

# 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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Tammy</i>	MI <i>J</i>	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <i>Nakamura</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	<i>1105 Tinker Rd Colleyville, TX 76034</i>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Data Hand-delivered or Date Postmarked <i>7/15/22</i> <i>KEH</i>
	<i>(214)</i>	<i>274-5990</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Scott</i>	MI <i>M</i>	Receipt #
	NICKNAME	LAST <i>Frechette</i>	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	<i>2600 Highland Meadow Dr Colleyville, TX 76034</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	<i>(214)</i>	<i>558-3922</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month    Day    Year			
	<i>4 / 27 / 22</i> THROUGH <i>7 / 15 / 22</i>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description	
	<i>5 / 7 / 22</i>		<input type="checkbox"/> General <input type="checkbox"/> Special	
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		
	<input type="checkbox"/> GENERAL			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

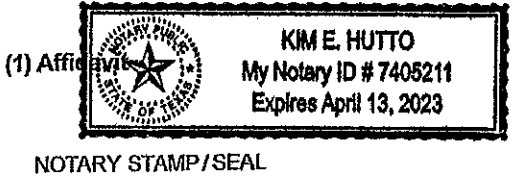
**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME		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)	\$ 8,100 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,100 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 27,641 <sup>05</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,641 <sup>05</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 89 <sup>10</sup>
OUTSTANDING LOAN TOTALS	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:



Sworn to and subscribed before me by Tammy Nakamura this the 13<sup>th</sup> day of July

20 22, 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 NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,100 <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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 27,641 <sup>05</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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Caffey</i>	7 Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>7114 Waldon Ct Colleyville, TX 76034</i>		
8 Principal occupation / Job title (See Instructions) <i>President</i>		9 Employer (See Instructions) <i>Caffey Group</i>
Date <i>5/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Linn</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>7001 Westcoat Dr Colleyville, TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>4/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Montgomery Bennett</i>	Amount of contribution (\$) <i>\$ 5000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>14185 Dallas Parkway #1200 Dallas TX 75254</i>		
Principal occupation / Job title (See Instructions) <i>Hotelier</i>		Employer (See Instructions) <i>Ashford Hospitality</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tammy Nakamura</i>	Amount of contribution (\$) <i>\$ 2500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1105 Tinker Rd CV TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Natico Management</i>

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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Tammy Nakamura</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/16/22</b>	5 Payee name <b>Edgerton Strategies, LLC</b>	
6 Amount (\$) <b>\$27,168<sup>00</sup></b>	7 Payee address; <b>1540 Keller Parkway Keller, TX 76248</b>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Deliverables</b>	(b) Description <b>mailers</b>
	(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 <b>4/26/22</b>	Payee name <b>Edgerton Strategies, LLC</b>	
Amount (\$) <b>473<sup>05</sup></b>	Payee address; <b>1540 Keller Parkway Keller, TX 76248</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Signs/ Advertising</b>	Description <b>Additional Yard Signs</b>
	<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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held