

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: <div style="text-align: center; font-size: 1.2em;">12</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Nathan MI: D NICKNAME: "NATE" LAST: Adams SUFFIX:	<div style="text-align: center; font-weight: bold; font-size: 1.1em;">OFFICE USE ONLY</div> Date Received <div style="font-size: 1.5em; text-align: center;">APR 02 2019</div> <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Inc</div> <hr/> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 13473 Bavarian Dr APT / SUITE #: Frisco, TX 75033 CITY: STATE: ZIP CODE:								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (972) PHONE NUMBER: 955-3871 EXTENSION:								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Beth MI: NICKNAME: LAST: Bruggeman SUFFIX:	Receipt # Date Processed Date Imaged							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 12505 Blue Ridge Dr. APT / SUITE #: Frisco, TX 75033 CITY: STATE: ZIP CODE:								
8 CAMPAIGN TREASURER PHONE	AREA CODE: (972) PHONE NUMBER: 836-4008 EXTENSION:								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 24 / 2019 03 / 25 / 2019								
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019	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) FISD Board of Trustees - Place 1							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Nathan Adams

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

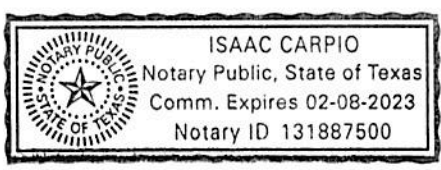
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,400.00</u>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>235.65</u>
4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,550.31</u>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>349.69</u>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>500.00</u>

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nathan ADAMS, this the April day of 1st, 20 19, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Isaac Carpio
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Nathan Adams</i>	20 Filer ID (Ethics Commission Filers)
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2400. 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	\$ 500. ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2550. ³¹
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1 of 4</i>
2 FILER NAME <i>Nathan Adams</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/5/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Almond</i> 6 Contributor address; City; State; Zip Code <i>108 Wembly Ln. M+Juliet TX 37122</i>	7 Amount of contribution (\$) <i>\$150.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/6/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Schroeder</i> Contributor address; City; State; Zip Code <i>25 Denbvey Glen San Antonio TX 78257</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/6/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kade Bower</i> Contributor address; City; State; Zip Code <i>PO BOX 215 Forestburg TX 76239</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/6/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marja Bower</i> Contributor address; City; State; Zip Code <i>PO BOX 215 Forestburg TX 76239</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 4

2 FILER NAME
Nathan Adams

3 Filer ID (Ethics Commission Filers)

4 Date
2/7/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Beth Bruggeman
6 Contributor address; City; State; Zip Code
12505 Bleue Ridge Dr Frisco TX 75033

7 Amount of contribution (\$)
\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/8/19

Full name of contributor out-of-state PAC (ID#: _____)
David Adams
Contributor address; City; State; Zip Code
2151 Cumberland Plwy Apt 1137 Atlanta GA 30339

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/8/19

Full name of contributor out-of-state PAC (ID#: _____)
Greg Bass
Contributor address; City; State; Zip Code
2249 Brazos Dr Frisco TX 75033

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/8/19

Full name of contributor out-of-state PAC (ID#: _____)
Dennis Greenwood
Contributor address; City; State; Zip Code
12454 Duckslanding Frisco TX 75033

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 4

2 FILER NAME
Nathan Adams

3 Filer ID (Ethics Commission Filers)

4 Date
2/11/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Osborn
6 Contributor address; City; State; Zip Code
1722 Big Canyon Trl. Carrollton TX 75007

7 Amount of contribution (\$)
\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/14/19

Full name of contributor out-of-state PAC (ID#: _____)
Marilyn Pegues
Contributor address; City; State; Zip Code
606 CR 4444 Trenton, TX 75490

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/14/19

Full name of contributor out-of-state PAC (ID#: _____)
Linda Bower
Contributor address; City; State; Zip Code
270 S. Shelburne Rd. Shelburne MA 01370

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/19

Full name of contributor out-of-state PAC (ID#: _____)
Kern Pegues
Contributor address; City; State; Zip Code
606 CR 4444 Trenton TX 75490

Amount of contribution (\$)
\$50.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 4

2 FILER NAME
Nathan Adams

3 Filer ID (Ethics Commission Filers)

4 Date
3/17/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Jay Mobley

6 Contributor address; City; State; Zip Code
2240 Dampson Dr. Frisco TX 75033

7 Amount of contribution (\$)
\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Nathan Adams</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>2/2/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nathan Adams</i>	9 Loan Amount (\$) <i>\$500.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>13473 Bavarian Dr Frisco TX 75033</i>	10 Interest rate <i>N/A</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 4	2 FILER NAME Nathan Adams	3 Filer ID (Ethics Commission Filers)
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4 Date 2/6/19	5 Payee name Facebook
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/9/19	Payee name Facebook
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Amount (\$) \$25.00	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/7/19	Payee name Buidasign.com
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Amount (\$) \$611.90	Payee address; City; State; Zip Code 11525A Stonehollow Dr. Ste.100 Austin, TX 78758
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Road signs
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Complete ONLY 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

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: <i>2 of 4</i>	2 FILER NAME <i>Nathan Adams</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/10/19</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$25.00</i>	7 Payee address; City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Facebook ads</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2/14/19</i>	Payee name <i>Howe's</i>	
Amount (\$) <i>\$124.75</i>	Payee address; City: State: Zip Code <i>2773 E. Eldorado Pkwy. Little Elm, TX 75068</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other: building supplies</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Road sign mounting supplies</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2/15/19</i>	Payee name <i>Lowe's</i>	
Amount (\$) <i>\$32.24</i>	Payee address; City: State: Zip Code <i>2773 E. Eldorado Pkwy. Little Elm, TX 75068</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other: building supplies</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Road sign mounting supplies</i>
	9 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

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: 3 of 4	2 FILER NAME Nathan Adams	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/19	5 Payee name Facebook	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook ads
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 2/19/19	Candidate / Officeholder name Signsonthecheap.com	Office sought Office held
Amount (\$) \$571.62	Payee address; City; State; Zip Code 11525A Stonehollow Dr. Ste 200 Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
	Complete ONLY if direct expenditure to benefit C/OH	
Date 2/25/19	Candidate / Officeholder name Lowe's	Office sought Office held
Amount (\$) \$26.50	Payee address; City; State; Zip Code 2773 E. Eldorado Pkwy. Little Elm TX 75068	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: building supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Road sign mounting supplies
	Complete ONLY if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Nathan Adams	3 Filer ID (Ethics Commission Filers)
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4 Date 2/26/19	5 Payee name Anthem Printing
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6 Amount (\$) \$201.29	7 Payee address; City; State; Zip Code 2591 Dallas Pkwy. Frisco TX 75034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/19	Payee name Signs on the cheap.com
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Amount (\$) \$455.95	Payee address; City; State; Zip Code 11525A Stonehollow Dr. Ste. 200 Austin, TX 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/19	Payee name 3 Flights Up
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Amount (\$) \$180.41	Payee address; City; State; Zip Code 2832 Eldorado Pkwy. #212 Little Elm TX 75068
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet + Greet
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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