galaries/ Wages/Goritradi Easor	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense			
	l	Campaign				
	l		-			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	Н				
	Date	Payee name				
	03/31/2025	Gardner, May				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	1504 Murray Ln				
	l					
		Austin, TX 78703-3411				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Eabor	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense			
	l	Campaign				
	l					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	Н				
	Date	Payee name				
	02/28/2025	Gardner, May				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	1504 Murray Ln				
	l					
	l	Austin, TX 78703-3411				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor	avel outside of Texas. Complete Schedule T.			
		Campaign	ustin, TX, officeholder living expense			
	l	Campaign	Salaiy			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O		Cine neid			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 22/57 Rpt: 30/84	Johnson, Nathan M. (The Honorable) 00081605				
4	Date	5 Payee name				
	01/31/2025	Gardner, May				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	1504 Murray Ln				
		Austin, TX 78703-3411				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
		Check if Austin, TX, officeholder living expense Campaign salary				
		Campaigh salary				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/O	the state of the s				
H	Date					
	05/30/2025	Payee name				
		Gardner, May				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	1504 Murray Ln				
		Austin, TX 78703-3411				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign salary				
		Sumpaigh saidi y				
⊢	Complete ONLY if direct					
	expenditure to benefit C/OH					
H	Date	Payee name				
	06/30/2025	Gardner, May				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	1504 Murray Ln				
	φοσο.σσ	1004 Mulitay Eli				
		Austin, TX 78703-3411				
	PURPOSE	I a .				
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign salary				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
Г						
ı						

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	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: 23/57 Rpt: 31/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/02/2025	Google
6	Amount (\$) \$56.28	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Workspace subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/03/2025	Google
	Amount (\$) \$54.63	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Workspace subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Google
	Amount (\$) \$53.73	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Workspace subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Fees Office Overhead/Rental
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contrac

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/57 Rpt: 32/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/02/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google Workspace subscription
		Coogie Workspace Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	<u> </u>	
	Date	Payee name
	05/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Google workspace subscription
		Google workspace subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	06/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.73	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE	(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 Google Workspace subscription
		Google workspace subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
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	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: 25/57 Rpt: 33/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/17/2025	Gutierrez, Sarah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
		Buda, TX 78610-2765
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign operations consulting
		Campaigh operations consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	02/11/2025	Gutierrez, Sarah
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
		Buda, TX 78610-2765
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign operations consulting
		Campaigh operations consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Device same
	03/12/2025	Payee name Gutierrez, Sarah
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	401 Middle Crk
		Buda, TX 78610-2765
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign operations consulting
		Campaign operations consulting
_	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		es Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed above)	
	orean oura'r dyment	The Instru	ction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 26/57 Rpt: 34/84	Johnson, Nathan M.	(The Honorable)				00081605		
4	Date	Payee name							
	04/11/2025	Gutierrez, Sarah							
6	Amount (\$)	Payee address; Cit	y; State; Zip Co	ode					_
	\$1,000.00	401 Middle Crk							
		Buda, TX 78610-276	5						
8	PURPOSE			(b)	Description				_
ľ	OF	Consulting Expense	listed at the top of this schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Consuling Expense					officeholder living		
					Campaign op	era	itions consu	lting	
9	Complete ONLY if direct	Candidate/Officeholder n	ame Office sou	ight			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							=
	05/14/2025	Gutierrez, Sarah							
	Amount (\$)	Payee address; Cit	y; State; Zip Co	ode					_
	\$1,000.00	401 Middle Crk							
		Buda, TX 78610-276	5						
	PURPOSE		listed at the top of this schedule)	(b)	Description				-
	OF	Consulting Expense	listed at the top of this scriedule)	(-,	_ `	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE		Consulting Expense		Check if Austin, TX, officeholder living expense					
					Campaign op	era	itions consu	lting	
	Complete ONLY if direct	Candidate/Officeholder n	ame Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	06/10/2025	Gutierrez, Sarah							
	Amount (\$)	Payee address; Cit	y; State; Zip Co	ode					
	\$1,000.00	401 Middle Crk							
		Buda, TX 78610-276	5						
	PURPOSE	Category (See Categories	listed at the top of this schedule)	(b)	Description				_
	OF EXPENDITURE	Consulting Expense	,		Check if travel of			plete Schedule T.	
	EXPENDITORE						officeholder living		
					Campaign op	era	itions consu	lting	
									_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder n	ame Office sou	ıght			Office he	eld	
	Superiorder to beliefft 6/01								

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: 27/57 Rpt: 35/84	Johnson, Nathan M. (The Honorable) 00081605			
4	Date	5 Payee name			
	01/03/2025	Hill Country Springs			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$30.57	PO Box 2220			
		Manchaca, TX 78652-2220			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Office water delivery			
		Simos Mator delivery			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
F	Date	Payee name			
	02/04/2025	Hill Country Springs			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$89.56 PO Box 2220				
		Manchaca, TX 78652-2220			
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Check if Austin, 1X, officerolder living		Office water delivery			
		omoc water delivery			
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				
	Date	Payee name			
	03/04/2025	Hill Country Springs			
Н	Amount (\$)	Payee address; City; State; Zip Code			
	\$173.56	PO Box 2220			
		Manchaca, TX 78652-2220			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Office water delivery			
		Office water delivery			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
1	expenditure to benefit C/OI				
\vdash					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/57 Rpt: 36/84	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	
	04/02/2025	Hill Country Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$93.57	PO Box 2220	
		Manchaca, TX 78652-2220	
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L Of	ffice water delivery
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	05/02/2025	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.57	PO Box 2220	
		Manchaca, TX 78652-2220	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense ffice water delivery
			nee water delivery
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	06/03/2025	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.57	PO Box 2220	
		Manchaca, TX 78652-2220	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Of	ffice water delivery
L	Complete ONLY if direct	Condidate/Officeholder name	Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
_			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 29/57 Rpt: 37/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/22/2025	Hootsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$158.83	111 East 5th Avenue
		Vancouver BC V5T4L1 Canada
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Social media management software
		Cooled media managoment contract
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	the state of the s
_	Data	
	Date	Payee name
	02/24/2025	Hootsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.83	111 East 5th Avenue
		Vancouver BC V5T4L1 Canada
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Social media management software
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/24/2025	Hootsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.83	111 East 5th Avenue
		Vancouver BC V5T4L1 Canada
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social media management software
		Social media management solitware
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cobadula F1	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 30/57 Rpt: 38/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/22/2025	Hootsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$158.83	111 East 5th Avenue
	Ψ±30.03	111 Lact out Worldo
		Vancouver BC V5T4L1 Canada
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Social media management software
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/22/2025	Hootsuite
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$158.83	111 East 5th Avenue
	Φ130.83	TIT LASI JUI AVEIIUE
L		Vancouver BC V5T4L1 Canada
	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.
	LAF LINDI I URE	Check if Austin, TX, officeholder living expense
		Social media management software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/23/2025	Hootsuite
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$158.83	111 East 5th Avenue
	Φτ00.00	TIT FUSI OUI MIGHING
		Vancouver BC V5T4L1 Canada
	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.
	EM LINDITURE	Check if Austin, TX, officeholder living expense
		Social media management software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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	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: 31/57 Rpt: 39/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/31/2025	Internal Revenue Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$276.38	PO Box 93210
		Louisville, KY 40293
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Payroll taxes
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	02/28/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.37	PO Box 93210
		Louisville, KY 40293
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll taxes
		T dyron dates
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	03/31/2025	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.38	PO Box 93210
		Louisville, KY 40293
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Payroll taxes
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure 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 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: Sch: 32/57 Rpt: 40/84	2 FILER NAME Johnson, Nathan M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081605
4	Date 04/30/2025	5 Payee name Internal Revenue Service
6	Amount (\$) \$276.37	7 Payee address; City; State; Zip Code PO Box 93210
8	PURPOSE OF EXPENDITURE	Louisville, KY 40293 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/30/2025	Payee name Internal Revenue Service
	Amount (\$) \$273.38	Payee address; City; State; Zip Code PO Box 93210 Louisville, KY 40293
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/30/2025	Payee name Internal Revenue Service
	Amount (\$) \$267.37	Payee address; City; State; Zip Code PO Box 93210
		Louisville, KY 40293
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 33/57 Rpt: 41/84	Johnson, Nathan M. (The Honorable)		00081605
4	Date	5 Payee name	•	
	01/14/2025	Intuit		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$4.26	2632 Marine Way		
		Mountain View, CA 94043-1126		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	_/			Check if Austin, TX, officeholder living expense
				1099 processing fee
_	Complete ONLY if direct	Condidate (Office holder name Office acu	abt	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnı	Office held
	Date	Payee name		
	01/31/2025	Intuit		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$186.55	2632 Marine Way		
		Mountain View, CA 94043-1126		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Campaign accounting and payroll processing
				software
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Cince Hald
	Date	Payes name		
	03/03/2025	Payee name Intuit		
			-1-	
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$220.66	2632 Marine Way		
		M		
		Mountain View, CA 94043-1126		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign accounting and payroll processing
				software
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		J	
_				

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: 34/57 Rpt: 42/84	Johnson, Nathan M. (The Honorable) 00081605	
4	Date	5 Payee name	
	03/31/2025	Intuit	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$186.55	2632 Marine Way	
		Mauratain Vieus CA 04042 112C	
Ļ	PURPOSE	Mountain View, CA 94043-1126	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign accounting and payroll processing software	
Ļ	Complete CNII V if direct		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨	Date	Power name	_
	05/01/2025	Payee name Intuit	
-	Amount (\$)	Payee address; City; State; Zip Code	_
	\$186.55	2632 Marine Way	
		Mountain View, CA 94043-1126	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign accounting and payroll processing	
		software	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialiture to benefit C/OI		
	Date	Payee name	
L	06/02/2025	Intuit	
	Amount (\$) \$186.55	Payee address; City; State; Zip Code 2632 Marine Way	
	Ψ100.55	2032 Maine Way	
		Mountain View, CA 94043-1126	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LXI ENDITORE	☐ Check if Austin, TX, officeholder living expense Campaign accounting and payroll processing	
		software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/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/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: 35/57 Rpt: 43/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/31/2025	Johnson, Nathan M
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.78	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Willeage Tellibursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-i
	Date	Payee name
	04/30/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.14	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Willeage Tellinbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.53	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Expense
		Mileage reimbursement
_	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: 36/57 Rpt: 44/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	02/28/2025	Johnson, Nathan M
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.98	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense Mileage reimbursement
		willeage reinibulsement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Date	Payee name
	01/31/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.97	7775 Firefall Way
	Φ01.91	
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	06/30/2025	Johnson, Nathan M
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.05	7775 Firefall Way
		Apt 1104
		Dallas, TX 75230-7303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Schedule G Reimbursement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO BOTTOM OF CI	

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit 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: 37/57 Rpt: 45/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
l	04/30/2025	Lappinga, Lani
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$500.00	7014 Asbury Dr
l		
		Austin, TX 78724-3696
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign salary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/OI	<u> </u>
	Date	Payee name
	03/31/2025	Lappinga, Lani
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7014 Asbury Dr
l		
		Austin, TX 78724-3696
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign salary
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
l	Date 02/28/2025	Payee name
		Lappinga, Lani
l	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7014 Asbury Dr
l		
		Austin, TX 78724-3696
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Campaign salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\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 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 38/57 Rpt: 46/84	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	•
	01/31/2025	Lappinga, Lani	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	7014 Asbury Dr	
		•	
		Austin, TX 78724-3696	
8	PURPOSE	<u> </u>	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Calarios, Wagos, Contract Lasor	Check if Austin, TX, officeholder living expense
			Campaign salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/30/2025	Lappinga, Lani	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7014 Asbury Dr	
		Austin, TX 78724-3696	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EVDENDITUDE	Jaianes/Wayes/Contract Labor	—
	EXPENDITURE	Salanes/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Salanes/Wages/Contract Labor	—
			Check if Austin, TX, officeholder living expense Campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Campaign salary
_	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Campaign salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Payee name Lappinga, Lani	Check if Austin, TX, officeholder living expense Campaign salary
_	Complete ONLY if direct expenditure to benefit C/OlDate 06/30/2025 Amount (\$)	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code	Check if Austin, TX, officeholder living expense Campaign salary
_	Complete ONLY if direct expenditure to benefit C/OlDate 06/30/2025	Candidate/Officeholder name Office sought Payee name Lappinga, Lani	Check if Austin, TX, officeholder living expense Campaign salary
_	Complete ONLY if direct expenditure to benefit C/OlDate 06/30/2025 Amount (\$)	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code	Check if Austin, TX, officeholder living expense Campaign salary
_	Complete ONLY if direct expenditure to benefit C/OlDate 06/30/2025 Amount (\$)	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code	Check if Austin, TX, officeholder living expense Campaign salary
_	Complete ONLY if direct expenditure to benefit C/OlDate 06/30/2025 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696	Check if Austin, TX, officeholder living expense Campaign salary
	Complete ONLY if direct expenditure to benefit C/Old Date 06/30/2025 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696	Check if Austin, TX, officeholder living expense Campaign salary Office held Description Check if travel outside of Texas. Complete Schedule T.
_	Complete ONLY if direct expenditure to benefit C/OFDate 06/30/2025 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696 (a) Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense Campaign salary Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
_	Complete ONLY if direct expenditure to benefit C/OFDate 06/30/2025 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696 (a) Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense Campaign salary Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OF Date 06/30/2025 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense Campaign salary Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign salary
	Complete ONLY if direct expenditure to benefit C/OFDate 06/30/2025 Amount (\$) \$500.00	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Campaign salary Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Ontext Date 06/30/2025 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Campaign salary Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign salary
	Complete ONLY if direct expenditure to benefit C/Ontext Date 06/30/2025 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Lappinga, Lani Payee address; City; State; Zip Code 7014 Asbury Dr Austin, TX 78724-3696 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense Campaign salary Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign salary

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Conditional Office holder/Political

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			ervices			s/Contract Labor		OTHER (enter a	strict a category not listed above)	
				struction Guide	e explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 39/57 Rpt: 47/84	Johr	nson, Nathan	M. (The Hon	orable)				00081605		
4	Date	5 Paye	ee name								
	02/01/2025	Law	Office of Juli	e Johnson							
6	Amount (\$)	7 Paye	ee address;	City;	State; Zip C	ode					
	\$800.00	1222	22 Merit Dr								
		Ste	1200								
		Dalla	as, TX 75251	-2231							
8	PURPOSE	(a) Cate	gory (See Categ	ories listed at the to	op of this schedule)	(b)	Description				_
	OF EXPENDITURE		ce Overhead/I				_			plete Schedule T.	
	EXI ENDITORE						_		officeholder livin	g expense	
							Campaign of	IICE	Tent		
9	Complete ONLY if direct	Candi	date/Officehold	or namo	Office so	ught			Office h	old	_
9	expenditure to benefit C/OI		uate/Oniceriolu	ei name	Office So	ugnt			Office II	eiu	
_	Data										_
	Date 03/01/2025	1 1	ee name Office of Juli	o lobneon							
					Otata: 71: 0	1 -					
	Amount (\$)	1 1	ee address;	City;	State; Zip C	oae					
	\$800.00		22 Merit Dr								
			1200	0004							
			as, TX 75251								_
	PURPOSE OF	ı	gory (See Categ			(b)	Description Check if traval	outoi	do of Toyon Com	anlata Cahadula T	
	EXPENDITURE	Offic	ce Overhead/I	Rental Exper	nse				officeholder living	nplete Schedule T. g expense	
							Campaign off	fice	rent		
	Complete ONLY if direct		date/Officehold	er name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date	Paye	ee name								=
	04/01/2025	Law	Office of Juli	e Johnson							
	Amount (\$)	Paye	ee address;	City;	State; Zip C	ode					
	\$800.00	1222	22 Merit Dr								
		Ste	1200								
		Dalla	as, TX 75251	-2231							
	PURPOSE	(a) Cate	gory (See Categ	ories listed at the to	on of this schedule)	(b)	Description				
	OF EXPENDITURE		ce Overhead/I				Check if travel			nplete Schedule T.	
	EXPENDITORE						ш		officeholder living	g expense	
							Campaign off	ııce	rent		
	Complete ONLY if alice at	Co:"	data/Office belief	or nome	O#:	uabt			Office !-	old	_
	Complete ONLY if direct expenditure to benefit C/OI		date/Officehold	ет патте	Office so	ugnt			Office h	c iu	
											_

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 40/57 Rpt: 48/84	Johnson, Nathan M. (The Honorable) 00081605	
4	Date	5 Payee name	
	05/01/2025	Law Office of Julie Johnson	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$800.00	12222 Merit Dr	
		Ste 1200	
		Dallas, TX 75251-2231	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign office rent	
		Gampaign Sines Tell	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/01/2025	Law Office of Julie Johnson	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	12222 Merit Dr	
		Ste 1200	
		Dallas, TX 75251-2231	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign office rent	
		Gampaigh office rent	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	
	01/03/2025	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$345.32	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
	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	
		Campaign database subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	

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

	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: 41/57 Rpt: 49/84	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	•
	02/07/2025	NGP VAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$345.32	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	onice overnead/Nerital Expense	el outside of Texas. Complete Schedule T.
		l — I —	in, TX, officeholder living expense latabase subscription
		Campaigh u	atabase subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office Held
_	Date	Davies warms	
	03/05/2025	Payee name NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$345.32	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		,	atabase subscription
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/03/2025	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$345.32	655 15th St NW	
		Ste 650	
		Washington, DC 20005-5738	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Campaign d	atabase subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefft C/OI	•	
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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/57 Rpt: 50/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/05/2025	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$345.32	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign database subscription
		Campaign database subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/03/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$345.32	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign database subscription
		1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	01/02/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.83	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Welchant lee
	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 -

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: 43/57 Rpt: 51/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/06/2025	Paragon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.53	2141 E Broadway Rd
l		Ste 202
		Tempe, AZ 85282-1895
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Merchantiee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/OI	the state of the s
	Date	Payee name
	02/03/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.06	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Merchantiee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/03/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Merchant fee
dash	Operation ONE VIII II	Out that Office hallowers Office and the Control of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica 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: 44/57 Rpt: 52/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/02/2025	Paragon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Wetchantie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/02/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Welchart lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 E Broadway Rd
		Ste 202
		Tempe, AZ 85282-1895
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fee
		Merchantiee
_	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 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/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: 45/57 Rpt: 53/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	02/24/2025	Pastors 4 Children
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 471155
		Fort Worth, TX 76147-1155
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
		Candidate/Oniceriolder/Political Committee Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/06/2025	Progress Texas
		~
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 132162
	\$250.00	FO BOX 132102
		B. II TV TT040 0400
		Dallas, TX 75313-2162
	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
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
_	Date	Payee name
	04/30/2025	Rayo, Rose Marie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
	Ψ230.00	0031 Tolahu St
		Dallar, TV 75007 0700
		Dallas, TX 75227-3762
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

	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: 46/57 Rpt: 54/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	03/31/2025	Rayo, Rose Marie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign salary
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/28/2025	Rayo, Rose Marie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign salary
		- Campaig. Calary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
_	Date	Payee name
	01/31/2025	Rayo, Rose Marie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
	Ψ200.00	OSSE FORMA SE
		Dallas, TX 75227-3762
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign salary
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

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	
1	Total pages Cabadula F1:	1
1	Total pages Schedule F1: Sch: 47/57 Rpt: 55/84	2 FILER NAME Johnson, Nathan M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081605
4	Date	5 Payee name
	05/30/2025	Rayo, Rose Marie
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 6831 Toland St Dallas, TX 75227-3762
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign salary
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Rayo, Rose Marie
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6831 Toland St
		Dallas, TX 75227-3762
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2025	Senate Ladies Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,375.00	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Senate gala sponsorship
	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 48/57 Rpt: 56/84	Johnson, Nathan M. (The Honorable) 00081605	
4	Date	5 Payee name	_
	01/16/2025	Spaw Senate Account	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,100.00	1200 S Congress Ave	
		Austin, TX 78704-2422	
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 Senate lounge fee	
		Contain tourings too	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/04/2025	Spaw Senate Account	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$361.25	1200 S Congress Ave	
		Austin, TX 78704-2422	
	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	
		Senate lounge fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	_
	06/04/2025	Spaw Senate Account	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$165.00	1200 S Congress Ave	
		Austin, TX 78704-2422	
	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 Contribution for Lt. Gov Patrick's gift	
		Contribution for Et. Gov i directs gift	
\vdash	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: 49/57 Rpt: 57/84	Johnson, Nathan M. (The Honorable)	00081605
4	Date	5 Payee name	
	01/14/2025	Stonewall Democrats of Dallas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	PO Box 192305	
		Dallas, TX 75219-8517	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	Carranació Cinicario Carranació	n, TX, officeholder living expense
		Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
H	D-1-	T -	
	Date	Payee name	
	04/03/2025	Texas Legislative Study Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,030.00	PO Box 12943	
		Austin, TX 78711-2943	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Dues	, , , , , , , , , , , , , , , , , , ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/05/2025	Texas Senate Democratic Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	PO Box 1042	
		Austin, TX 78767-1042	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees	outside of Texas. Complete Schedule T.
	LXI LINDITORE		n, TX, officeholder living expense
		Dues	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
H			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Gift/Awards/Memorials Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/57 Rpt: 58/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/30/2025	Texas Workforce Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
		Austin, TX 78701-1442
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Payroll taxes
		T dyfoli taxos
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	the state of the s
_		
	Date	Payee name
	03/31/2025	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
		Austin, TX 78701-1442
	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 TV officeholder living expanse.
		Check if Austin, TX, officeholder living expense Payroll taxes
		i dyron taxes
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	02/28/2025	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
		Austin, TX 78701-1442
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Payroll taxes
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/57 Rpt: 59/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	01/31/2025	Texas Workforce Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
		Austin, TX 78701-1442
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
		Austin, TX 78701-1442
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Payroll taxes
		1 dyfoil taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	101 E 15th St
		Austin, TX 78701-1442
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Payroll taxes
		r dyfoli taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 52/57 Rpt: 60/84	Johnson, Nathan M. (The Honorable) 00081605
4 Date	5 Payee name
04/11/2025	Uber
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.20	1455 Market St
	Ste 400
	San Francisco, CA 94103-1355
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Ground transportation
	Ground transportation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/11/2025	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$43.77	1455 Market St
	Ste 400
	San Francisco, CA 94103-1355
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Ground transportation
	Ground transportation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/14/2025	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$30.57	1455 Market St
	Ste 400
	San Francisco, CA 94103-1355
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Ground transportation
	Ground transportation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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	/ - al Cor	•	s/Wag	ges/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
L	·	_	The Instruction Guide explains how to	com	plete this form.		
1	Total pages Schedule F1:	2			3		(Ethics Commission Filers)
	Sch: 53/57 Rpt: 61/84		Johnson, Nathan M. (The Honorable)			00081605	
4	Date	5	Payee name				
L	04/22/2025	L	Uber				
6	Amount (\$)	7	Payee address; City; State; Zip	Code	e		
	\$31.29		1455 Market St				
			Ste 400				
			San Francisco, CA 94103-1355				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	b) Description		
	OF EXPENDITURE		Transportation Equipment And Related			tside of Texas. Com	
			Expense		Ground transpo	X, officeholder living ortation	g expense
					Cround transpe	or tation	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	ouah 	 ht	Office he	eld
	expenditure to benefit C/O		Since 9	- ~gı	-	2.700 110	
	Date		Payee name				
L	04/22/2025	L	Uber				
	Amount (\$)		Payee address; City; State; Zip	Code	e		
	\$105.23		1455 Market St				
			Ste 400				
			San Francisco, CA 94103-1355				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	b) Description		
	OF EXPENDITURE		Transportation Equipment And Related		<u> </u>	tside of Texas. Com	
			Expense		Ground transpo	X, officeholder living artation	j expense
					Croana nanspe	J. 1411011	
	Complete ONLY if direct		Candidate/Officeholder name Office s	I ough	ht	Office he	eld
	expenditure to benefit C/OI	H					
	Date		Payee name				
L	04/22/2025	L	Uber				
	Amount (\$)		Payee address; City; State; Zip	Code	e		
	\$33.93		1455 Market St				
			Ste 400				
			San Francisco, CA 94103-1355				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	b) Description		
	OF EXPENDITURE		Transportation Equipment And Related			tside of Texas. Com	
			Expense		Check if Austin, TX Ground transpo	X, officeholder living ortation	g expense
					Ground transpo	oi tatiUH	
	Complete ONLY if direct		Candidate/Officeholder name Office s	ough	ht	Office he	eld
	expenditure to benefit C/O	Н		-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/57 Rpt: 62/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	06/26/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.76	1455 Market St
		Ste 400
		San Francisco, CA 94103-1355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense Ground transportation
		Ground transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/12/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.25	525 N Lamar Blvd
		Austin, TX 78703-5411
	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
		Food for Capitol office
		T 334 for Suprior Silver
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/17/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.98	525 N Lamar Blvd
	40.00	
		Austin, TX 78703-5411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Tissues for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Giff

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/57 Rpt: 63/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	04/14/2025	Whole Foods
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.52	525 N Lamar Blvd
		Austin, TX 78703-5411
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks and supplies for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/14/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.96	525 N Lamar Blvd
		Austin, TX 78703-5411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks and supplies for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	05/05/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.75	525 N Lamar Blvd
		Austin, TX 78703-5411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Snacks and supplies for Capitol office
	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

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: 56/57 Rpt: 64/84	Johnson, Nathan M. (The Honorable) 00081605
4	Date	5 Payee name
	05/14/2025	Whole Foods
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.80	525 N Lamar Blvd
		Austin, TX 78703-5411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Snacks and supplies for Capitol office
		Shacks and supplies for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	_	
	Date	Payee name
	01/14/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.66	525 N Lamar Blvd
		Austin, TX 78703-5411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Snacks and supplies for Capitol office
		Snacks and supplies for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/27/2025	Whole Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.28	525 N Lamar Blvd
		Austin, TX 78703-5411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Snacks and supplies for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	kpense	Polling Expens Printing Expen	ad/Rental Expense se se s/Contract Labor		Travel in Distric		
	Credit Card Payment			The Instruction Guid	de explains l	now to compl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 57/57 Rpt: 65/84		Johnson, N	Nathan M. (The Ho	norable)				00081605		
4	Date	5	Payee name					_			_
	06/09/2025		Z to A Res								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code		_			
	\$32,000.00		1109 N Inte	erstate 35							
			Apt 1502								
			Austin, TX	78702-2059							
8	PURPOSE	(a)		See Categories listed at the		(b)	Description				_
ľ	OF	``	Polling Exp		top of this sche	edule) (47)		outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		- 5 1				_	ı, TX	, officeholder livin	g expense	
							Polling				
L											
9	Complete ONLY if direct expenditure to benefit C/OI) H	Candidate/Off	ficeholder name	C	office sought			Office h	eld	
								_			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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	s Commis	sion Filers)			
	Sch: 1/16 Rpt: 66/84	Johnson, Nathan M	I. (The Honorable)			00081605					
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	2,225.0)5			
6	PAYMENT	(a) Amount Charged \$243.50	(b) Date of Charge 01/12/2025	(c) Date(s) 02/03/20) Credit Card Issue 125	r Paid					
7	PAYEE	(a) Payee name		(b) Payee 1 Ikea W Round R		City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Descrip	ption						
L	Non-Political		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	e sought		Office held					
	PAYMENT	(a) Amount Charged \$39.84	(b) Date of Charge 01/21/2025	(c) Date(s) 02/03/20) Credit Card Issue 125	r Paid					
	PAYEE	(a) Payee name			address; y Donovan Plz X 78758-3713	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description Food/beverage during staff outing							
	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 \$74.42	(b) Date of Charge 01/21/2025	(c) Date(s) 02/03/20) Credit Card Issue 125	r Paid					
	PAYEE	(a) Payee name			address; y Donovan Plz X 78758-3713	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description Food/beverage during staff outing							
L	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
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 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: 2/16 Rpt: 67/84	Johnson, Nathan M	I. (The Honorable)			00081605				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	2,225.0)5		
6	PAYMENT	(a) Amount Charged \$119.52	(b) Date of Charge 01/21/2025	(c) Date(s) 02/03/20) Credit Card Issuer 125	Paid				
7	PAYEE	(a) Payee name			ıy Donovan Plz	City,	State,	Zip Code		
Ļ	DUDDOSE OF	(a) Catagony			X 78758-3713					
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip Food/bev	verage during sta	uff outing				
	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 sou			e sought		Office held					
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$25.27	(b) Date of Charge 01/15/2025	(c) Date(s) 02/03/20) Credit Card Issuer 125	Paid				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Uber			1455 Market St Ste 400 San Francisco, CA 94103-1355					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Ground transportation						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$49.51	(b) Date of Charge 01/15/2025	(c) Date(s) 02/03/20) Credit Card Issuer 125	Paid				
	PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma Ste 400 San Frar	•	City, -1355	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Descri	ption ransportation					
	Non-Political	` 1	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				
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 (Ethi	ics Commiss	sion Filers)				
	Sch: 3/16 Rpt: 68/84	Johnson, Nathan M	I. (The Honorable)			00081605						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	2,225.0)5				
6	PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 01/15/2025	(c) Date(s 02/03/20) Credit Card Issue 125	er Paid						
7	PAYEE	(a) Payee name Uber			rket St ncisco, CA 94103	City, 3-1355	State,	Zip Code				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descri	ption ransportation							
	Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living exp	pense					
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$43.29	(b) Date of Charge 01/29/2025	(c) Date(s) 03/03/20) Credit Card Issue 125	er Paid						
	PAYEE	Amazon (a) r dyce dadress, 440 Terry Ave N				City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Kitchen equipment for Capitol office								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living exp	pense					
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$40.04	(b) Date of Charge 02/13/2025	(c) Date(s) 03/03/20) Credit Card Issue 025	er Paid						
	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terr		City,	State,	Zip Code				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			tal Expense	(b) Description Frames for Capitol office								
\vdash	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX	Office held	pense					
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Onicendider	name Unice	z souynı		Onice nelu						
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 Inst	ruction Guide explains how	to complet	e this	s form.				
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
	Sch: 4/16 Rpt: 69/84	Johnson, Nathan M	I. (The Honorable)				00081605			
4	CREDIT CARD ISSUER		ncial institution revious	EXPE	NDI RGEI	UNITEMIZED TURES TO A CREDIT	\$	2,225.0)5	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid			
		\$96.34	02/02/2025	03/03/2	2025	1				
7	PAYEE	(a) Payee name		(b) Paye	e ad	dress;	City,	State,	Zip Code	
		Lumen Tech		100 Ce						
Ļ		() 0 :				71203-2041				
8	PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule) Microphones for recording			, vidooo					
	X Political	Office Overhead/Rent		Microphones for recordin			videos			
	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	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid			
		\$20.19	02/05/2025	03/03/2	2025	1				
PAYEE (a) Payee name			•	(b) Paye	e ad	dress;	City,	State,	Zip Code	
		l lla a n		1455 M	larke	et St				
		Uber		Ste 400)					
				San Fra	ancis	sco, CA 94103	-1355			
	PURPOSE OF	(a) Category	-f.4b-i	(b) Desc						
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Ground transportation						
	X Political	Expense								
	Non-Political	I	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:	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(03/03/2		redit Card Issuer	Paid			
		\$22.61	02/05/2025	03/03/2	2023					
Г	PAYEE	(a) Payee name		(b) Paye	e ad	dress;	City,	State,	Zip Code	
				1455 M	larke	et St				
		Uber		Ste 400)					
				San Fra	ancis	sco, CA 94103	-1355			
	PURPOSE OF	(a) Category		(b) Desc	•					
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Ground	l trar	nsportation				
	X Political	Expense								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held			
e	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica	ű			THER (enter a categor	y not listed al	oove)		
		uction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)		
Sch: 5/16 Rpt: 70/84	Johnson, Nathan M	. (The Honorable)		00081605				
4 CREDIT CARD ISSUER	Name of finan see pr		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,225.0)5		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$28.10	03/05/2025	04/03/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Amazon		440 Terry Ave N	Oity,	Glate,	Zip Couc		
			Seattle, WA 98109-5210					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of Office Overhead/Rental Control of the Contro	•	Frames for Capitol office					
X Political	Office Overficad/Nerio	ai Experise						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$38.64	03/06/2025	04/03/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			440 Terry Ave N					
	Amazon							
			Seattle, WA 98109-5210					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of		Frames for Capitol office					
x Political	Office Overhead/Renta	ai Experise						
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH			3					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$38.64	03/06/2025	04/03/2025					
	Ψ30.04	03/00/2023						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(4) 1 4) 2 2 1 4		440 Terry Ave N	-1.5,	,	_p		
	Amazon		,					
			Seattle, WA 98109-5210					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top of		Frames for Capitol office					
X Political	Office Overhead/Renta	aı ⊨xpense						
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		e sought	Office held				
expenditure to benefit C/OH			Ŭ					
	<u> </u>							
<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 th	is form.						
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)			
Sch: 6/16 Rpt: 71/84	Johnson, Nathan M	1. (The Honorable)			00081605					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$	2,225.0)5			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 04/03/202	Credit Card Issuer	Paid					
	\$774.02	03/03/2025	04/03/202	3						
7 PAYEE	(a) Payee name	•	(b) Payee ac		City,	State,	Zip Code			
	Lumen Tech	100 Centu	rylink Dr							
		(a) Catagoria								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
X Political	Office Overhead/Rental Expense			ny equipment fo	r campaign					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense					
9 Complete ONLY if direct Candidate/Officeholder name Off			e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid					
	\$111.71	04/15/2025	05/14/202	5						
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
	68 Degrees Kitcher	1	2401 Lake Austin Blvd							
			Austin, TX	78703-4543						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meeting meal							
X Political	1 oour Develage Expen	1100								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0 05/14/202	Credit Card Issuer	Paid					
	\$18.43	04/02/2025	03/14/2023	5						
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code			
			440 Terry	Ave N						
	Amazon									
				A 98109-5210						
PURPOSE OF	(a) Category	of this schedule)	(b) Descripti							
l <u>—</u>	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Capitol office						
X Political	X Political									
Non-Political		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										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instr	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: 7/16 Rpt: 72/84	Johnson, Nathan M	. (The Honorable)		00081605					
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED		0.005.6				
ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$	2,225.0)5			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$8.79	03/30/2025	05/14/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip					
	A		440 Terry Ave N						
	Amazon								
			Seattle, WA 98109-5210						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Food/Beverage Exper		Snacks for Capitol office						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 05/14/2025						
	\$35.71	04/01/2025	03/14/2023						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
			440 Terry Ave N						
	Amazon								
			Seattle, WA 98109-5210						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodula)	(b) Description						
<u></u>	Office Overhead/Rent		Office supplies for Capitol Office						
X Political									
Non-Political	<u> </u>	of Texas. Complete Schedule T.		officeholder living expe	nse				
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 Jacuar	Doid					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 05/14/2025	Paid					
	\$5.00	04/03/2025							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	(a) i ayoo namo		440 Terry Ave N	Oity,	Otato,	Zip code			
	Amazon								
			Seattle, WA 98109-5210						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top		Snacks for Capitol office						
X Political	X Political Food/Beverage Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers				sion Filers)	
	Sch: 8/16 Rpt: 73/84	Johnson, Nathan M	I. (The Honorable)	00081605					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$ 2,225.05			
6	PAYMENT	(a) Amount Charged \$39.51	(b) Date of Charge 04/16/2025	(c) Date(s) 05/14/20	Credit Card Issue 25	er Paid			
7	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terry Seattle, \		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	(b) Description Disposable bowls for Capitol office						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct candidate/Officeholder name office expenditure to benefit C/OH				e sought		Office held			
	PAYMENT	(a) Amount Charged \$41.12	(b) Date of Charge 04/16/2025	(c) Date(s) 05/14/20	Credit Card Issue 25	er Paid			
	PAYEE	(a) Payee name Amazon (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Payee 440 Terry		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political			(b) Description Disposable cups for Capitol office					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living ex	pense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$549.00	(b) Date of Charge 04/04/2025	(c) Date(s) Credit Card Issue 05/14/2025		er Paid			
	PAYEE	(a) Payee name Clayton Spangler Photographic		(b) Payee 235 Poin Charlesto		City, 785	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description 89th session panoramic photo					
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense		
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 Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 9/16 Rpt: 74/84	Johnson, Nathan M	I. (The Honorable)	00081605				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$ 2,225.05)5
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C 05/14/202	Credit Card Issuer	Paid		
	\$250.00	04/21/2025					
7 PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code
	Stonewall Democrats of Dallas		PO Box 19	2305			
				75219-8517			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti Contributio				
X Political	Contributions/Donatio	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 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		Credit Card Issuer	r Paid		
	\$2,500.00	04/18/2025	05/14/202	0			
PAYEE	(a) Payee name	I	(b) Payee ad	ddress;	City,	State,	Zip Code
	Toyas Domogratia (Dorty.	PO Box 15	707			
	Texas Democratic F	Party	Austin TX	78761-5707			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top		Contributio	n			
X Political	Contributions/Donatio Candidate/Officeholde	,					
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	() (T (1) = 1 (1)	1// - ///				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 05/14/2025				
	\$354.03	04/14/2025	03/14/202	5			
PAYEE	(a) Payee name	ı	(b) Payee ad	ddress;	City,	State,	Zip Code
			233 S Wad	ker Dr			
	United Airlines						
			Chicago, IL 60606-7147				
PURPOSE OF	(a) Category	-f. Al-i	(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	or this schedule)	Return trav	el from politica	l meetings		
X Political							
Non-Political	(c) X Check if travel outside			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							

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: 10/16 Rpt: 75/84	Johnson, Nathan M	1. (The Honorable)	00081605						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$ 2,225.05		05		
6 PAYMENT	(a) Amount Charged \$38.99	(b) Date of Charge 04/14/2025	(c) Date(s) Credi 05/14/2025	t Card Issuer	Paid				
7 PAYEE	(a) Payee name United Airlines (b) Payee address; 233 S Wacker Dr Chicago, IL 60606-7147				Zip Code				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	(b) Description Baggage fee							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	x, officeholder living expense				
9 Complete ONLY if direct candidate/Officeholder name Office expenditure to benefit C/OH			e sought		Office held				
PAYMENT	(a) Amount Charged \$47.61	(b) Date of Charge 04/28/2025	(c) Date(s) Credi 06/09/2025	t Card Issuer	Paid				
PAYEE	(a) Payee name Amazon		(b) Payee addres 440 Terry Ave Seattle, WA 98	N	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Dish rack for Capitol office and wrapping for end of session gifts						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	eck 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 \$22.71	(b) Date of Charge 04/28/2025	(c) Date(s) Credi 06/09/2025	t Card Issuer	Paid				
PAYEE	(a) Payee name Amazon		(b) Payee addres 440 Terry Ave Seattle, WA 98	N	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Wrapping supplies for end of session gifts and staff gift				aff gift		
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	e sought	ock ii Austiii, TA,	officeholder living exp	51130				

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					
Sch: 11/16 Rpt: 76/84	Johnson, Nathan M	1. (The Honorable)	00081605					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$ 2,225.05				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$10.81	04/28/2025	06/09/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Amazon		440 Terry Ave N					
			Seattle, WA 98109-521	0				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Office Overhead/Ren	•	Wrapping for Senator end of session gifts					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	X, officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$28.12	04/28/2025	06/09/2025					
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code		
	Amazon		440 Terry Ave N					
			Seattle, WA 98109-521	0				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
X Political	Office Overhead/Ren		Gift bags for end of session gifts					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	rpense			
Complete ONLY if direct	Candidate/Officeholder		ice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$16.23	04/30/2025	06/09/2025					
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code		
			440 Terry Ave N	- 3,	,			
	Amazon							
			Seattle, WA 98109-5210					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	Kitchen equipment for 0	Capitol office				
X Political	Janua Overneau/Rein	iai Experise						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	rpense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH	<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 C			(Ethics Commission Filers)	
Sch: 12/16 Rpt: 77/84	Johnson, Nathan M	I. (The Honorable)	00081605				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,225.05)5	
6 PAYMENT	(a) Amount Charged \$38.96	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issue 06/09/2025	er Paid			
7 PAYEE	Amazon		(b) Payee address; 440 Terry Ave N Seattle, WA 98109-5210	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(b) Description Kitchen supplies for Capi	tol office			
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 expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$38.98	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issue 06/09/2025	er Paid			
PAYEE	(a) Payee name Amazon		(b) Payee address; 440 Terry Ave N Seattle, WA 98109-5210	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies for Capitol office					
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 Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$19.49	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issue 06/09/2025	er Paid			
PAYEE	(a) Payee name Amazon		(b) Payee address; 440 Terry Ave N Seattle, WA 98109-5210	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Office supplies				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, TX e sought	, officeholder living expe	nse		

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	2 FILER NAME			3 Filer ID (Ethics Comm				
Sch: 13/16 Rpt: 78/84	Johnson, Nathan M	1. (The Honorable)	00081605						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$ 2,225.05)5		
6 PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 05/13/2025	(c) Date(s) Cre 06/09/2025	edit Card Issuer	Paid				
7 PAYEE	(a) Payee name Amazon		(b) Payee add 440 Terry Av Seattle, WA	ve N	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political		321 2 3 7 3 m 3 4 3 4 3 4 3 4 3 4 3 4 3 4 4 3 4			(b) Description Wrapping for end of session gifts				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office			e sought		Office held				
PAYMENT	(a) Amount Charged \$11.46	(b) Date of Charge 05/14/2025	(c) Date(s) Cre 06/09/2025	edit Card Issuer	Paid				
PAYEE	Amazon		(b) Payee add 440 Terry Av Seattle, WA	ve N	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	(b) Description		oitol office					
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 Offic	e sought		Office held				
PAYMENT	(a) Amount Charged \$227.06	(b) Date of Charge 06/01/2025	(c) Date(s) Cre 06/30/2025	edit Card Issuer	Paid				
PAYEE	(a) Payee name 68 Degrees Kitchen		(b) Payee add 2401 Lake A Austin, TX 7	ustin Blvd	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	,	(b) Description Meal with sta	1					
Non-Political	(1)	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 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 F					
Sch: 14/16 Rpt: 79/84	Johnson, Nathan M	I. (The Honorable)	00081605					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,225.05				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$46.86	05/28/2025	06/30/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Amazon		440 Terry Ave N					
0. 0.100000000	(a) Cataman		Seattle, WA 98109-5210					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Supplies for Capitol office - storage bags disposable bowl first aid					
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	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged (b) Date of Charge \$10.81 05/30/2025		(c) Date(s) Credit Card Issue 06/30/2025	r Paid				
			00/30/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Amazon		440 Terry Ave N					
			Seattle, WA 98109-5210					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gift bags for end of session gifts					
X Political	Office Overhead/Rent		Gill bags for end of session gills					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$8.53	05/28/2025	06/30/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Amazon		440 Terry Ave N					
	741102011		Seattle, WA 98109-5210					
PURPOSE OF	(a) Category	(1)	(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Cleaning supplies for Cap	pitol office				
X Political		,						
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)	
	Sch: 15/16 Rpt: 80/84	Johnson, Nathan M	I. (The Honorable)	00081605					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$ 2,225.05		05	
6	PAYMENT	(a) Amount Charged \$19.49	(b) Date of Charge 06/01/2025	(c) Date(s) 06/30/20	Credit Card Issue 25	er Paid			
7	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terry Seattle. V		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies for Capitol office					
	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 expenditure to benefit C/OH				e sought		Office held			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
		\$19.51	06/20/2025	(5) = 5.115(5)					
	PAYEE	(a) Payee name Amazon		(b) Payee 440 Terry	y Ave N	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Descrip	WA 98109-5210 otion r staff gifts				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held			
	PAYMENT	(a) Amount Charged \$600.00	(b) Date of Charge 06/18/2025	(c) Date(s)	Credit Card Issue	er Paid			
	PAYEE	(a) Payee name Einstein Moving Company			address; strial Blvd X 78745-1203	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri Movers f	or Austin apartm				
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0.00116.64	Check if Austin, TX	, officeholder living ex	pense		
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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	 Gift/Awards 	age Expense F /Memorials Expense F	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	e Transportation Equipi Travel in District Travel Out of District OTHER (enter a cate		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	on Filers)
Sch: 16/16 Rpt: 81/84	Johnson, Nathan M	. (The Honorable)		00081605		
4 CREDIT CARD ISSUER	Name of finan see pr		5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	S \$	2,225.0	5
6 PAYMENT	(a) Amount Charged \$136.22	(b) Date of Charge 06/25/2025	(c) Date(s) Credit Ca	ard Issuer Paid		
7 PAYEE	(a) Payee name Fresas		(b) Payee address; 915 N Lamar Blvd Austin, TX 78703		State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Food/Beverage Exper		(b) Description Meeting meal			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			. Check it	f Austin, TX, officeholder living e	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	ice sought	Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 82/84 Johnson, Nathan M. (The Honorable) 00081605 Date Payee name 04/21/2025 ParkMobile 6 Amount (\$) Payee address; City; State; Zip Code \$5.05 1100 Spring St NW Ste 200 Reimbursement from political contributions intended Х Atlanta, GA 30309-2824 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense Parking Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 83/84 2 FILER NAME Filer ID (Ethics Commission Filers) Johnson, Nathan M. (The Honorable) 00081605 8 Amount (\$) Date 5 Name of person from whom amount is received 03/20/2025 Amazon \$12.96 6 Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 Purpose for which amount is received Check if political contribution returned to filer Purchase refund Name of person from whom amount is received Amount (\$) Date 03/26/2025 \$7.57 Amazon Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 Purpose for which amount is received Check if political contribution returned to filer Purchase refund Date Name of person from whom amount is received Amount (\$) 03/26/2025 \$7.57 Amazon Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109 Purpose for which amount is received Check if political contribution returned to filer Purchase refund

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 84/84 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson, Nathan M. (The Honorable) 00081605 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule C2 Schedule D Schedule F1 Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Johnson, Nathan 8 Departure city or name of departure location 04/21/2025 Washington DC 9 Destination city or name of destination location 04/21/2025 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Political meetings Commercial Airplane