

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00086233	2 Total pages filed: 27		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Nathan E.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Watkins	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 8611 Unity Drive			Date Hand-delivered or Date Postmarked		
	Baytown, TX 77523			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Cheryl E.	FIRST	MI			
	NICKNAME	LAST Johnson	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 810 Myrtlewood Drive		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Friendswood, TX 77456					
7 CAMPAIGN TREASURER PHONE	AREA CODE (508) 423-3328	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 23		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Watkins, Nathan E. (Mr.)		14 Filer ID (Ethics Commission Filers) 00086233
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 444,622.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 31,242.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 382,371.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Nathan E. Watkins

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

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

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<b>18</b> FILER NAME	<b>19</b> Filer ID	(Ethics Commission Filers)
Watkins, Nathan E. (Mr.)	00086233	
<b>20</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	400,572.46
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	44,049.60
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	18,200.56
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	13,041.75
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/13 Rpt: 4/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABALOS, J	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  WINNIE, TX 77665	
<b>8</b> Principal occupation / Job title (See Instructions) Oil and Gas		<b>9</b> Employer (See Instructions) Vortech Contracting
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABT, MIRIAM	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  ANAHAUC, TX 77514	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) United Salt Corporation
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHMAD, ANWAR	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77063	
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) HCA Houston Healthcare
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON-BALLIS, JONI	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77024	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUER, CODY	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  WINNIE, TX 77665	
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Calton and Associates Inc

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/13 Rpt: 5/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDIMARTE, NATHAN	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  BEAUMONT, TX 77706	
<b>8</b> Principal occupation / Job title (See Instructions) MLO		<b>9</b> Employer (See Instructions) SELF EMPLOYED
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BUILDING THE FUTURE PAC	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77024	
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Carter construction
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, ROBERT	<b>Amount of Contribution (\$)</b> \$10,000.00
	<b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEMENT, ZACHARY	<b>Amount of Contribution (\$)</b> \$7,500.00
	<b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	
<b>Principal occupation / Job title (See Instructions)</b> Presodemt		<b>Employer (See Instructions)</b> South Coast Industries LLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/13 Rpt: 6/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 10/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIELS, CONNIE	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
<b>8</b> Principal occupation / Job title (See Instructions) Advisor		<b>9</b> Employer (See Instructions) Guarantee Mortgage Company
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURDIN, J L	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  MONT BELVIEU, TX 77580	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) SATTERFIELD PONTIKES CONSTRUCTION
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUREE, DWIGHT	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions) CHIROPRACTOR		Employer (See Instructions) SELF
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESPINOZA, FLORA	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions) Accounting and Business Manager		Employer (See Instructions) Eagle Point Homes
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITZGERALD, RYAN	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77521	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Trux Super Store

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 4/13 Rpt: 7/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)			<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 12/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOTE, CHARLES	<b>7</b> Amount of Contribution (\$) \$5,000.00	
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77024		
<b>8</b> Principal occupation / Job title (See Instructions) EVP		<b>9</b> Employer (See Instructions) Satterfield & Pontikes Construction	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARBS, ANTHONY	Amount of Contribution (\$) \$2,082.03	
	Contributor address; City; State; Zip Code  MONT BELVIEU, TX 77580		
Principal occupation / Job title (See Instructions) DR and Owner		Employer (See Instructions) MONT BELVIEW FAMILY WELLNESS	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARDNER, JENNIFER	Amount of Contribution (\$) \$300.00	
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED	
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILFILLIAN, TAMMIE	Amount of Contribution (\$) \$150.00	
	Contributor address; City; State; Zip Code  STOWELL, TX 77661		
Principal occupation / Job title (See Instructions) Testing Coordinator		Employer (See Instructions) East Chambers Independent school District	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANT, KRIS	Amount of Contribution (\$) \$2,500.00	
	Contributor address; City; State; Zip Code  HOUSTON, TX 77015		
Principal occupation / Job title (See Instructions) COUNTY TAX ASSESSOR COLLECTOR		Employer (See Instructions) GALVESTON COUNTY TAX ASSESSOR COLLECTOR	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/13 Rpt: 8/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMAN, ROBBIN	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
<b>8</b> Principal occupation / Job title (See Instructions) HISTORIAN AND MANAGEMENT		<b>9</b> Employer (See Instructions) GALVESTON HISTORICAL FOUNDATION
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, HOLLY	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code  MONT BELVIEU, TX 77523	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) Mont Belviewu Real Estate Agents
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANNISE, KEITH	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  WALLISVILLE, TX 77597	
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) DH MASONRY INC
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMMY SYLVIA CAMPAIGN ACCOUNT	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code  COVE, TX 77523	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, CHERYL	Amount of Contribution (\$) \$1,561.52
	Contributor address; City; State; Zip Code  FRIENDSWOOD, TX 77546	
Principal occupation / Job title (See Instructions) CEO/PRESIDENT		Employer (See Instructions) JOMAR ELECTRICAL CONTRACTORS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/13 Rpt: 9/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, DWAYNE	<b>7</b> Amount of Contribution (\$) \$104.10
	<b>6</b> Contributor address; City; State; Zip Code  GALVESTON, TX 77551	
<b>8</b> Principal occupation / Job title (See Instructions) ED		<b>9</b> Employer (See Instructions) GALVESTON HISTORICAL FOUNDATION
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, MONICA	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  WINNIE, TX 77665	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Modern Heart and Vascular
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH M TICE CAMPAIGN ACCOUNT	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH M TICE CAMPAIGN ACCOUNT	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNIGHT, MORGAN	Amount of Contribution (\$) \$3,123.05
	Contributor address; City; State; Zip Code  CONROE, TX 77385	
Principal occupation / Job title (See Instructions) MANAGEMENT		Employer (See Instructions) GALVESTON PARK BOARD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/13 Rpt: 10/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAPAGLIA, MARK	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  SPRING, TX 77389	
<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKEOWN, JESS	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  HANKAMER, TX 77560	
Principal occupation / Job title (See Instructions) OFFICE		Employer (See Instructions) DR. SARMA CHALLA
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCMANUS, REBECCA	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  MONT BELVIEW, TX 77580	
Principal occupation / Job title (See Instructions) Superintendent		Employer (See Instructions) Barber Hill ISD
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILES, MARTIN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  GALVESTON, TX 77554	
Principal occupation / Job title (See Instructions) IMTERIM CEO		Employer (See Instructions) GALVESTON PARK BOARD
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOACK, JAMES	Amount of Contribution (\$) \$1,041.02
	Contributor address; City; State; Zip Code  SPRING, TX 77382	
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Woodlands Online

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/13 Rpt: 11/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUCKOLS, DANNY	<b>7</b> Amount of Contribution (\$) \$520.51
	<b>6</b> Contributor address; City; State; Zip Code  COVE, TX 77523	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWENS, JULIA	Amount of Contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions) HAR
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIPES, CLINTON	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  MONT BELVIEU, TX 77580	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) LWL, Inc General Contractors
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOLE, GREG	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions) Superintendent		Employer (See Instructions) Barbers Hill ISD
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGO, A.M.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77059	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) GC Engineers

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/13 Rpt: 12/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROMAINE, DON	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 12/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ROUGHNECK RENTALS, LP	<b>Amount of Contribution (\$)</b> \$5,000.00
	<b>Contributor address; City; State; Zip Code</b>  WINNIE, TX 77665	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN DAGLEY CAMPAIGN ACCOUNT	<b>Amount of Contribution (\$)</b> \$10,000.00
	<b>Contributor address; City; State; Zip Code</b>  BEACH CITY, TX 77523	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) RYERKERK, LORI	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Contributor address; City; State; Zip Code</b>  WINNIE, TX 77665	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> Celanese
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHATTE, ANDREW	<b>Amount of Contribution (\$)</b> \$25,000.00
	<b>Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77005	
<b>Principal occupation / Job title (See Instructions)</b> Managing Partner		<b>Employer (See Instructions)</b> Americus Holdings

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Watkins, Nathan E. (Mr.)			
<b>4 Date</b> 12/09/2025	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHATTE, ANDREW  <b>6 Contributor address; City; State; Zip Code</b>  HOUSTON, TX 77005	<b>1 Total pages Schedule A1:</b> Sch: 10/13 Rpt: 13/27	<b>3 Filer ID (Ethics Commission Filers)</b> 00086233
		<b>7 Amount of Contribution (\$)</b> \$5,000.00	
<b>8 Principal occupation / Job title (See Instructions)</b> Managing Partner		<b>9 Employer (See Instructions)</b> Americus Holdings	
<b>Date</b> 12/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SELF, DONNIE  <b>Contributor address; City; State; Zip Code</b>  WINNIE, TX 77665	<b>Amount of Contribution (\$)</b> \$500.00	
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> Waste Management Solutions	
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SNELL, JO  <b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	<b>Amount of Contribution (\$)</b> \$5,000.00	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED	
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SPEER, ELAINE  <b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	<b>Amount of Contribution (\$)</b> \$1,000.00	
<b>Principal occupation / Job title (See Instructions)</b> OWNER		<b>Employer (See Instructions)</b> CVH FARMS LLC	
<b>Date</b> 12/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SPEER, KEVIN  <b>Contributor address; City; State; Zip Code</b>  MONT BELVIEU, TX 77523	<b>Amount of Contribution (\$)</b> \$10,000.00	
<b>Principal occupation / Job title (See Instructions)</b> NUCLEAR MEDICINE TECH		<b>Employer (See Instructions)</b> SELF EMPLOYED	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/13 Rpt: 14/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR GOOD GOVERNMENT PAC .....  <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77007	<b>7</b> Amount of Contribution (\$) \$75,000.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR GOOD GOVERNMENT PAC .....  <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77007	Amount of Contribution (\$) \$50,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE BEER ALLIANCE OF TEXAS .....  <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, DANIEL .....  <b>6</b> Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTANT SELF-EMPLOYED	
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAWEEK, LORI .....  <b>6</b> Contributor address; City; State; Zip Code  SEABROOK, TX 77586	Amount of Contribution (\$) \$520.51
	Principal occupation / Job title (See Instructions) Employer (See Instructions) GM Gulf Coast Authority	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/13 Rpt: 15/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCENT, CHRISTOPHER	<b>7</b> Amount of Contribution (\$) \$400.00
	<b>6</b> Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
<b>8</b> Principal occupation / Job title (See Instructions) OWNER		<b>9</b> Employer (See Instructions) IGUANA JOES
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WATKINS, JESSICA	<b>Amount of Contribution (\$)</b> \$104.10
	<b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	
<b>Principal occupation / Job title (See Instructions)</b> RN		<b>Employer (See Instructions)</b> Daisy Foundation
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WATKINS, NATHAN	<b>Amount of Contribution (\$)</b> \$104.10
	<b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	
<b>Principal occupation / Job title (See Instructions)</b> Vice President		<b>Employer (See Instructions)</b> Americus Holdings
<b>Date</b> 12/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, CHERYL	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  WINNIE, TX 77665	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> East Chambers Independent School District
<b>Date</b> 10/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) YBARRA, VICTOR	<b>Amount of Contribution (\$)</b> \$1,041.02
	<b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	
<b>Principal occupation / Job title (See Instructions)</b> OWNER		<b>Employer (See Instructions)</b> CACTUS JACK'S

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/13 Rpt: 16/27
<b>2</b> FILER NAME Watkins, Nathan E. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086233
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNGQUIST, BRETT ..... <b>6</b> Contributor address; City; State; Zip Code  Naples, FL 34108	<b>7</b> Amount of Contribution (\$) \$50,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Self

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 17/27</p>
<p><b>2</b> FILER NAME Watkins, Nathan E. (Mr.)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00086233</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p><b>5</b> Date 11/12/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 146 SIGN COMPANY, LLC</p>		<p><b>8</b> Amount of contribution (\$) \$8,818.52</p>	<p><b>9</b> In-kind contribution description Campaign T Shirts</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  WALLISVILLE, TX 77597</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/12/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 146 SIGN COMPANY, LLC</p>		<p>Amount of contribution (\$) \$1,731.08</p>	<p>In-kind contribution description Campaign signs and door hangers</p>
	<p>Contributor address; City; State; Zip Code  WALLISVILLE, TX 77597</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SANDS PAC</p>		<p>Amount of contribution (\$) \$33,500.00</p>	<p>In-kind contribution description POLLING</p>
	<p>Contributor address; City; State; Zip Code  AUSTIN, TX 78701</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 18/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 12/31/2025	5 Payee name CHAIN BRIDGE BANK, N.A.	
6 Amount (\$) \$25.00	7 Payee address; City; 1445A LAUGHING AVE  MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name LP PRINTING	
Amount (\$) \$265.21	Payee address; City; 5417 PINE ST  BELLAIRE, TX 77401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTED SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name NUMINAR INC.	
Amount (\$) \$1,000.00	Payee address; City; 1201 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CRM SUBSCRIPTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 19/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 12/01/2025	5 Payee name NUMINAR INC.	
6 Amount (\$) \$1,000.00	7 Payee address; City; 1201 WILSON BLVD  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CRM SUBSCRIPTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name NUMINAR INC.	
Amount (\$) \$1,000.00	Payee address; City; 1201 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CRM SUBSCRIPTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name PRUDHOMME, PATRICK	
Amount (\$) \$2,000.00	Payee address; City; 7907 BEAVER STREET  BAYTOWN, TX 87523	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN GENERAL CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 20/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 12/30/2025	5 Payee name RED CURVE SOLUTIONS, LLC	
6 Amount (\$) \$2.25	7 Payee address; City; 138 CONANT STREET  BEVERLY, MA 01915	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BATCHING AND CAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name SHORT COURSE STRATEGIES, LLC	
Amount (\$) \$6,000.00	Payee address; City; PO BOX 9762  SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name SUREFIRE PUBLIC AFFAIRS	
Amount (\$) \$1,865.00	Payee address; City; 15700 CINCA TERRA DRIVE  AUSTIN, TX 78738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANVASS WALKER PAYMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 21/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 12/26/2025	5 Payee name THE J LOFT COMPANY	
6 Amount (\$) \$3,000.00	7 Payee address; City; 5033 CUGGIONO PL  SAINT LOUIS, MO 63110	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE DEVELOPMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name THE LIFESTYLE MEDIA LLC	
Amount (\$) \$1,400.00	Payee address; City; 15814 CRAIGHURST DRIVE  HOUSTON, TX 77059	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT PHOTOGRAPHY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name WINRED	
Amount (\$) \$41.02	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 22/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 10/29/2025	5 Payee name WINRED	
6 Amount (\$) \$96.22	7 Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 10/27/2025	Payee name WINRED	
Amount (\$) \$20.51	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 10/24/2025	Payee name WINRED	
Amount (\$) \$4.10	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 23/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 10/23/2025	5 Payee name WINRED	
6 Amount (\$) \$41.02	7 Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/12/2025	Payee name WINRED	
Amount (\$) \$61.52	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/13/2025	Payee name WINRED	
Amount (\$) \$24.61	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 24/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 11/14/2025	5 Payee name WINRED	
6 Amount (\$) \$10.25	7 Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/20/2025	Payee name WINRED	
Amount (\$) \$15.76	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/16/2025	Payee name WINRED	
Amount (\$) \$3.94	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 25/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233
4 Date 12/17/2025	5 Payee name WINRED	
6 Amount (\$) \$197.00	7 Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/23/2025	Payee name WINRED	
Amount (\$) \$123.05	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/31/2025	Payee name WINRED	
Amount (\$) \$4.10	Payee address; City; 1776 WILSON BLVD  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 1/2 Rpt: 26/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233	
4 Date 10/15/2025	5 Payee name Cactus Jacks		
6 Amount (\$) \$8,091.75	7 Payee address; City; State; Zip Code 13225 E I 10 Frontage Rd  Mont Belvieu, TX 77523		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/03/2025	Payee name Texas Secretary of State		
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1019 Brazos  Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign filing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/30/2025	Payee name envision!		
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 5535 Memorial Drive Ste F715 Houston, TX 77007		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Management	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/2 Rpt: 27/27	2 FILER NAME Watkins, Nathan E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00086233	
4 Date 12/09/2025	5 Payee name firefox Video		
6 Amount (\$) \$1,200.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  505 S Friendswood Dr  Friendswood, TX 77546		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Video Production	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held