

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
	NICKNAME		LAST Watkins		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 8611 Unity Drive Baytown, TX 77523		ZIP CODE		OFFICE USE ONLY
					Date Received ELECTRONICALLY FILED 01/15/2026
					Date Hand-delivered or Date Postmarked
	Receipt #				Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST Cheryl E.		MI
	NICKNAME		LAST Johnson		SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 810 Myrtlewood Drive Friendswood, TX 77456		APT / SUITE #;		CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(508)	423-3328			
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	Day	Year	THROUGH	Month Day Year
	07/01/2025				12/31/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
	03/03/2026				
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) <input type="checkbox"/> Additional Pages	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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	444,622.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	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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18 FILER NAME Watkins, Nathan E. (Mr.)	19 Filer ID (Ethics Commission Filers) 00086233
--------------------------------------------------	-----------------------------------------------------------

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/27
2 FILER NAME Watkins, Nathan E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00086233
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIELS, CONNIE <hr/> 6 Contributor address; City; State; Zip Code BAYTOWN, TX 77523	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Advisor		9 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 <hr/> Contributor address; City; State; Zip Code MONT BELVIEU, TX 77580	Amount of Contribution (\$) \$10,000.00
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 <hr/> Contributor address; City; State; Zip Code BAYTOWN, TX 77523	Amount of Contribution (\$) \$260.25
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 <hr/> Contributor address; City; State; Zip Code BAYTOWN, TX 77523	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code BAYTOWN, TX 77521	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Trux Super Store

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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
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)

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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
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)

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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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
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)

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; State; Zip Code 5033 CUGGIONO PL SAINT LOUIS, MO 63110	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name THE LIVESTYLE MEDIA LLC	
Amount (\$) \$1,400.00	Payee address; City; State; Zip Code 15814 CRAIGHURST DRIVE HOUSTON, TX 77059	
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 <u>ONLY</u> 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; State; Zip Code 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 <u>ONLY</u> 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
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)

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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name WINRED	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name WINRED	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 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 <u>ONLY</u> 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
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)

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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name WINRED	
Amount (\$) \$61.52	Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name WINRED	
Amount (\$) \$24.61	Payee address; City; State; Zip Code 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 <u>ONLY</u> 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
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)

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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/20/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$15.76	Payee name WINRED Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3.94	Payee name WINRED Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

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; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name WINRED	
Amount (\$) \$123.05	Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name WINRED	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 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 <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
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)

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 <input type="checkbox"/> Reimbursement from political contributions intended		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	
Date 12/03/2025		Payee name Texas Secretary of State			
Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended		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 Campaigning filing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/30/2025		Payee name envision!			
Amount (\$) \$3,000.00 <input type="checkbox"/> Reimbursement from political contributions intended		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	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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)

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