

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

6th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

Primary

Runoff

ELECTION TYPE

General

Special

Other Description

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

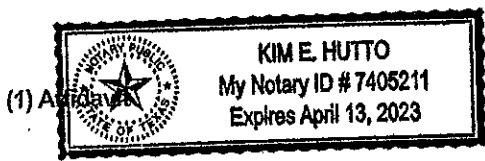
**FORM C/OH  
COVER SHEET PG 2**

|                                |                                                                                                                                       |                                               |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b>            |                                                                                                                                       | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 4,575 <sup>00</sup>                        |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 4,575 <sup>00</sup>                        |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 5636 <sup>62</sup>                         |
|                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 5636 <sup>62</sup>                         |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 20,104 <sup>53</sup>                       |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ - 0 -                                      |

**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.

*Tammy Nakamura*  
Signature of Candidate or Officeholder

**Please complete either option below:**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tammy Nakamura this the 27<sup>th</sup> day of April, 2022, to certify which, witness my hand and seal of office.

Kim E. Hutto      Kim E. Hutto      Board Clerk  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath



**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|                                           |                                                                                                             |                                        |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME                             |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 4,575 <sup>00</sup>                 |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ -0-                                 |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ -0-                                 |
| 4.                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$ -0-                                 |
| 5.                                        | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 5,636 <sup>62</sup>                 |
| 6.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ -0-                                 |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ -0-                                 |
| 8.                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ -0-                                 |
| 9.                                        | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ -0-                                 |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ -0-                                 |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ -0-                                 |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -0-                                 |

# 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: <b>4</b>                     |
| 2 FILER NAME<br><b>Tammy Nakamura</b>                                                        |                                                                                                            | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>4/20/22</b>                                                                     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Richard Newton</b> | 7 Amount of contribution (\$)<br><b>\$ 200.00</b>       |
| 6 Contributor address; City; State; Zip Code<br><b>1208 Holly Lane Colleyville, TX 76034</b> |                                                                                                            |                                                         |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                      |                                                                                                            | 9 Employer (See Instructions)                           |
| Date<br><b>4/14/22</b>                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Carrie Rigney</b>    | Amount of contribution (\$)<br><b>\$ 350.00</b>         |
| Contributor address; City; State; Zip Code<br><b>7308 Hix Ct Colleyville TX 76034</b>        |                                                                                                            |                                                         |
| Principal occupation / Job title (See Instructions)<br><b>homemaker</b>                      |                                                                                                            | Employer (See Instructions)                             |
| Date<br><b>4/24/22</b>                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Susan Coolbaugh</b>  | Amount of contribution (\$)<br><b>\$ 100.00</b>         |
| Contributor address; City; State; Zip Code<br><b>6708 Carriage Ln Colleyville, TX 76034</b>  |                                                                                                            |                                                         |
| Principal occupation / Job title (See Instructions)<br><b>Designer</b>                       |                                                                                                            | Employer (See Instructions)<br><b>Cool Concepts</b>     |
| Date<br><b>4/15/22</b>                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cory Huddleston</b>  | Amount of contribution (\$)<br><b>\$ 200.00</b>         |
| Contributor address; City; State; Zip Code<br><b>1509 Brookwood Dr Grapevine, TX 76051</b>   |                                                                                                            |                                                         |
| Principal occupation / Job title (See Instructions)<br><b>Brand Ambassador</b>               |                                                                                                            | Employer (See Instructions)<br><b>Louisiana Grill's</b> |

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: <u>Tammy Nakamura</u>                                                                 |                                                                                                           | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date: <u>4/20/22</u>                                                                              | 5 Full name of contributor: <u>Danny Holifield</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$): <u>\$100.00</u>     |
| 6 Contributor address; City; State; Zip Code<br><u>3419 Wintergreen Terrace Grapevine, TX 76051</u> |                                                                                                           |                                                    |
| 8 Principal occupation / Job title (See Instructions): <u>Financial Advisor</u>                     |                                                                                                           | 9 Employer (See Instructions): <u>Edward Jones</u> |
| Date: <u>4/18/22</u>                                                                                | Full name of contributor: <u>Kami Neal</u> <input type="checkbox"/> out-of-state PAC (ID#: _____)         | Amount of contribution (\$): <u>\$75.00</u>        |
| Contributor address; City; State; Zip Code<br><u>2826 Timber Hill Dr Grapevine TX 76051</u>         |                                                                                                           |                                                    |
| Principal occupation / Job title (See Instructions): <u>homemaker</u>                               |                                                                                                           | Employer (See Instructions)                        |
| Date: <u>4/15/22</u>                                                                                | Full name of contributor: <u>Zach Penn</u> <input type="checkbox"/> out-of-state PAC (ID#: _____)         | Amount of contribution (\$): <u>\$250.00</u>       |
| Contributor address; City; State; Zip Code<br><u>300 Running Bear Ct Euless, TX 76039</u>           |                                                                                                           |                                                    |
| Principal occupation / Job title (See Instructions): <u>Entrepreneur</u>                            |                                                                                                           | Employer (See Instructions): <u>SELF employed</u>  |
| Date: <u>4/9/22</u>                                                                                 | Full name of contributor: <u>Bob Bardo</u> <input type="checkbox"/> out-of-state PAC (ID#: _____)         | Amount of contribution (\$): <u>\$25.00</u>        |
| Contributor address; City; State; Zip Code<br><u>203 Virginia Sq Colleyville, TX 76034</u>          |                                                                                                           |                                                    |
| Principal occupation / Job title (See Instructions): <u>Retired</u>                                 |                                                                                                           | Employer (See Instructions)                        |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|                                                                                                       |                                                                                                        |                                                             |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| The instruction Guide explains how to complete this form.                                             |                                                                                                        | 1 Total pages Schedule A1:                                  |
| 2 FILER NAME<br><i>Tammy Nakamura</i>                                                                 |                                                                                                        | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><i>4/6/22</i>                                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Sandi Linz</i> | 7 Amount of contribution (\$)<br><i>\$ 100<sup>00</sup></i> |
| 6 Contributor address; City; State; Zip Code<br><i>2005 Francis Dr<br/>Colleyville, TX 76034</i>      |                                                                                                        |                                                             |
| 8 Principal occupation / Job title (See Instructions)<br><i>retired</i>                               |                                                                                                        | 9 Employer (See Instructions)                               |
| Date<br><i>4/4/22</i>                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Regan Snyder</i> | Amount of contribution (\$)<br><i>\$ 100<sup>00</sup></i>   |
| Contributor address; City; State; Zip Code<br><i>200 Woodbine<br/>Colleyville, TX 76034</i>           |                                                                                                        |                                                             |
| Principal occupation / Job title (See Instructions)<br><i>homeaker</i>                                |                                                                                                        | Employer (See Instructions)                                 |
| Date<br><i>4/6/22</i>                                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Wayne Via</i>    | Amount of contribution (\$)<br><i>\$ 1,200<sup>00</sup></i> |
| Contributor address; City; State; Zip Code<br><i>2305 Woodmoor Ln<br/>Colleyville, TX 76034</i>       |                                                                                                        |                                                             |
| Principal occupation / Job title (See Instructions)<br><i>Director of Technical Support</i>           |                                                                                                        | Employer (See Instructions)<br><i>Frontier</i>              |
| Date<br><i>4/25/22</i>                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Tim Karne</i>    | Amount of contribution (\$)<br><i>\$ 200<sup>00</sup></i>   |
| Contributor address; City; State; Zip Code<br><i>3104 Queensbury Way Ct<br/>Colleyville, TX 76034</i> |                                                                                                        |                                                             |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>                                 |                                                                                                        | Employer (See Instructions)                                 |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|                                                                                                |                                                                                                               |                                                              |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| The instruction Guide explains how to complete this form.                                      |                                                                                                               | 1 Total pages Schedule A1:                                   |
| 2 FILER NAME<br><i>Tammy Nakamura</i>                                                          |                                                                                                               | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><i>4/26/22</i>                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Cameron McCartney</i> | 7 Amount of contribution (\$)<br><i>\$1,500<sup>00</sup></i> |
| 6 Contributor address; City; State; Zip Code<br><i>3405 Middletonway Colleyville, TX 76034</i> |                                                                                                               |                                                              |
| 8 Principal occupation / Job title (See Instructions)<br><i>Self employed</i>                  |                                                                                                               | 9 Employer (See Instructions)<br><i>Self employed</i>        |
| Date<br><i>4/26/22</i>                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Michael Nooney</i>      | Amount of contribution (\$)<br><i>\$25.00</i>                |
| Contributor address; City; State; Zip Code<br><i>2800 Brazos Blvd Euless TX 76039</i>          |                                                                                                               |                                                              |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>                          |                                                                                                               | Employer (See Instructions)                                  |
| Date<br><i>4/26/22</i>                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Stephen Conover</i>     | Amount of contribution (\$)<br><i>\$50.00</i>                |
| Contributor address; City; State; Zip Code<br><i>3043 Creekview Dr Grapevine TX 76051</i>      |                                                                                                               |                                                              |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>                          |                                                                                                               | Employer (See Instructions)                                  |
| Date<br><i>4/23/22</i>                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Pamela Hesse Trode</i>  | Amount of contribution (\$)<br><i>\$100.00</i>               |
| Contributor address; City; State; Zip Code<br><i>3241 River Bend Dr Hurst TX 76054</i>         |                                                                                                               |                                                              |
| Principal occupation / Job title (See Instructions)<br><i>SR Business Analyst</i>              |                                                                                                               | Employer (See Instructions)<br><i>American Airlines</i>      |

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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.

|                                                                     |                                                                                                                                                                      |                                                            |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Tammy Nakamura                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br>4/12/22                                            | <b>5</b> Payee name<br>Edgerton Strategies, LLC                                                                                                                      |                                                            |
| <b>6</b> Amount (\$)<br>1000.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1540 Keller Parkway #108<br>Keller, TX 76248                                                                        |                                                            |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting                                                                                | <b>(b)</b> Description<br>April Consulting                 |
|                                                                     | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought <span style="float:right">Office held</span> |

|                                                            |                                                                                                                                                           |                                                            |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Date<br>4/5/22                                             | Payee name<br>Edgerton Strategies, LLC                                                                                                                    |                                                            |
| Amount (\$)<br>473.05                                      | Payee address; City; State; Zip Code<br>1540 Keller Parkway #108<br>Keller, TX 76248                                                                      |                                                            |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br>Signs/Advertising                                                                         | Description<br>Yard Signs                                  |
|                                                            | <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 <span style="float:right">Office held</span> |

|                                                            |                                                                                                                                                           |                                                            |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Date<br>4/18/22                                            | Payee name<br>Edgerton Strategies, LLC                                                                                                                    |                                                            |
| Amount (\$)<br>3,500.00                                    | Payee address; City; State; Zip Code<br>1540 Keller Parkway #108<br>Keller, TX 76248                                                                      |                                                            |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><del>Media</del> Media                                                                    | Description<br>Digital                                     |
|                                                            | <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 <span style="float:right">Office held</span> |



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                       |                                                                                                                                                               |                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>Tammy Nakamura                                                                                                                                | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>4/12/22                                     | 5 Payee name<br>Blings IT Boutique                                                                                                                            |                                       |
| 6 Amount (\$)<br>\$190.52                             | 7 Payee address:<br>1009 Cheek - Sparger Rd # 120<br>Colleyville, TX 76034                                                                                    | City: State: Zip Code                 |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                    | (a) Category (See Categories listed at the top of this schedule)<br>Advertising                                                                               | (b) Description<br>T-shirts           |
|                                                       | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

|                                                     |                                                                                                                                                           |                           |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Date<br>4/21/22                                     | Payee name<br>Edgerton Strategies, LLC                                                                                                                    |                           |
| Amount (\$)<br>47305                                | Payee address:<br>1540 Keller Parkway # 108<br>Keller, TX 76248                                                                                           | City: State: Zip Code     |
| <b>PURPOSE OF EXPENDITURE</b>                       | Category (See Categories listed at the top of this schedule)<br>Advertising                                                                               | Description<br>Signs      |
|                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                           |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                             | Office sought Office held |

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