

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: 36								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dr. Audrey R <hr/> NICKNAME LAST SUFFIX Nath		OFFICE USE ONLY Date Received <div style="font-size: 24pt; font-weight: bold;">JUL 07 2025</div>								
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1316 W Bell St., Houston, TX 77019 Change of Address										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 686-2368		Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Jenny <hr/> NICKNAME LAST SUFFIX Burger										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2518 Kingston St., Houston, TX 77019										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (541) 406-0333										
9 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">5 / 14 / 25</td> <td></td> <td style="text-align: center;">6 / 30 / 25</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	5 / 14 / 25		6 / 30 / 25		
Month Day Year	THROUGH	Month Day Year									
5 / 14 / 25		6 / 30 / 25									
11 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year 11 / 4 / 25 </td> <td style="width: 70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 11 / 4 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	<table style="width: 100%;"> <tr> <td style="width: 50%;">OFFICE HELD (if any)</td> <td style="width: 50%;">OFFICE SOUGHT (if known) HISD Trustee District VII</td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known) HISD Trustee District VII						
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14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 8pt;">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.</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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

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)

\$

32,169.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,576.16

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

30,661.84

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.

(street)

(city)

(state)

(zip code)

(country)

Executed in Harris County, State of Texas, on the 2nd day of July, 2025.

(month)

(year)

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	\$ 32,169.00
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	\$ 1507.16
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	\$ 69.00
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 5/16/25	5 Full name of contributor out-of-state PAC (ID#: _____) Audrey Nath 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMB
Date 5/19/25	Full name of contributor out-of-state PAC (ID#: _____) Mark Flaum Contributor address; City; State; Zip Code Houston, TX 77019	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) Deloitte
Date 5/19/25	Full name of contributor out-of-state PAC (ID#: _____) Tushar Sharma Contributor address; City; State; Zip Code Denver, CO 80220	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UC Health
Date 5/19/25	Full name of contributor out-of-state PAC (ID#: _____) Sky Bolfin Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus Health
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$) 250.00

9 Employer (See Instructions)
PrognosUs

Amount of contribution (\$) 50.00

Employer (See Instructions)

Amount of contribution (\$)

500.00

Employer (See Instructions)
UTHealth

Amount of contribution (\$)

470.00

Employer (See Instructions)

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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/25	5 Full name of contributor out-of-state PAC (ID#: _____) Margaret Sykes 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 5/22/25	Full name of contributor out-of-state PAC (ID#: _____) Latanya Agurs Contributor address; City; State; Zip Code Toluca Lake, CA 91602	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHLA
Date 5/25/25	Full name of contributor out-of-state PAC (ID#: _____) Amatullah Contractor Contributor address; City; State; Zip Code Katy, TX 77449	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Senior Advisor		Employer (See Instructions)
Date 5/27/25	Full name of contributor out-of-state PAC (ID#: _____) Margaret Chua Contributor address; City; State; Zip Code Sugarland, TX 77478	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 5/28/25	5 Full name of contributor out-of-state PAC (ID#: _____) Nicole Tuchinda 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Loyola University New Orleans College of Law
Date 5/30/25	Full name of contributor out-of-state PAC (ID#: _____) Meagan Hassan Contributor address; City; State; Zip Code Houston, TX 77008	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Sico Hoelscher Harris, LLP
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Carol Lilly Contributor address; City; State; Zip Code Tampa, FL 33629	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of South Florida
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Luisa Massari Contributor address; City; State; Zip Code Fallston, MD 21047	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Maryland
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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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor out-of-state PAC (ID#: _____) Sigrid Larson 6 Contributor address; City; State; Zip Code Philadelphia, PA 19143	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Einstein Neighborhood Health
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Kristin Bruning Contributor address; City; State; Zip Code Northport, NY 11768	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Emily Matlin Contributor address; City; State; Zip Code Harrisburg, PA 17112	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UPMC
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Veena Lingam Contributor address; City; State; Zip Code Lutz, FL 33558	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Moffitt
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor out-of-state PAC (ID#: _____) Ngoc Ahn Nguyen 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Rohini Ashok Contributor address; City; State; Zip Code San Jose, CA 95136	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) The Permanente Medical Group
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Mary Ness Contributor address; City; State; Zip Code Honeoye Falls, NY 14472	Amount of contribution (\$) 2.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Rochester Medical Center
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Erin Barnes Contributor address; City; State; Zip Code Winston-Salem, NC 27106	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Wake Forest University School of Medicine
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor out-of-state PAC (ID#: _____) Anne Goldberg 6 Contributor address; City; State; Zip Code St. Louis, MO 63130	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Washington University
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Alexandra Herzlich Contributor address; City; State; Zip Code New York, NY 10025	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New York Cornea PLLC
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Swati Karmarkar Contributor address; City; State; Zip Code Houston, TX 77018	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Kanchan Phalak Contributor address; City; State; Zip Code Houston, TX 77018	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center
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.

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor out-of-state PAC (ID#: _____) Alissa Baker 6 Contributor address; City; State; Zip Code Baltimore, MD 21201	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Albert Einstein College of Medicine
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Daisy Bassen Contributor address; City; State; Zip Code East Greenwich, RI 02818	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brown University
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Heidi Olander Contributor address; City; State; Zip Code San Jose, CA 95125	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kaiser Permanente San Jose
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Joan Carrellas Contributor address; City; State; Zip Code Lamy, NM 87540	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor out-of-state PAC (ID#: _____) Jennifer Cowart 6 Contributor address; City; State; Zip Code Jacksonville, FL 32258	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mayo Clinic
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Mindy Oshrain Contributor address; City; State; Zip Code Durham, NC 27705	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Duke University
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Christina Propst Contributor address; City; State; Zip Code Houston, TX 77005	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Blue Fish Pediatrics
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Kara Zabelny Contributor address; City; State; Zip Code Colorado Springs, CO 80924	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Common Spirit Health
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.

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/25	5 Full name of contributor out-of-state PAC (ID#: _____) Joann Kim 6 Contributor address; City; State; Zip Code Wexford, PA 15090	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UPMC
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Heather Paladine Contributor address; City; State; Zip Code New York, NY 10018	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) New York Presbyterian Hospital
Date 6/2/25	Full name of contributor out-of-state PAC (ID#: _____) Veronica Vittone Contributor address; City; State; Zip Code Houston, TX 77030	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Hospital
Date 6/3/25	Full name of contributor out-of-state PAC (ID#: _____) Julie Yeh Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of contribution (\$) 13.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Pennsylvania
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/25	5 Full name of contributor out-of-state PAC (ID#: _____) Esther Kim 6 Contributor address; City; State; Zip Code Albany, OR 97321	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Samaritan Health Services
Date 6/3/25	Full name of contributor out-of-state PAC (ID#: _____) Naureen Attiullah Contributor address; City; State; Zip Code Sharon, MA 02067	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Brown University Health
Date 6/3/25	Full name of contributor out-of-state PAC (ID#: _____) Lou Ann Crume Contributor address; City; State; Zip Code Chapel Hill, NC 27517	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Duke University
Date 6/3/25	Full name of contributor out-of-state PAC (ID#: _____) Rachel Mehendale Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Chicago
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.

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/3/25	5 Full name of contributor out-of-state PAC (ID#: _____) Raman Shah 6 Contributor address; City; State; Zip Code Pawtucket, RI 02860	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Data scientist		9 Employer (See Instructions) Raman Shah Data Science, LLC
Date 6/4/25	Full name of contributor out-of-state PAC (ID#: _____) Bhooma Aravamuthan Contributor address; City; State; Zip Code St. Louis, MO 63108	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Washington University
Date 6/3/25	Full name of contributor out-of-state PAC (ID#: _____) Tara James Contributor address; City; State; Zip Code Spokane, WA 99223	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kaiser Permanente
Date 6/3/25	Full name of contributor out-of-state PAC (ID#: _____) Maya Maxym Contributor address; City; State; Zip Code Honolulu, HI 96816	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Hawaii
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/8/25	5 Full name of contributor out-of-state PAC (ID#: _____) Maya Graham 6 Contributor address; City; State; Zip Code San Francisco, CA 94131	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Data scientist		9 Employer (See Instructions) UCSF
Date 6/9/25	Full name of contributor out-of-state PAC (ID#: _____) Varsha Deshmukh Contributor address; City; State; Zip Code Bloomfield Hill, MI 48301	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Corewell Health
Date 6/9/25	Full name of contributor out-of-state PAC (ID#: _____) Esther Kim Contributor address; City; State; Zip Code Albany, OR 97321	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Samaritan Health Services
Date 6/9/25	Full name of contributor out-of-state PAC (ID#: _____) Jamie Weisman Contributor address; City; State; Zip Code Atlanta, GA 30328	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Medical Dermatology Specialists
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/9/25	5 Full name of contributor out-of-state PAC (ID#: _____) Indira Amato 6 Contributor address; City; State; Zip Code Marlton, NJ 08053	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Advocare Milestone Pediatrics
Date 6/9/25	Full name of contributor out-of-state PAC (ID#: _____) Joann Kim Contributor address; City; State; Zip Code Wexford, PA 15090	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UPMC
Date 6/9/25	Full name of contributor out-of-state PAC (ID#: _____) Erin Barnes Contributor address; City; State; Zip Code Winston-Salem, NC 27106	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Logan Health
Date 6/9/25	Full name of contributor out-of-state PAC (ID#: _____) Erin Holsinger Contributor address; City; State; Zip Code Stanford, CA 94305	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Stanford
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/9/25	5 Full name of contributor out-of-state PAC (ID#: _____) Laurie Vessely 6 Contributor address; City; State; Zip Code Lake Oswego, OR 97034	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 6/9/25	Full name of contributor out-of-state PAC (ID#: _____) May Nguyen Contributor address; City; State; Zip Code Houston, TX 77009	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UH College of Medicine
Date 6/10/25	Full name of contributor out-of-state PAC (ID#: _____) Chelsea Hodgkiss-Harlow Contributor address; City; State; Zip Code Escondido, CA 92025	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kaiser Permanente
Date 6/10/25	Full name of contributor out-of-state PAC (ID#: _____) Shobha Mehta Contributor address; City; State; Zip Code Ellicott City, MD 21042	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) LifeBridge Health
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/10/25	5 Full name of contributor out-of-state PAC (ID#: _____) Devon Ebbing 6 Contributor address; City; State; Zip Code Vancouver, WA 98685	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Vancouver Clinic
Date 6/11/25	Full name of contributor out-of-state PAC (ID#: _____) Sharon Pham Contributor address; City; State; Zip Code Costa Mesa, CA 92627	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kaiser Permanente
Date 6/13/25	Full name of contributor out-of-state PAC (ID#: _____) Carol Lilly Contributor address; City; State; Zip Code Tampa, FL 33629	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of South Florida
Date 6/13/25	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Black Contributor address; City; State; Zip Code Portland, OR 97212	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kaiser Permanente
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/13/25	5 Full name of contributor out-of-state PAC (ID#: _____) Agnieszka Witkowski 6 Contributor address; City; State; Zip Code El Cerrito, CA 94530	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Kaiser Permanente
Date 6/13/25	Full name of contributor out-of-state PAC (ID#: _____) Sara Eakens Contributor address; City; State; Zip Code Houston, TX 77009	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Book seller		Employer (See Instructions) Self-employed
Date 6/13/25	Full name of contributor out-of-state PAC (ID#: _____) Claire Wrigley Contributor address; City; State; Zip Code Houston, TX 77007	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) HR Manager		Employer (See Instructions) Gulf Energy Information
Date 6/13/25	Full name of contributor out-of-state PAC (ID#: _____) Aaron Tomb Contributor address; City; State; Zip Code Portland, OR 97217	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Applied Scientist		Employer (See Instructions) Amazon Web Services
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/13/25	5 Full name of contributor out-of-state PAC (ID#: _____) Elisabeth Flaum 6 Contributor address; City; State; Zip Code Portland, OR 97203	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) OCF
Date 6/14/25	Full name of contributor out-of-state PAC (ID#: _____) Roberto Tejada Contributor address; City; State; Zip Code Houston, TX 77019	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Houston
Date 6/14/25	Full name of contributor out-of-state PAC (ID#: _____) Sanjay Sharma Contributor address; City; State; Zip Code Houston, TX 77059	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Chevron
Date 6/18/25	Full name of contributor out-of-state PAC (ID#: _____) Christopher Conner Contributor address; City; State; Zip Code West Hartford, CT 06117	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Connecticut
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/19/25	5 Full name of contributor out-of-state PAC (ID#: _____) Jessica Brown 6 Contributor address; City; State; Zip Code Houston, TX 77091	7 Amount of contribution (\$) 990.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Houston Community College
Date 6/23/25	Full name of contributor out-of-state PAC (ID#: _____) Sarah Miller Contributor address; City; State; Zip Code Kirkland, WA 98034	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Quantitative UX Researcher		Employer (See Instructions) Google
Date 6/24/25	Full name of contributor out-of-state PAC (ID#: _____) Richard Ivey Contributor address; City; State; Zip Code Houston, TX 77027	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 6/24/25	Full name of contributor out-of-state PAC (ID#: _____) Linh Do Contributor address; City; State; Zip Code Martinez, GA 30907	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Not employed		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/24/25	5 Full name of contributor out-of-state PAC (ID#: _____) Patrick Shea 6 Contributor address; City; State; Zip Code Fresno, CA 93711	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Integral Psychiatry
Date 6/25/25	Full name of contributor out-of-state PAC (ID#: _____) Paul Van Ness Contributor address; City; State; Zip Code Upland, CA 91786	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6/25/25	Full name of contributor out-of-state PAC (ID#: _____) Loyola Gressot Contributor address; City; State; Zip Code Houston, TX 77005	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) NSGTX
Date 6/25/25	Full name of contributor out-of-state PAC (ID#: _____) Varsha Shah Contributor address; City; State; Zip Code Houston, TX 77008	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/25	5 Full name of contributor Cathryn Estes out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions) SI Group
Date 6/26/25	Full name of contributor Odus Evbagharu out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Katy, TX 77449	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Strategist		Employer (See Instructions) Self-employed
Date 6/26/25	Full name of contributor Krystal Sully out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston, TX 77008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 6/26/25	Full name of contributor Maren Fuller out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston, TX 77005	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/25	5 Full name of contributor out-of-state PAC (ID#: _____) Clint Lister 6 Contributor address; City; State; Zip Code Houston, TX 77054	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Finance executive		9 Employer (See Instructions) Macquarie Group
Date 6/26/25	Full name of contributor out-of-state PAC (ID#: _____) Cecelia Chaboudy-Dow Contributor address; City; State; Zip Code Houston, TX 77019	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6/26/25	Full name of contributor out-of-state PAC (ID#: _____) Jiayi Burger Contributor address; City; State; Zip Code Houston, TX 77019	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HCA Healthcare
Date 6/27/25	Full name of contributor out-of-state PAC (ID#: _____) David English Contributor address; City; State; Zip Code Houston, TX 77009	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Methodist Hospital
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/25	5 Full name of contributor out-of-state PAC (ID#: _____) Ravi Nath 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of contribution (\$) 368.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Nath Technology Solutions LLC
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Julius Kusuma Contributor address; City; State; Zip Code Newark, CA 94560	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Research scientist		Employer (See Instructions) Meta
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Nipa Sanghani Contributor address; City; State; Zip Code Houston, TX 77008	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-employed
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Linda Phenix Contributor address; City; State; Zip Code Houston, TX 77042	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Grant Writer		Employer (See Instructions) Self-employed
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/25	5 Full name of contributor out-of-state PAC (ID#: _____) Danielle Kronenberg 6 Contributor address; City; State; Zip Code Houston, TX 77019	7 Amount of contribution (\$) 1,100.00
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) IUHS
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Michael Baik Contributor address; City; State; Zip Code Rochester, NY 14604	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Rochester
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Katrina Salazar Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Leah Ferrante Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/25	5 Full name of contributor out-of-state PAC (ID#: _____) Truong Lam 6 Contributor address; City; State; Zip Code Richmond, TX 77407	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Research Investigator		9 Employer (See Instructions) MD Anderson Cancer Center
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Steven Lee Contributor address; City; State; Zip Code Houston, TX 77024	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 6/28/25	Full name of contributor out-of-state PAC (ID#: _____) Sonali Sen Contributor address; City; State; Zip Code Houston, TX 77003	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Jan Forney Contributor address; City; State; Zip Code Houston, TX 77006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Geophysicist		Employer (See Instructions) Swift Energy
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/25	5 Full name of contributor out-of-state PAC (ID#: _____) Fumiko Chino 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MD Anderson Cancer Center
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Mindl Weingarten Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) SK Life Science
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Lisa Nassif Wright Contributor address; City; State; Zip Code Houston, TX 77059	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Neurology
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Kyle Chang Contributor address; City; State; Zip Code Long Beach, CA 90803	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) OC HCA
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/25	5 Full name of contributor out-of-state PAC (ID#: _____) Kristin Falce 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTHealth
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Steven Lazar Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Roopa Nalam Contributor address; City; State; Zip Code Houston, TX 77030	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Emily Lee Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Harris Health
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/25	5 Full name of contributor out-of-state PAC (ID#: _____) Patrick Karas 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) UTMB
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Taylor Mathis Contributor address; City; State; Zip Code Houston, TX 77042	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self-employed
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Megan Conley Contributor address; City; State; Zip Code Honolulu, HI 96817	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self-employed
Date 6/29/25	Full name of contributor out-of-state PAC (ID#: _____) Melody Tan Contributor address; City; State; Zip Code Washington, DC 20003	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Senior Policy Advisor		Employer (See Instructions) US House of Representatives
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/25	5 Full name of contributor out-of-state PAC (ID#: _____) Sarah Rivlin 6 Contributor address; City; State; Zip Code Houston, TX 77017	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions) Texas AFT
Date 6/30/25	Full name of contributor out-of-state PAC (ID#: _____) Lisa Weiss Contributor address; City; State; Zip Code Houston, TX 77018	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kelsey Seybold
Date 6/30/25	Full name of contributor out-of-state PAC (ID#: _____) Wil Jeudy Contributor address; City; State; Zip Code Houston, TX 77008	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Next Level Urgent Care
Date 6/30/25	Full name of contributor out-of-state PAC (ID#: _____) Karthik Soora Contributor address; City; State; Zip Code Houston, TX 77007	Amount of contribution (\$) 201.00
Principal occupation / Job title (See Instructions) Project Development Manager		Employer (See Instructions) Pattern Energy Group
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: 30
2 FILER NAME Audrey Nath		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/25	5 Full name of contributor Nicholas Parchim out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Albuquerque, NM 87114	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of New Mexico
Date 6/30/25	Full name of contributor Akshat Katyayan out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Houston, TX 77002	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor College of Medicine
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.		

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	2 FILER NAME Audrey Nath	3 Filer ID (Ethics Commission Filers)
4 Date 6/26/25	5 Payee name Sprint2Print	
6 Amount (\$) 330.16	7 Payee address; City; State; Zip Code 8748 Clay Road, Suite #300, Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Stickers
	(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 6/30/25	Payee name Stripe	
Amount (\$) \$710.40	Payee address; City; State; Zip Code	
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		
Date 6/30/25	Payee name ActBlue	
Amount (\$) \$466.60	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description ActBlue 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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5/14/25		5 Payee name Squarespace			
6 Amount (\$) 40 <small>Reimbursement from political contributions intended</small>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Website domain purchase		
	(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 5/25/25		Payee name Campaign Partners			
Amount (\$) 29 <small>Reimbursement from political contributions intended</small>		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 Expense		Description Website		
	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		Payee name			
Amount (\$) <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code			
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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED