

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Natalie	MI E
	NICKNAME	LAST Carter	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 9734 Carina Forest Court	APT / SUITE #; Humble	CITY; STATE; ZIP CODE Texas 77396
	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.5em; margin-top: 10px;">APR 28 2023</div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">SUPERINTENDENT'S OFFICE</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 398-0840	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Marcus	MI A
	NICKNAME	LAST Carter	SUFFIX
	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.5em; margin-top: 10px;">APR 28 2023</div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">SUPERINTENDENT'S OFFICE</div>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 9734 Carina Forest Court		CITY; STATE; ZIP CODE Humble Texas 77396
8 CAMPAIGN TREASURER PHONE	AREA CODE (850)	PHONE NUMBER 284-6817	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 03 / 28 / 2023		Month Day Year 04 / 26 / 2023
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Humble I.S.D. Board of Trustee, Position 7	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

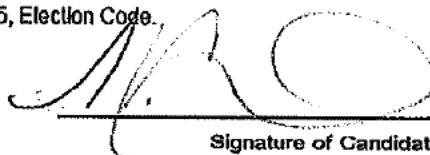
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Natalie Carter

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3238.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,082.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,954.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2880.00

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Natalie E. Carter and my date of birth is

My address is 9734 Carina Forest Court, Humble, TX, 77396, USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 28th day of April, 20 23
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Natalie Carter

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3238.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2082.26
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: **1 of 6**

2 FILER NAME

Natalie Carter

3 Filer ID (Ethics Commission Filers)

4 Date
03/28/23

5 Full name of contributor out-of-state PAC (ID#: _____)
Viola Fisher

7 Amount of contribution (\$) **\$35.00**

6 Contributor address; City; State; Zip Code
12214 Chestnut Clearing Trail, Humble, Texas 77346

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date
3/31/23

Full name of contributor out-of-state PAC (ID#: _____)
Carolyn Carter

Amount of contribution (\$) **\$1000.00**

Contributor address; City; State; Zip Code
515 Savannah Springs Way, Spring, Texas 77373

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date
3/31/23

Full name of contributor out-of-state PAC (ID#: _____)
John and Deanie Allen

Amount of contribution (\$) **\$200.00**

Contributor address; City; State; Zip Code
2906 Maple Bend Drive, Kingwood, Texas 77345

Principal occupation / Job title (See Instructions)

Tutor

Employer (See Instructions)

Self Employed

Date
3/31/23

Full name of contributor out-of-state PAC (ID#: _____)
Alex Homer

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code
13934 Amelia Lake Lane, Houston, Texas 77044

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Tom James

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: 2 of 6

2 FILER NAME

Natalie Carter

3 Filer ID (Ethics Commission Filers)

4 Date
4/01/23

5 Full name of contributor out-of-state PAC (ID#: _____)
Ethel Powell

7 Amount of contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code

5009 Westport Drive, Jefferson City, Missouri 65109

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date
4/01/23

Full name of contributor out-of-state PAC (ID#: _____)
Teresa Pearson

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code

427 E Fifth Street, Alton, Illinois 62002

Principal occupation / Job title (See Instructions)

Executive Assistant

Employer (See Instructions)

Kipp St. Louis Public Schools

Date
04/03/23

Full name of contributor out-of-state PAC (ID#: _____)
Karthik Soora

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code

2809 Sherwin Street, Houston, Texas 77007

Principal occupation / Job title (See Instructions)

Project Development

Employer (See Instructions)

Pattern Energy

Date
04/03/23

Full name of contributor out-of-state PAC (ID#: _____)
Wm Hunn

Amount of contribution (\$) \$25.00

Contributor address; City; State; Zip Code

18703 Cleeve Close, Humble, Texas 77346

Principal occupation / Job title (See Instructions)

Product Specialist

Employer (See Instructions)

MHC-CMI

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 of 6
2 FILER NAME Natalie Carter		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Barton	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 7615 Angler Drive, Humble, Texas 77346		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 04/04/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June Dowdy	Amount of contribution (\$) \$63.00
Contributor address; City; State; Zip Code 1126 Lisa Lane, Kingwood, Texas 77339		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/05/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Poole	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1118A Lisa Lane, Kingwood, Texas 77339		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 04/05/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristy Craven	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 14203 Kingston Falls Lane, Humble, Texas 7739		
Principal occupation / Job title (See Instructions) Office Worker		Employer (See Instructions) Self-Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 of 6
2 FILER NAME Natalie Carter		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junious Powell	7 Amount of contribution (\$) 15.00
6 Contributor address; City; State; Zip Code 24739 Horsetooth Drive, Spring, Texas 77373		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 04/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis and Ana Luke	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 20803 Atascocita Shores Drive, Humble, Texas 77346		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Aldine ISD
Date 04/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Cowthran	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 7927 . Do inion alls ane, Hu le, Texas 7739		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Ingram	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3806 Beckett Ridge Drive, Humble, Texas 7739		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) On Track College Coaching

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 6
2 FILER NAME Natalie Carter		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Green	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 15706 White Canyon Lane, Houston, Texas 77004		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Channelview ISD
Date 04/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisselon Hurd	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 622 Yellow Tulip Trail, Houston, Texas 77079		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Shell USA, Inc.
Date 04/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanisha Baker	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13035 Breezy Meadow Lane, Houston, Texas 77044		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Galena Park ISD
Date 04/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Cureau	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 15403 Lampson Manor Court, Houston, Texas 77044		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 6
2 FILER NAME Natalie Carter		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Torrence	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3709 Ella, Houston, Texas 77018		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Shell USA, Inc.
Date 04/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea McHenry	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 15407 Stone Gables Lane, Houston, Texas 77044		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Insperty
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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: 1 of 3	2 FILER NAME Natalie Carter	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/23	5 Payee name M3 Graphics, Inc.	
6 Amount (\$) 1,165.00	7 Payee address; City; State; Zip Code 11730 Wilcrest Drive, Houston, Texas 77099	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Flyers and Yard Signs
	(e) <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 04/10/23	Payee name Facebook	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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 04/17/23	Payee name Facebook	
Amount (\$) 15.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 of 3	2 FILER NAME Natalie Carter	3 Filer ID (Ethics Commission Filers)
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4 Date 04/20/23	5 Payee name Text Guru
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6 Amount (\$) 756.50	7 Payee address; City; State; Zip Code 5049 Edwards Ranch Road, Suite 400, Fort Worth, Texas 76109
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(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
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Date 04/25/23	Payee name Facebook
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Amount (\$) 30.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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
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Date 4/25/23	Payee name Facebook
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Amount (\$) 5.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising
	<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
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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 3	2 FILER NAME Natalie Carter	3 Filer ID (Ethics Commission Filers)
4 Date 04/27/23	5 Payee name Facebook	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(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	
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	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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