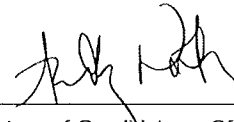


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Audrey Nath		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,575
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,296.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 51,664.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

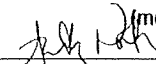
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Audrey Nath, and my date of birth is January 12th, 1983.
My address is 1316 W Bell St., Houston, TX, 77019, USA.

Executed in Harris County, State of Texas, on the 26th day of September, 2025.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,575
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,296.01
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/25	5 Full name of contributor out-of-state PAC (ID#: _____) Sonali Sen 6 Contributor address; City; State; Zip Code Houston, TX 77003	7 Amount of contribution (\$) \$1,000
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Children's Hospital
Date 7/2/25	Full name of contributor out-of-state PAC (ID#: _____) David Sandor Contributor address; City; State; Zip Code Houston, TX 77098	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Amanda Edwards for Congress
Date 7/3/25	Full name of contributor out-of-state PAC (ID#: _____) Molly Cook Contributor address; City; State; Zip Code , Houston, TX 77030	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 7/7/25	Full name of contributor out-of-state PAC (ID#: _____) Natalie Spicyn Contributor address; City; State; Zip Code Baltimore, MD 21211	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UMB

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 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 7/21/25	5 Full name of contributor out-of-state PAC (ID#: _____) Greg Kehrier	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code Houston, TX 77008		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Shell
Date 7/22/25	Full name of contributor out-of-state PAC (ID#: _____) Ravi Nath	Amount of contribution (\$) \$138
Contributor address; City; State; Zip Code Houston, TX 77024		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 7/22/25	Full name of contributor out-of-state PAC (ID#: _____) Kat Abughazaleh	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code , Chicago, IL 60611		
Principal occupation / Job title (See Instructions) Congressional candidate		Employer (See Instructions) Kat for Illinois
Date 7/24/25	Full name of contributor out-of-state PAC (ID#: _____) John Pollard	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code Houston, TX 77006		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)

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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 7/25/25	5 Full name of contributor out-of-state PAC (ID#: _____) Kendra Camarena 6 Contributor address; City; State; Zip Code , Houston, TX 77092	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Houston ISD
Date 7/30/25	Full name of contributor out-of-state PAC (ID#: _____) Yewkit Lo Contributor address; City; State; Zip Code , Houston, TX 77096	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 7/31/25	Full name of contributor out-of-state PAC (ID#: _____) Mehdi Rais Contributor address; City; State; Zip Code , Houston, TX 77019	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Data scientist		Employer (See Instructions) Memorial Hermann Health System
Date 8/1/25	Full name of contributor out-of-state PAC (ID#: _____) Lisa Weiss Contributor address; City; State; Zip Code , Houston, TX 77018	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey-Seybold

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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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 9/6/25	5 Full name of contributor out-of-state PAC (ID#: _____) Gene Feigelson 6 Contributor address; City; State; Zip Code , Houston, TX 77265	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Real estate		9 Employer (See Instructions) eXp Realty
Date 9/7/25	Full name of contributor out-of-state PAC (ID#: _____) Christian Gyles Ramos Contributor address; City; State; Zip Code , Washington, DC 20002	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions) Operations and Special Projects Associate		Employer (See Instructions) APIA Scholars
Date 9/7/25	Full name of contributor out-of-state PAC (ID#: _____) Bejay Chakrabarty Contributor address; City; State; Zip Code , Plainsboro, NJ 08536	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 9/7/25	Full name of contributor out-of-state PAC (ID#: _____) Melissa Cordero Contributor address; City; State; Zip Code , Tuscon, AZ 85716	Amount of contribution (\$) \$10
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Common Defense

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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/25	5 Full name of contributor out-of-state PAC (ID#: _____) Nicole Loo 6 Contributor address; City; State; Zip Code , Ponte Vedra Beach, FL 32082	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mayo Clinic
Date 9/9/25	Full name of contributor out-of-state PAC (ID#: _____) Robert Gaddi Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Highland Technology, Inc.
Date 9/9/25	Full name of contributor out-of-state PAC (ID#: _____) Ana Malinow Contributor address; City; State; Zip Code , San Francisco, CA 94117	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Retired physician		Employer (See Instructions)
Date 9/9/25	Full name of contributor out-of-state PAC (ID#: _____) Rand Nolen Contributor address; City; State; Zip Code , Houston, TX 77019	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Kherkher Garcia L.L.P.
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/25	5 Full name of contributor out-of-state PAC (ID#: _____) Hae-Min Gil 6 Contributor address; City; State; Zip Code , Little Ferry, NJ 07643	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) Behavior Technician		9 Employer (See Instructions) Golden Care Therapy
Date 9/11/25	Full name of contributor out-of-state PAC (ID#: _____) Brandon Sauls Contributor address; City; State; Zip Code , Houston, TX 77019	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Trader		Employer (See Instructions) Marathon Petroleum Company
Date 9/12/25	Full name of contributor out-of-state PAC (ID#: _____) Jay Pollard Contributor address; City; State; Zip Code , Houston, TX 77006	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self-employed
Date 9/13/25	Full name of contributor out-of-state PAC (ID#: _____) Dimitra Tsavachidou Contributor address; City; State; Zip Code , Houston, TX 77027	Amount of contribution (\$) \$30
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)

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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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/25	5 Full name of contributor out-of-state PAC (ID#: _____) Farha Ahmed 6 Contributor address; City; State; Zip Code _____ _____, Sugar Land, TX 77479	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-employed
Date 9/14/25	Full name of contributor out-of-state PAC (ID#: _____) Nicole Tuchinda Contributor address; City; State; Zip Code _____ _____, Houston, TX 77007	Amount of contribution (\$) \$150
Principal occupation / Job title (See Instructions) Law Professor		Employer (See Instructions) Loyola University New Orleans College of Law
Date 9/14/25	Full name of contributor out-of-state PAC (ID#: _____) Leslie Briones Contributor address; City; State; Zip Code _____ _____, Houston, TX 77008	Amount of contribution (\$) \$1,000
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Harris County
Date 9/15/25	Full name of contributor out-of-state PAC (ID#: _____) Gordon Quan Contributor address; City; State; Zip Code _____ _____, Houston, TX 77056	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quan Law

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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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor out-of-state PAC (ID#: _____) Jan Forney 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) Geophysicist		9 Employer (See Instructions) Swift energy
Date 9/20/25	Full name of contributor out-of-state PAC (ID#: _____) David English Contributor address; City; State; Zip Code Houston, TX 77009	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hospital
Date 9/21/25	Full name of contributor out-of-state PAC (ID#: _____) Greg Kehrier Contributor address; City; State; Zip Code Houston, TX 77008	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Shell
Date 9/21/25	Full name of contributor out-of-state PAC (ID#: _____) Cara Eng Contributor address; City; State; Zip Code Denver, CO 80219	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) School Administrator		Employer (See Instructions) Logan School

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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/25	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Finkelstein 6 Contributor address; City; State; Zip Code _____ _____, Houston, TX 77025	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Shannon, Martin, Finkelstein & Alvarado, P.C.
Date 9/25/25	Full name of contributor out-of-state PAC (ID#: _____) Celeste Peterson Contributor address; City; State; Zip Code _____ _____, Houston, TX 77003	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) National Nurses United
Date 9/25/25	Full name of contributor out-of-state PAC (ID#: _____) Daniel Cienfuegos Contributor address; City; State; Zip Code _____ Houston, TX 77018	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lobo Ley
Date 9/25/25	Full name of contributor out-of-state PAC (ID#: _____) Sarah Foltz Contributor address; City; State; Zip Code _____ Houston, TX 77006	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Art Gallerist		Employer (See Instructions) Foltz Fine Art

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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:
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/25	5 Full name of contributor out-of-state PAC (ID#: _____) Bernard Lo 6 Contributor address; City; State; Zip Code , Houston, TX 77096	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Kherkher Garcia
Date 9/25/25	Full name of contributor out-of-state PAC (ID#: _____) Savannah Craig Contributor address; City; State; Zip Code Houston, TX 77006	Amount of contribution (\$) \$515
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self-employed
Date 9/25/25	Full name of contributor out-of-state PAC (ID#: _____) Jan Forney Contributor address; City; State; Zip Code , Houston, TX 77006	Amount of contribution (\$) \$85
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) Swift Energy
Date 9/25/25	Full name of contributor out-of-state PAC (ID#: _____) Idalia Morfey Contributor address; City; State; Zip Code , Houston, TX 77008	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	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 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
4 Date 7/7/25	5 Payee name Campaign Partners	
6 Amount (\$) \$29	7 Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website
	(c) Check if travel outside of Texas. Complete Schedule T. 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 7/29/25	Payee name Mailchimp	
Amount (\$) \$1.07	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 USA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Emails
	Check if travel outside of Texas. Complete Schedule T. 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 7/31/25	Payee name Houston ISD	
Amount (\$) \$300	Payee address; City; State; Zip Code 4400 W 18th St, Houston, TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Candidate filing fee
	Check if travel outside of Texas. Complete Schedule T. 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	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 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
-----------------------------------	------------------------------------	--

4 Date 8/5/25	5 Payee name Campaign Partners
-------------------------	--

6 Amount (\$) \$29	7 Payee address; PO Box 118, Still River, Massachusetts 01467	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/12/25	Payee name Mailchimp
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Amount (\$) \$47.97	Payee address; 405 N Angier Ave. NE Atlanta, GA 30308 USA	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Emails
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/12/25	Payee name Allied Printing Services
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Amount (\$) \$897	Payee address; 14915 Stuebner Airline Rd, Suite L, Houston, TX 77069	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Walk cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
4 Date 8/12/25	5 Payee name Sprint 2 Print	
6 Amount (\$) \$2,192.06	7 Payee address; City; State; Zip Code 8748 Clay Rd #300, Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Yard signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/28/25	Payee name Mailchimp	
Amount (\$) \$58.63	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 USA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Emails
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/2/25	Payee name End the Takeover PAC	
Amount (\$) \$2,500	Payee address; City; State; Zip Code P. O. Box 10174, Houston, TX 77206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign literature
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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	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 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
4 Date 9/3/25	5 Payee name Sprint 2 Print	
6 Amount (\$) \$297.69	7 Payee address; City; State; Zip Code 8748 Clay Rd #300, Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Stickers
	(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 9/5/25	Payee name Campaign Partners	
Amount (\$) \$29	Payee address; City; State; Zip Code PO Box 118, Still River, Massachusetts 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	<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 9/12/25	Payee name Mailchimp	
Amount (\$) 106.60	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308 USA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Emails
	<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 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/25	5 Payee name Sprint 2 Print	
6 Amount (\$) \$211.09	7 Payee address; City; State; Zip Code 8748 Clay Rd #300, Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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 9/15/25	Payee name Aericasa	
Amount (\$) \$400	Payee address; City; State; Zip Code 406 Arlington St., Houston, TX 77007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mailer design
	Check if travel outside of Texas. Complete Schedule T. 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 9/22/25	Payee name Aericasa	
Amount (\$) 400	Payee address; City; State; Zip Code 406 Arlington St., Houston, TX 77007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mailer design
	Check if travel outside of Texas. Complete Schedule T. 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 7	2 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
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4 Date 9/22/25	5 Payee name Allied Printing Services
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6 Amount (\$) \$897	7 Payee address; City; State; Zip Code 14915 Stuebner Airline Rd, Suite L, Houston, TX 77069
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Walk cards
	(c) Check if travel outside of Texas. Complete Schedule T. 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 9/25/25	Payee name Allied Printing Services
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Amount (\$) \$309.02	Payee address; City; State; Zip Code 14915 Stuebner Airline Rd, Suite L, Houston, TX 77069
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Walk cards
	Check if travel outside of Texas. Complete Schedule T. 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 9/25/25	Payee name Stripe
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Amount (\$) \$315.02	Payee address; City; State; Zip Code 354 Oyster Point Boulevard, South San Francisco, CA 94080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit card fees
	Check if travel outside of Texas. Complete Schedule T. 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

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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 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/25	5 Payee name ActBlue
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6 Amount (\$) \$202.18	7 Payee address; City; State; Zip Code P.O. Box 441146, Somerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ActBlue fees
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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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