

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)

2 Total pages filed:

27

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Nathaniel

NICKNAME

LAST

SUFFIX

Buchanan

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Redacted - Law Enforcement

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

609-0733

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Nathaniel

NICKNAME

LAST

SUFFIX

Buchanan

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

Redacted - Law Enforcement

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

609-0733

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

02 26 / 2024

THROUGH

Month Day Year

07 / 11 / 2024

11 ELECTION

ELECTION DATE

Month Day Year

11 / 05 / 2024

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Bexar County Sheriff

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Nathaniel Buchanan</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,397.97</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,358.43</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,025.96</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

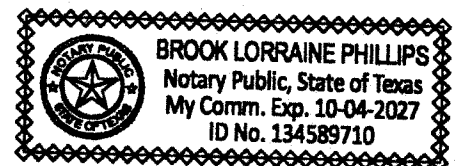
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by NATHANIEL BUCHANAN II this the 11TH day of JULY

20 24, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

BROOK LORRAINE PHILLIPS

Printed name of officer administering oath

NOTARY PUBLIC

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 the _____ day of _____, 20 _____

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Nathaniel Buchanan

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,273. ²⁹
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,124. ⁶⁸
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,358. ⁴³
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

SCHEDULE A2

The Instruction Guide explains how to complete this form.

$$\frac{1}{2}$$

Nathaniel Buchanan

3 Filer ID (Ethics Commission Filers)

\$ 2,124. 68

04-02

Lenny Lopez

7 Contributor address; City; State; Zip Code

5434 Mendocino Park SANX 76261

850. 00

Advertising

☐ Check if travel outside of Texas. Complete Schedule T.

Business owner

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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)

06-15

Jennifer Buchanan

Contributor address; City; State; Zip Code

4006. 00

Advertising

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Business owner

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2/2

2 FILER NAME

Nathaniel Buchanan

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

06-18

6 Full name of contributor

☐ out-of-state PAC (ID#:

Jan Lovestock

7 Contributor address;

City;

State;

Zip Code

8826 Emerald Sky SATX 78254

8 Amount of Contribution \$

268.68

9 In-kind contribution description

Advertising

☐ 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

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

Amount of Contribution \$

In-kind contribution description

☐ 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

V6

2 FILER NAME

Nathaniel Buchanan

3 Filer ID (Ethics Commission Filers)

4 Date

02-28

5 Full name of contributor

☐ out-of-state PAC (ID#:

Lani Popp

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

29248 Tessara Cir. Fair Oaks Ranch TX 78015

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03-07

Full name of contributor

☐ out-of-state PAC (ID#:

Christopher Schapira

Amount of contribution (\$)

96.06

Contributor address;

City;

State;

Zip Code

1200 Estancia Parkway #1217 Austin TX 78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07-08

Full name of contributor

☐ out-of-state PAC (ID#:

Daniel Thomas

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

10314 Oakwood Crest San Antonio TX 78245

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-08

Full name of contributor

☐ out-of-state PAC (ID#:

Raul Cervantes

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

10234 Canton Field San Antonio TX 78245

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

26

2 FILER NAME

Nathanial Buchanan

3 Filer ID (Ethics Commission Filers)

4 Date

03-09

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Rochelle Coombs

6 Contributor address;

City;

State;

Zip Code

6732 Beehive Dr.

San Antonio

TX

78252

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03-13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Maria Reed

Contributor address;

City;

State;

Zip Code

2806 Curtis Dr.

Copperas Cove

TX

76522

Amount of contribution (\$)

20.17

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Louis Estrada

Contributor address;

City;

State;

Zip Code

1927 Delafipid Way

San Antonio

TX

78253

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jeanine Owens

Contributor address;

City;

State;

Zip Code

107 Pinewood Ln.

San Antonio

TX

78216

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/6

2 FILER NAME

Nathaniel Buchanan

3 Filer ID (Ethics Commission Filers)

4 Date

03-23

5 Full name of contributor

☐ out-of-state PAC (ID#)

Tan Lovestock

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

8826 Emerald Sky Dr. San Antonio TX 78254

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03-25

Full name of contributor

☐ out-of-state PAC (ID#)

Kevin Kelley

Amount of contribution (\$)

53.36

Contributor address;

City;

State;

Zip Code

11810 Sandman St. San Antonio TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-26

Full name of contributor

☐ out-of-state PAC (ID#)

Carlos Vela

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

7602 Linkview St San Antonio TX 78240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-27

Full name of contributor

☐ out-of-state PAC (ID#)

Christopher Schapira

Amount of contribution (\$)

480.30

Contributor address;

City;

State;

Zip Code

1200 Estancia Parkway #1217 Austin TX 78015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/6

2 FILER NAME

Nathaniel Buchanan

3 Filer ID (Ethics Commission Filers)

4 Date

03-27

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Louis Estrada

6 Contributor address;

City;

State;

Zip Code

127 Delafield Way

San Antonio

TX

78253

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03-30

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ronny Perkins

Contributor address;

City;

State;

Zip Code

25043 Cambridge Well

San Antonio

TX

78261

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-18

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jeannine O'Brien

Contributor address;

City;

State;

Zip Code

107 Pinewood Ln.

San Antonio

TX

78216

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-18

Full name of contributor

☐ out-of-state PAC (ID# _____)

Diana Farrer

Contributor address;

City;

State;

Zip Code

5120 Broadway

San Antonio

TX

78209

Amount of contribution (\$)

48.03

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/6

2 FILER NAME

Nathaniel Buchanan

3 Filer ID (Ethics Commission Filers)

4 Date

04-24

5 Full name of contributor

☐ out-of-state PAC (ID#)

Louis Estrada

6 Contributor address;

City;

State;

Zip Code

1927 Delafield Way

San Antonio

TX

78253

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04-24

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Spring

Contributor address;

City;

State;

Zip Code

89 Lucanbaugh Mill Rd

Westminster

MD.

21157

Amount of contribution (\$)

24.01

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-26

Full name of contributor

☐ out-of-state PAC (ID#)

Brandy Houston

Contributor address;

City;

State;

Zip Code

416 Cactus Flower

Cibola

TX

78108

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05-15

Full name of contributor

☐ out-of-state PAC (ID#)

Daniel Thomas

Contributor address;

City;

State;

Zip Code

10314 Oakwood Crest

San Antonio

TX

78245

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/6

2 FILER NAME

Nathaniel Buchanan

3 Filer ID (Ethics Commission Filers)

4 Date

05-02

5 Full name of contributor

☐ out-of-state PAC (ID#:

Judith Gurwitz

6 Contributor address;

City;

State;

Zip Code

Po Box 781874

San Antonio

TX

78278

7 Amount of contribution (\$)

96.06

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06-05

Full name of contributor

☐ out-of-state PAC (ID#:

Adrian Childers

Contributor address;

City;

State;

Zip Code

16735 La Cantera Pkwy

San Antonio

TX

78256

Amount of contribution (\$)

480.30

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06-19

Full name of contributor

☐ out-of-state PAC (ID#:

Daniel Thomas

Contributor address;

City;

State;

Zip Code

10314 Oakwood Crest

San Antonio

TX

78245

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07-02

Full name of contributor

☐ out-of-state PAC (ID#:

Joel Dauley

Contributor address;

City;

State;

Zip Code

888 Contar Dr.

San Antonio

TX

78212

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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
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: 0/16		2 FILER NAME Nathaniel Buchanan		3 Filer ID (Ethics Commission Filers)	
4 Date 02-26-20		5 Payee name Sams Club			
6 Amount (\$) 45.00		7 Payee address; City; State; Zip Code 5055 NW Loop 410 SATX 78229			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in District		(b) Description Gas		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03-01		Payee name Sams Club			
Amount (\$) 40.83		Payee address; City; State; Zip Code 5055 NW Loop 410 SATX 78229			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District		Description Gas		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03-01		Payee name Chili's			
Amount (\$) 44.08		Payee address; City; State; Zip Code 131 SW Loop 410 SATX 78245			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>02/16</u>		2 FILER NAME <u>Nathaniel Buchanan</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>03-04</u>		5 Payee name <u>Tias Tacos</u>			
6 Amount (\$) <u>10.24</u>		7 Payee address; City; State; Zip Code <u>5423 Evers CAY 78238</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food</u>		(b) Description <u>meeting</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>03-04</u>		Payee name <u>Sam's Club</u>			
Amount (\$) <u>31.58</u>		Payee address; City; State; Zip Code <u>5055 NW Loop 410 SAM 78229</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel in District</u>		Description <u>Gas</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>03-04</u>		Payee name <u>Alvala's Print Shop</u>			
Amount (\$) <u>193.00</u>		Payee address; City; State; Zip Code <u>1230 Duke Rd. CAY 78264</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>		Description <u>Sigs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 3/16		2 FILER NAME Nathaniel Buchanan		3 Filer ID (Ethics Commission Filers)	
4 Date 03-04		5 Payee name Rocky's Taco House			
6 Amount (\$) 18.41		7 Payee address; City; State; Zip Code 2423 Pleasanton SATX 78224			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description meeting		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 03-04		Payee name Wok Inn			
Amount (\$) 21.54		Payee address; City; State; Zip Code 9822 Potranco SATX 78251			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 03-05		Payee name Nichas			
Amount (\$) 41.61		Payee address; City; State; Zip Code 5059 NW Loop 410 SATX 78229			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <i>04/16</i>		2 FILER NAME <i>Nathaniel Buchanan</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>03-06</i>		5 Payee name <i>Ding How</i>			
6 Amount (\$) <i>49.95</i>		7 Payee address; City; State; Zip Code <i>4531 NW Loop 410 SDA 78229</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>		(b) Description <i>meeting</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name					
<i>03-07</i> <i>Awaloo Print Shop</i>					
Amount (\$) Payee address; City; State; Zip Code					
<i>40.00</i> <i>1230 Duke Rd SDA 78264</i>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name					
<i>03-08</i> <i>Chili's</i>					
Amount (\$) Payee address; City; State; Zip Code					
<i>18.14</i> <i>131 Loop 410 SW SDA 78245</i>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>		Description <i>meeting</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>05/16</u>		2 FILER NAME <u>Nathaniel Buchanan</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>03-09</u>		5 Payee name <u>Circle K</u>			
6 Amount (\$) <u>47.01</u>		7 Payee address; City; State; Zip Code <u>6735 Medina Base Rd. SAK 76227</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel in District</u>		(b) Description <u>Gas</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <u>03-13</u>		Payee name <u>Circle K</u>			
Amount (\$) <u>44.00</u>		Payee address; City; State; Zip Code <u>7530 NWLP 410 SAK 78245</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel in District</u>		Description <u>Gas</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <u>03-13</u>		Payee name <u>Starbucks</u>			
Amount (\$) <u>08.12</u>		Payee address; City; State; Zip Code <u>8227 State Hwy 151 SAK</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>meeting</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>06/16</u>		2 FILER NAME <u>Nathaniel Buchanan</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>03-14</u>		5 Payee name <u>Circle K</u>			
6 Amount (\$) <u>55.01</u>		7 Payee address; City; State; Zip Code <u>9697 San Pedro SATX 78246 78246</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel in District</u>		(b) Description <u>Gas</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date <u>03-18</u>		Payee name <u>Sams Club</u>			
Amount (\$) <u>21.00</u>		Payee address; City; State; Zip Code <u>5565 DeZavala SATX 78249</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel in District</u>		Description <u>Gas</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date <u>03-18</u>		Payee name <u>Sams Club</u>			
Amount (\$) <u>30.01</u>		Payee address; City; State; Zip Code <u>5055 NW Loop 410 SATX 78220</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel In District</u>		Description <u>Gas</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>07/16</u>		2 FILER NAME <u>Nathaniel Buchanan</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>03-25</u>		5 Payee name <u>Sams Club</u>			
6 Amount (\$) <u>52.00</u>		7 Payee address; City; State; Zip Code <u>5055 NW L P 410 SDA 78229</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel in District</u>		(b) Description <u>Gas</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>03-26</u>		Candidate / Officeholder name <u>Tacos El Rey</u>			
Amount (\$) <u>30.13</u>		Payee address; City; State; Zip Code <u>1821 Castroville Rd. SDA 78237</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>meeting</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>03-27</u>		Candidate / Officeholder name <u>Starbucks</u>			
Amount (\$) <u>09.74</u>		Payee address; City; State; Zip Code <u>4739 Medical Drive SDA</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>meeting</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 08/16		2 FILER NAME Nathaniel Buchanan		3 Filer ID (Ethics Commission Filers)	
4 Date 03-28		5 Payee name Chesters Hamburgers			
6 Amount (\$) 30.38		7 Payee address; City; State; Zip Code 1006 NHELP 410 SALT 75209			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food		(b) Description meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name					
03-29		Circle K			
Amount (\$) 25.00		Payee address; City; State; Zip Code 410 3 military SALT			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District		Description Gas		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date Payee name					
04-02		Sams Club			
Amount (\$) 50.00		Payee address; City; State; Zip Code 5055 NHELP 410 SALT 75229			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District		Description Gas		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>09/16</u>		2 FILER NAME <u>Nathaniel Buchanan</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>04-09</u>		5 Payee name <u>Sams Club</u>			
6 Amount (\$) <u>50.00</u>		7 Payee address; City; State; Zip Code <u>5055 NW Loop 410 SALT 78229</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel inside district</u>		(b) Description <u>Gas</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>04-15</u>		Payee name <u>Alwalaw printing</u>			
Amount (\$) <u>100.00</u>		Payee address; City; State; Zip Code <u>1230 Duke rd. SALT 78264</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>04-15</u>		Payee name <u>Chevron</u>			
Amount (\$) <u>44.00</u>		Payee address; City; State; Zip Code <u>9785 Culebra Rd SALT</u>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel inside District</u>		Description <u>Gas</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>10/16</u>	2 FILER NAME <u>Nathaniel Buchanan</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04-18</u>	5 Payee name <u>Circle K</u>	
6 Amount (\$) <u>22.43</u>	7 Payee address: <u>5494 Babcock Rd SALT 78240</u>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel inside District</u>	(b) Description <u>Gas</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <u>04-19</u>	Payee name <u>Circle K</u>
Amount (\$) <u>24.00</u>	Payee address: <u>5494 Babcock Rd. SALT 78240</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel inside District</u>
	Description <u>Gas</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <u>04-24</u>	Payee name <u>Alvado Print Shop</u>
Amount (\$) <u>463.00</u>	Payee address: <u>1230 Duke Rd. SALT 78264</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>
	Description <u>Signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>11/16</u>	2 FILER NAME <u>Nathanell Buchanan</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04-26</u>	5 Payee name <u>Chili's</u>	
6 Amount (\$) <u>14.23</u>	7 Payee address: <u>4983 NWLP 410 SDA 76229</u>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food</u>	(b) Description <u>meeting</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <u>05-06</u>	Payee name <u>Circle K</u>
Amount (\$) <u>60.00</u>	Payee address: <u>5439 EVER RD SDA 76238</u>
PURPOSE OF EXPENDITURE	City: State: Zip Code
	Category (See Categories listed at the top of this schedule) <u>Travel inside District</u>
Description <u>GAS</u>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name Office sought Office held	

Date <u>05-15</u>	Payee name <u>Schms Club</u>
Amount (\$) <u>54.00</u>	Payee address: <u>5055 NWLP 410 SDA 76229</u>
PURPOSE OF EXPENDITURE	City: State: Zip Code
	Category (See Categories listed at the top of this schedule) <u>Travel inside District</u>
Description <u>GAS</u>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 12/16	2 FILER NAME Nathaniel Buchanan	3 Filer ID (Ethics Commission Filers)
4 Date 05-20	5 Payee name Sams Club	
6 Amount (\$) 26.00	7 Payee address: 5565 DeZavala Rd. SATX 78249	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel inside District	(b) Description Gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 05-23	Payee name Circle K
Amount (\$) 20.00	Payee address: 5439 Evers Rd. SATX 78238
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel inside District
	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 06-01	Payee name 26 Mart
Amount (\$) 36.00	Payee address: 7038 UTSA Blvd. SATX 78249
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel inside District
	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 13/16	2 FILER NAME Nathaniel Buchanan	3 Filer ID (Ethics Commission Filers)
4 Date 06-09	5 Payee name EW's Food Mart	
6 Amount (\$) 66.62	7 Payee address: 5757 EWS Rd SALT 78238	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel inside District	(b) Description Gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 06-14	Payee name Sams Club
Amount (\$) 45.00	Payee address: 5565 DeZavala Rd SALT 78249
PURPOSE OF EXPENDITURE	City: State: Zip Code
	Category (See Categories listed at the top of this schedule) Travel inside District
	Description Gas
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 06-20	Payee name Sams Club
Amount (\$) 36.00	Payee address: 5055 NW Loop 410 SALT 76229
PURPOSE OF EXPENDITURE	City: State: Zip Code
	Category (See Categories listed at the top of this schedule) Travel inside District
	Description Gas
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>14/16</u>	2 FILER NAME <u>Nathaniel Buchanan</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>06-22</u>	5 Payee name <u>Sams Club</u>	
6 Amount (\$) <u>33.00</u>	7 Payee address: <u>5055 NWLP410 SALT 78229</u> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Travel inside district</u>	(b) Description <u>Gas</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date <u>06-26</u>	Payee name <u>Sams Club</u>	
Amount (\$) <u>37.00</u>	Payee address: <u>5565 DeLaValle Rd. SALT 78249</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel inside district</u>	Description <u>Gas</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date <u>06-27</u>	Payee name <u>Sams Club</u>	
Amount (\$) <u>30.00</u>	Payee address: <u>5055 NW LP410 SALT 78229</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Travel inside district</u>	Description <u>Gas</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <u>15/16</u>	2 FILER NAME <u>Nathaniel Buchanan</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>07-01</u>	5 Payee name <u>Sams Club</u>	
6 Amount (\$) <u>50.00</u>	7 Payee address: <u>5055 NW LP 410 SPTX 78220</u> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>TRAVEL INSIDE DISTRICT</u>	(b) Description <u>GAS</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date <u>07-05</u>	Payee name <u>circle k</u>	
Amount (\$) <u>24.87</u>	Payee address: <u>6955 Bandera Rd SPTX 78238</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>TRAVEL INSIDE DISTRICT</u>	Description <u>GAS</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date <u>07-05</u>	Payee name <u>circle k</u>	
Amount (\$) <u>48.00</u>	Payee address: <u>2250 Bandera Rd SPTX 78228</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>TRAVEL INSIDE DISTRICT</u>	Description <u>GAS</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: <i>16/16</i>	2 FILER NAME <i>Nathaniel Buchanan</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>07-07</i>	5 Payee name <i>Circle K</i>	
6 Amount (\$) <i>35.00</i>	7 Payee address: <i>7530 NWLP 410 SDA 76245</i> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>TRAVEL INSIDE DISTRICT</i>	(b) Description <i>Gas</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>07-09</i>	Payee name <i>Taco Palenque</i>		
Amount (\$) <i>12.97</i>	Payee address: <i>1002 NELP 410 SDA 76209</i> City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food</i>	Description <i>meeting</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <i>07-09</i>	Payee name <i>Sams club</i>		
Amount (\$) <i>25.00</i>	Payee address: <i>5055 NWLP 410 SDA 78228</i> City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>TRAVEL INSIDE DISTRICT</i>	Description <i>Gas</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED