CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Nathaniel mr. NAME Date Received Ruchanan 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Reducted - Law Enforcement **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered os-Bete Postmarked **OFFICEHOLDER** (512) 609-0733 FIRST **PHONE** Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** mr. Nathoniel NAME **Date Processed** NICKNAME Date Imaged Buchanan STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** Reducted - Law Enforcement **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION** TREASURER PHONE (SIZ) 609-0733 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD **COVERED** 2024 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Bexar County Sheriff 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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME **COMMITTEE ADDRESS** GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
Nathaniel Buchan	<i>an</i>	·	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECTRICATION		* Ø
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	\$ 7,397,97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 2,358,43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	\$ 2,358, 43 AST DAY \$ 3,025.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS O G PERIOD	S S
18 SIGNATURE I	swear, or affirm, under penalty of perjury, t	hat the accompanying report is tro	ue and correct and includes all information
re	quired to be reported by me under Title 15, E	Election Code.	
		11/1/n_	
		Mal	
		Signature of C	andidate or Officeholder
	Please comp	lete either option belo	w:
		900	>
(4) 450.4		\$	BROOK LORRAINE PHILLIPS
(1) Affidavit		***************************************	Notary Public, State of Texas 8 My Comm. Exp. 10-04-2027
		800	ID No. 134589710
NOTARY STAMP/SEA	L '	***	***************************************
	before me by NATHANIEL BUCH	ANANTI this the	day of JULY,
20 24 to certify	which, witness my hand and seal of office.		Jump av. O
Brown	Brook Loranne		NOTARY PUBLIC
Signature of officer administr	ering dath Printed name of off	icer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	on		
My name is		and my data of hirth i	6
My address is		, and my date or bitti i	
, uudi 000 la	(street)	,,,,,,,	(state) (zip code) (country)
Executed in	County, State of	` */	, 20
	•	(mon	
		Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	hics Commission Filers)	
Nathaniel Buchanan		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICA	AL CONTRIBUTIONS	\$ 5,273.29
2. SCHEDULE A2: NON-MONETARY (IN-I	KIND) POLITICAL CONTRIBUTIONS	\$ 5,273.29 \$ 2,124,68
3. SCHEDULE B: PLEDGED CONTRIBUT	rions .	\$ Ø
4. SCHEDULE E: LOANS		\$ Ø
5. SCHEDULE F1: POLITICAL EXPENDI	ITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,358.43
6. SCHEDULE F2: UNPAID INCURRED O	BLIGATIONS	\$ &
7. SCHEDULE F3: PURCHASE OF INVE	ESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$ Ø
8. SCHEDULE F4: EXPENDITURES MAI	DE BY CREDIT CARD	\$ Ø
9. SCHEDULE G: POLITICAL EXPENDIT	TURES MADE FROM PERSONAL FUNDS	\$ \$
10. SCHEDULE H: PAYMENT MADE FROM	M POLITICAL CONTRIBUTIONS TO A BUSINESS OF (с/он \$ %
11. SCHEDULE I: NON-POLITICAL EXPEN	DITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
12. SCHEDULE K: INTEREST, CREDITS, TO FILER	GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE	5 S

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ТН	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAMI	E		3 Filer ID (Ethics Co	mmission Filers)
Nathaniel	Buchanan			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2,124,6	8
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
04-09	Clany Cope T 7 Contributor address; City; State;	Zip Code	850.9	Advertising
	5434 merdain Park SAM 76261		Check if travel outs	l de of Texas. Complete Schedule T.
l ~	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	Principal occupation (FOR JUDICIAL)	13 Contribu	utor's iob title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor		Amount of	In-kind contribution
	Jennifer Buchanan		Contribution \$	description
06-15	Contributor address; City; State;	Zip Code	1006.00	I Advectising
	Redacted		Check if travel outsi	I de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Business O	wher			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	:		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruction			g requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:	
2 FILER NAM			3 Filer ID (Ethics Commission Filers)	
Nathaniel	Buchanan			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution 9 description	
06-18	7 Contributor address; City; State;	Zip Code	268.68 Advertising	
10 Principal car	8826 Emerald Sky SAXX 78254		Check if travel outside of Texas. Complete Schedule T	
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
	s principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)	
	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution description Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)	4		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A1

т	he instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
FILER NAM	ME		2 5 to 10 5 to 1
Jathaniel	Buchanar		3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor ut-of-state PA	C (ID#	7 Amount of contribution (\$)
12-25	(Chi Pre		
-0	6 Contributor address; City;	State; Zip Code	1,000. <u>Co</u>
	•		
Principal oc	29248 Tessara Cir. Fairoaks Ronch coupetion / Job title (See Instructions)	X 78015	
	The second seconds	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	
	Christopher Schapira		Amount of contribution (\$)
-07	Contributor address; City;	State; Zip Code	H 06
rincipal occ	1200 Estancia Parkway #1217 Auskin supation / Job title (See Instructions)	tx 78748	
	epation / Job due (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	
	David Theres		Amount of contribution (\$)
-08	Contributor address; City;	State; Zip Code	100.00
rincipal occu	upation / Job title (See Instructions)	Dx 78245	
	the (oce mandenous)	Employer (See Instruct	ions)
ate	Full name of contributor out-of-state PAC	(17)6	
	Ray Cervantes		Amount of contribution (\$)
-08	Contributor address; City;	State; Zip Code	25.00
incinal occu	10234 Canton Field San Antonio	X 78245	
	pation / Job title (See Instructions)	Employer (See Instructi	ons)

SCHEDULE A1

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

	he Instruction Guide explains h	low to complete th	is form.	1 Total pages Schedule A1:
FILER NAM	- T			3 Filer ID (Ethics Commission Filers
	Buchanan			
Date	5 Full name of contributor		AC (ID#:	7 Amount of contribution (\$)
. ^	Rochelle Coombs			
73-09	6 Contributor address;	City;	State; Zip Code	100.90
	6732 Beeline Dr.	SGA Antonia	yx 78252	
Principal oc	cupation / Job title (See Instruction	ns)	9 Employer (See Instru	actions)
Date	Full name of contributor			
		out-of-state PA	C (ID#:)	Amount of contribution (\$)
ችን / p	Maria keed		••••	
33-13	Contributor address;	City;	State; Zip Code	20.17
	2806 Curtis Dr.	Cofferas Cove	X 76522	
Principal occi	upation / Job title (See Instructions	s)	Employer (See Instru	ctions)
Date	Full name of contributor	C out-of-state PA	C (ID#:)	
		Ed out of diale 174)	Amount of contribution (\$)
3~13	Louis Estrada	••••••	***************************************	
	Contributor address;	City;	State; Zip Code	500,00
	1927 Delafield Was	San Antonio	X 78283	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	ictions)
Date	Full name of contributor	Out-of-state PAC	(IFW	
	Jeannine Owens	[] agr-on-state two	; (ID#:)	Amount of contribution (\$)
13-14	Contributor address;	City;	State; Zip Code	100,00
	107 Pineward Ln.	San Antonio	TX 78216	
^o rincipal occu	pation / Job title (See Instructions))	Employer (See Instruc	tions)

SCHEDULE A1

TI	he Instruction Guide explains how	to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAM					3/6
Nathaniel	Buchanan				3 Filer ID (Ethics Commission Filers
1 Date	5 Full name of contributor	Out-of-state P/	C (104.		7 Amount of a section of
	Ian Lovestock	out-on-state FA	IC (ID#)	7 Amount of contribution (\$)
33-23	6 Contributor address;	City;	State;	Zip Code	500.00
	8626 Fmeader M	Combada	Xv.	7/0-	
Principal occ	S&26 Emerged Sty Dr. cupation / Job title (See Instructions)	San MATERIC	9 Emc	76254 Dioyer (See Instru	
			a cuit	Joyer (See Instru	ctions)
Date	Full name of contributor	Out-of-state PA	C (ID#:		
	Kevin Kelley		-		Amount of contribution (\$)
03-25	Contributor address;	City;	State;	Zip Code	53.36
.*	11810 Fardman 4.	Sin Matrice	H	76211	
Principal occu	upation / Job title (See Instructions)	Sun Antoniu	Emp	<u>78 ੫ ।</u> loyer (See Instruc	tione)
				ioyor (ooc manac	aud 15)
Date	Full name of contributor	Out-of-state PAG	C (ID#:		Amount of contribution (\$)
42 D.C	Carlos Vela	•••••			
03-26	Contributor address;	City;	State;	Zip Code	S00.00
	7602 Linkviewst	Son britanio	X	78240	
Principal occu	pation / Job title (See Instructions)			oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Christopher Schapina				
13-27	Contributor address;	City;	State;	Zip Code	480.30
	1200 Estercia Aurkury #1217	Austin	X	78015	
Principal occu	pation / Job title (See Instructions)			oyer (See Instruct	ions)
				1	
*					

SCHEDULE A1

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

The	instruction Guide evaluing he	4		1 Total same Cabadala Ad
	Instruction Guide explains ho	ow to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission Filers)
Nathaniel B				
Date	5 Full name of contributor	Out-of-state PA	C (ID#:	7 Amount of contribution (\$)
	Louis Estrada	******************		
03-77	6 Contributor address;	City;	State; Zip Coo	ZSO, 90
	AZZ Delatified Way	San profesio	IX 7825	3
Principal occu	pation / Job title (See Instructions	s)	9 Employer (See	a Instructions)
			annihim jun junu	s instructions)
Date	Full name of contributor	Out-of-state PAC	C (ID#:	Amount of contribution (m)
	Ronny Perkins			Amount of contribution (\$)
13-30	Contributor address;		••••••••	
75 30	Contibutor address;	City;	State; Zip Cod	50, ∞
	25043 Cambridge Well	San bonteria	X 7820	5/
Principal occup	ation / Job title (See Instructions)		Employer (See	
Date	Full name of contributor			
	Jeannine owers	out-of-state PAC	(ID#:	Amount of contribution (\$)
34-18	Contributor address;	City;	State; Zip Code	
		~,	State, Zip Cour	100,50
	107 Pinewood Cn.	San Antonio	YX 78216	
Principal occupa	ation / Job title (See Instructions)		Employer (See	
Date	Full name of contributor	Out-of-state PAC	(ID#:	
	Diana Farrer			
14-18	Contributor address;	City;	State; Zip Code	48.03
		y ,	oute, apoue	
	SIZO Broadwas	Sanbatonio	TX 78209	
Principal occupa	tion / Job title (See Instructions)	20,111,101,10	Employer (See	Instructions)

SCHEDULE A1

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

	The Instruction Guide explains how	to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAI					3 Filer ID (Ethics Commission Filers)
Nathaniel	Buchanan				1
4 Date	5 Full name of contributor	out-of-state P/	AC (ID#:		7 Amount of contribution (\$)
AU-5.	Lovis Estrada		•••••		
04-24	6 Contributor address;		State;	Zip Code	250.00
	1927 Delatified Way	San Antonio	XX	78253	
3 Principal or	ccupation / Job title (See Instructions)		9 Emplo	yer (See Instru	ictions)
Date	Full name of contributor	out-of-state PA	.C (ID#:		Amount of contribution (\$)
	Robert Spring				
04-24	Contributor address;	City;	State;	Zip Code	24.01
·	8A Lucanbaugh mill Rd	Westminster	MD.	21157	
Principal occ	cupation / Job title (See Instructions)	ov c / min sid	1	ver (See Instruc	ctions)
Date	Full name of contributor	Out-of-state PA	C (ID#:		Amount of contribution (\$)
	Brandy Houssen				
04-26	Contributor address;	City;		Zip Code	So. 00
	416 Caches Flower	Cibolo	TX 7	8108	
Principal occ	cupation / Job title (See Instructions)			er (See Instruc	i ctions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
JS-15	Contributor address;	City;	State; Z	ip Code	66
	0214 0-5	•			100.5
Principal occ	upation / Job title (See Instructions)	SanAntonio		78245	
	- restructions)		Employ	er (See Instruc	tions)

SCHEDULE A1

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

2 FILER NA	The Instruction Guide explains h	iow to complete th	ils form.	1 Total pages Schedule A1:
				3 Filer ID (Ethics Commission Filers)
	Bichanen		· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Full name of contributor	Out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
-	Judith Gerwitz	,	· · · · · · · · · · · · · · · · · · ·	
05-02	• Contributor address;	City;	State; Zip Code	96.06
	Po Box 781874	Continue Continue	xx 76776	
8 Principal o	Por Bax 781874 ccupation / Job title (See Instruction	ns)	9 Employer (See Instru	(ctions)
Date	Full name of contributor	Out-of-state PA	AC (ID#:)	T
06-05	Adrian Childers			Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	480. 30
	16735 La Cartera Pturg	San Anterio	7x 78256	
Principal occ	cupation / Job title (See Instructions	3)	Employer (See Instruc	41.
				AIO(15)
Date	Full name of contributor	ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
_	Daviel Thomas		,	· -
Nr Q	1. 200 (C)		* *	
06-19	Contributor address;	City;	State; Zip Code	100.4
	Contributor address;	Sas Antonio	_	100.00
		Sas Antonio	_	
	Contributor address; 20314 Oakwood Crest Supation / Job title (See Instructions) Full name of contributor	Sas Antonio	# 78245 Employer (See Instruct	
Principal occ	Contributor address; 10314 Oakwood Crest cupation / Job title (See Instructions) Full name of contributor Seel Dadley	San Antoniu	Employer (See Instruct	tions) Amount of contribution (\$)
Principal occ	Contributor address; 20314 Oakwood Crest Supation / Job title (See Instructions) Full name of contributor Sel Dadey Contributor address;	San Antoniu i) i) ii) iii) iii)	# 78245 Employer (See Instruct	tions)
Principal occ Date 07-62	Contributor address; 10314 Oakwood Crest Supation / Job title (See Instructions) Full name of contributor Supation Davies Contributor address;	City;	Employer (See Instruct	tions) Amount of contribution (\$)
Principal occ Date 07-62	Contributor address; 20314 Oakwood Crest Supation / Job title (See Instructions) Full name of contributor Sel Dadey Contributor address;	City;	Employer (See Instruction (See Instructi	Amount of contribution (\$)
Principal occ Date 07-62	Contributor address; 10314 Oakwood Crest Supation / Job title (See Instructions) Full name of contributor Supation Davies Contributor address;	City;	Employer (See Instruction (See Instructi	Amount of contribution (\$)
Principal occ Date 07-62	Contributor address; 10314 Oakwood Crest Supation / Job title (See Instructions) Full name of contributor Supation Davies Contributor address;	City;	Employer (See Instruction (See Instructi	Amount of contribution (\$)
Principal occ Date 07-62	Contributor address; 10314 Oakwood Crest Supation / Job title (See Instructions) Full name of contributor Supation Davies Contributor address;	City;	Employer (See Instruction (See Instructi	Amount of contribution (\$)

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relate

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/W		Travel In District Travel Out Of District Other (enter a category not listed above)	
Cledit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1:			·	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	iel Buchanan		l		
4 Date						
02-26%	Sams (······································	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
45.00	SUCS AL	w Loop 410 SATX 782	229			
8		y (See Categories listed at the top of this:		(b) Description		· .
PURPOSE			-			
OF EXPENDITURE	Trawi	in District		bas		
	(c)	Check if travel outside of Texas. Complete So	chedule T.		n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ime				
G}-0(Sams	165				
Amount (\$)	Payee a			City;	State;	Zip Code
40.83	5055 N	WLOUP 410 SAIX 78	229			
PURPOSE		(See Categories listed at the top of this so		Description	-	
OF EXPENDITURE	To at it					
	Travel in		l	() 45		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
()3~0/	Chilis			* •		
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
44.08						
14.	131 SW	LOGP 410 SAM 78245	<			
		(See Categories listed at the top of this so		Description		
PURPOSE			-	• • • • • • • • • • • • • • • • • • •		
OF EXPENDITURE	Food	•		meeting		
ļ		Check if travel outside of Texas. Complete Sc	chedule T.		, TX, officeholder living	expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH		ate , Omognough Harne		Onice sought		Childe Held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

	EVDENDITUDE OF THE		
A A CLUMPLE CO. CANONICO.	EXPENDITURE CATEGORIA	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting Expense	FeedPowers	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made 6	Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District
Candidate/Officeholder/Politic Credit Card Payment		Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Caro Fayment	The Instruction Guide explains		Office (cine) a Carcycry (nu listeu above)
1 Total pages Schedule F1:			
64/6			3 Filer ID (Ethics Commission Filers)
	Nathaniel Buchanan		
4 Date	5 Payee name		
03-04	Tias Tacos		
6 Amount (S)	7 Payee address;		
(4)	/ rayce address;	City;	State; Zip Code
10.24	C. (5.2 E)		
	5423 EVERS 6AX 78238		
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE			
OF			
EXPENDITURE	Frod	la na iii	
	100	meeting	
	(C) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	. TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name		Chronical string expense
expenditure to benefit C/OI	- Candidate / Onicendider name	Office sought	Office held
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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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nathaniel Buchanan 4 Date 5 Payee name Rocky's Tag Hose 03-04 6 Amount (\$) 7 Payee address: City; State: Zip Code 18.41 2423 Alasanton SAIX 78221 R (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Fixel meeting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03-64 Amount (\$) WOK Inn Payee address; City: State; Zip Code 21.54 9822 Potranco SATX 78251 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food EXPENDITURE meeting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03-05 Nichas Amount (\$) Payee address: City: State: Zip Code 41.61 5059 NU LOOP 410 SAIX 78229 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE meeting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nathaniel Buchanan 5 Payee name 03-06 Ding How 6 Amount (\$) 7 Payee address: City; State: Zip Code 49,95 4531 NW LOOP 410 SAX 78229 R (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE meeting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03-07 Awalow Printshup Amount (\$) Payee address; City; State: Zip Code 40.00 1230 DUKERD SDM 78264 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** printing Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 0308 Chilis Amount (\$) Payee address; City; State: Zip Code 18.14 131 LOOP 410 SW SAX 78245 Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Food meeting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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SCHEDULE F1

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nathaniel Buchanan 5 Payee name 03-25 Sams Club 6 Amount (\$) 7 Payee address: City; Zip Code 52.00 SOSSNULPYIOSAM 78229 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Travel in District Cas Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 03-26 Tacos El Rey Amount (\$) Payee address; City: State: Zip Code 30, 13 BU Castrovine pd. SOX 78237 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Meesing Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name 03-27 Amount (\$) Starbucks Payee address: City; State: Zip Code 09 74 4739 Medical Drive Sout Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Food meeting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nathaniel Buchanan 5 Pavee name 03-28 Chesters Hamburgers 7 Payee address: City; Zip Code 30,38 1006 NELP 410 SAIX 78209 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Meeting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03-29 Circle K Amount (\$) Payee address; City; State: Zip Code 25.00 410 & military Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Travel in district Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Date Payee name 04-02 Sams Club Amount (\$) Payee address: City; State: Zip Code 50.50 SOSS NULPYIO SAIX 75229 Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Travel in District 6-45 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nothannel Ruchanan 5 Payee name 04-18 Circle K 6 Amount (S) 7 Payee address; City: State: Zip Code 72 43 5494 Babcock Rd Snyx 78240
(a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** OF EXPENDITURE Travel insul District 605 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 04-19 Circle K Amount (\$) Payee address: City; State: Zip Code 24,00 SYPY Bablack Rd. Spix 78240 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Troval inside DiStrict Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name Awaloo Print SLOP Payee address; City: State: Zip Code 463.00 1230 DUKEPEL SAIX 78264 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Advertising Signs Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
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Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expe

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expenditure to benefit C/0	OH CHARLES THE	Office sought	Office held
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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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Transportation Equipment & Related Expense Travel In District Polling Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Legal Services Travel Out Of District Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Northaniel Bucharan 5 Payee name 05-20 Sams Club 6 Amount (\$) 7 Payee address: City: State: Zip Code 26.00 5565 Decarate Rd. SATX 78249 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Travel inside District Gas Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 05-23 Circle K Amount (\$) Payee address: City: State: Zip Code 20.00 5439 EUR NU. SDIX 78238 Description PURPOSE OF EXPENDITURE Travel inside district Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 06-01 26 mart Amount (\$) Payee address; City; State: Zip Code 36,00 7038 UTSA Blud SATX 78249 Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Trans inside District Gas Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held

SCHEDULE F1

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9 Complete <u>ONLY</u> if direc expenditure to benefit (t Candidate / Officeholder name C/OH	Office sought	Office held
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Office held

SCHEDULE F1

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

Advertising Expense	EXPENDITURE CA	···EGURIES FOR	BOX 8(a)		
Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Salaries/Wages/	Rental Expense Contract Labor	Travel Out Of Di	quipment & Related Expe
4 Total	The Instruction Guide ex	plains how to comple	ete this form.	(
1 Total pages Schedule F1	2 FILER NAME			T	
14//6 4 Date	Northand Buchanan			3 Filer ID (El	nics Commission Filer
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06-22	Sams club				
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Property and the second					expense Office held
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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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Solicitation/Fundraising Expe Food/Beverage Expense Contributions/Donations Made By Transportation Equipment & Related Expense Travel In District Polling Expense Gilt/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Legal Services Travel Out Of District Credit Card Payment Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Nathaniel Buchanan 4 Date 5 Payee name 07-01 Sams club 6 Amount (\$) 7 Payee address: City: State: Zip Code 50.00 SOSS NW LP410 SDIX 7878 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Trame inside District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name arae k Amount (\$) Payee address: City: State: Zip Code 24,87 1988 Banderald SDM 78238 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Trans inside district Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Office sought Office held Date Payee name 07-05 Circle K Amount (\$) Payee address; City; State: Zip Code 48.00 2250 Bandwa Ad 50x 78228 Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Transition District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

SCHEDULE F1

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16/16	Mathaniel				3 Filer ID (Ethics Commission Filers)
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07-09	746 Palei Payee add	Rue			
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Complete QNLY if direct expenditure to benefit C/OI	Candidate	/ Officeholder name		Office sought	
					Office held
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07-09	Sams club				
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Z5. Q2				July,	State; Zip Code
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