#### CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 07 MS / MRS / MR FIRST 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** Mr Nathaniel NAME Date Received NICKNAME LAST SUFFIX Buchanan 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE **OFFICEHOLDER** San Antonio, TX, 78240 6803 Alan Hale MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512)609-0733 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER Nathaniel** Mr Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Buchanan STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN TREASURER 78240 6803 Alan Hale San Antonio TX **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (512 609-0733 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day Month Year **COVERED** 12 / 22 / 21 / 21 5 **THROUGH** ELECTION DATE **ELECTION TYPE** 11 ELECTION Other Primary Runoff Year Description Special General 22 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE COUNTY JUDGE 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

FORM C/OH

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Nathaniel Buchanan		16	Filer	ID (E	thics Commission Filers)
17 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)		\$	600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	1,850.12
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY	\$	22.58
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE	\$	1,250.00
19 SIGNATURE Le	wear or	affirm under nanathy of parium, that the accompanying report is true a	nd co	moet a	nd includes all information

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.

Signature of Candidate or Officeholder

## Please complete either option below:

(1) Affidavit  LUKE ALEJAN  Notary Public  My Comm. E  ID No. 1:	©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©©	
Sworn to and subscribed before me by Nathonia	1 Edward Buchangethis the 12	day of January,
20, 22, to certify which, witness my hand and seal of o		,
My Now Live	e Martinez	Personal Banker
Signature of officer administering oath Printed nam	e of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth is	
My address is		
(street)	(city) (state)	(zip code) (country)
Executed in County, State of	, on theday of(month)	, 20 (year)
	Signature of Candidate/Office	
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us	Revised 8/17/2020

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

<u> </u>	### 1.1 (# 1.4 to 1				
19 FILER NAME Nathaniel Buchanan		20 Filer ID	(Ethics Con	nmissio	on Filers)
Nathan	ilei Buchanan		····		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				,	SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CO	NTRIBUTIONS		\$	600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KINE	) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTION			\$	0.00
4.	SCHEDULE E: LOANS			\$	1,250.00
5.	SCHEDULE F1: POLITICAL EXPENDITUR	ES MADE FROM POLITICAL CONTRIBUTION	NS	\$	1,850.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIC	ATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTM	ENTS MADE FROM POLITICAL CONTRIBUT	rions	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE E	Y CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURE	S MADE FROM PERSONAL FUNDS		\$	21.70
10.	SCHEDULE H: PAYMENT MADE FROM PO	DLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITU	RES MADE FROM POLITICAL CONTRIBUTIO	NS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAI TO FILER	NS, REFUNDS, AND CONTRIBUTIONS RETU	JRNED	\$	0.00

## MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the reques	ted information is not applicable, DO	NOT include this page in the	report.
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
2 FILER NAME Nathaniel E	Buchanan		3 Filer ID (Ethics Commission Filers)
4 Date	Rose Farias	of-state PAC (ID#:)	7 Amount of contribution (\$)
12/11/2021	6 Contributor address; Cit	y; State; Zip Code	100.00
8 Principal occu Deputy Sherif	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of contribution (\$)
01/07/2022	Contributor address; Cit	y; State; Zip Code	500.00
	8500 Colchester San	Antonio, TX, 78254	
Principal occup	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; Cit	y; State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; Cit	y; State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)
	ATTACH ADDITIONAL If contributor is out-of-state PAC, please	COPIES OF THIS SCHEDULE AS Nessee Instruction guide for additional	

# LOANS

If the requested	l information is not applicable, DC	NOT include this page in the re	port.
The	Instruction Guide explains how to c	complete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME  Nathaniel But	chanan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 11/22/2021	7 Name of lender □ out-of Diana Holguin	-state PAC (ID#:)	9 Loan Amount (\$) 1,250.00
6 Is lender a financial Institution?	8 Lender address; City; 8500 Colchester San	State; Zip Code Antonio TX 78254	10 Interest rate 0.00 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll.  none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	f-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun- account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	L
15.1-		COPIES OF THIS SCHEDULE AS NEE	

SCHEDULE E

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Nathaniel Buchanan		3 Filer ID (Ethic	cs Commission Filers)	***************************************
4 Date	5 Payee name				
09/20/2021	Got Print				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
21.70	1001 Nolen Drive	Grapevine	TX	76051	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Business Card	is		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/22/2021	Republican Party of Bexar County				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,250.00	10300 Heritage Blvd Ste 240	San Antonio	D TX	78216	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Filing Fee				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
01/10/2022	UZ Marketing				
Amount (\$)	Payee address;	City;	State;	Zip Code	
471.26	5900 Bingle Rd	Houston	TX	77092	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising	Signs			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

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

Credit Card Payment	The Instruction Guide ex	plains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Nathaniel Buchanan		3 Filer ID (Ethics	Commission Filers)
4 Date 01/10/2022	5 Payee name Amazon			
6 Amount (\$) 107.16	7 Payee address; Online	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Advertising	of this schedule) (b) Description  Material		
	(C) Check if travel outside of Texas. Comp	olete Schedule T. Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description		
	Check if travel outside of Texas. Comp	olete Schedule T. Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description		
	Check if travel outside of Texas. Comp	lete Schedule T. Check if Austi	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED	