

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:

41

3 CANDIDATE / OFFICEHOLDER NAME

MS / (MRS) MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Tammy Nakamura

OFFICE USE ONLY

Date Received

4/2/25 8A

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1105 Tinker RD
Colleyville, TX 76034

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 274-5990

Date Hand-delivered or Date Postmarked

4-2-25

6 CAMPAIGN TREASURER NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

Scott Frechette

Receipt #

Amount \$

Date Processed

4-2-25

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2600 Highland Meadow Dr
Colleyville, TX 76034

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 558-3922

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1 / 15 / 25 THROUGH 4 / 2 / 25

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 25

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

local

12 OFFICE

OFFICE HELD (if any)

School Board Place 3

13 OFFICE SOUGHT (if known)

same

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**

15 C/OH NAME TAMMY NAKAMURA		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)	\$ 46,676. ⁶⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 46,676. ⁶⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,270. ³⁶
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,270. ³⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 44,406. ³⁴
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:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tammy Nakamura this the 2 day of April, 2025, to certify which, witness my hand and seal of office.

Stephanie Heppenstall Stephanie Heppenstall Board Clerk Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(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

TAMMY NAKAMURA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,676. ⁴⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0. ⁰⁰
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0. ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,270. ³⁶
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0. ⁰⁰
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0. ⁰⁰
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0. ⁰⁰

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: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRI DENEUI	7 Amount of contribution (\$) \$2,000.⁰⁰
	6 Contributor address; City; State; Zip Code 4505 COLLEVILLE BLD. COLLEVILLE, TX 76034	
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) EVEXIAS MEDICAL
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE PUTLAK	Amount of contribution (\$) \$95.⁰⁰
	Contributor address; City; State; Zip Code 409 POLO CT. COLLEVILLE, TX 76034	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APRIL GRANT	Amount of contribution (\$) \$2500. \$250.⁰⁰
	Contributor address; City; State; Zip Code 6606 CHARLESTON DR. COLLEVILLE, TX 76034	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYDIA RANDAZZO	Amount of contribution (\$) \$50.⁰⁰
	Contributor address; City; State; Zip Code 3200 FURLONG DR. FLOWER MOUND, TX 75022	
Principal occupation / Job title (See Instructions) HOME MAKER		Employer (See Instructions) SELF

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:

36

2 FILER NAME

TAMMY NAKAMURA

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/25

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

TIM O'HARE

7 Amount of contribution (\$)

\$ 191.70

6 Contributor address; City; State; Zip Code

1961 E. HIGHLAND ST. SOUTHLAKE, TX 76092

8 Principal occupation / Job title (See Instructions)

COUNTY JUDGE

9 Employer (See Instructions)

TARRANT COUNTY

Date

2/8/25

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

SHELY CLAFFET

Amount of contribution (\$)

\$ 479.70

Contributor address; City; State; Zip Code

708 E. HILL ST. KELLER TX 76248

Principal occupation / Job title (See Instructions)

SALES / OWNER

Employer (See Instructions)

CLAFFET POOLS

Date

2/7/25

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

CASEY FORD

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

2307 WOODMOOR LN. COUERTVILLE, TX 76034

Principal occupation / Job title (See Instructions)

ACCOUNTANT / CPA

Employer (See Instructions)

HCVT

Date

2/7/25

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

ADAM BUTCHER

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

129 WELFORD LN SOUTHLAKE, TX 76092

Principal occupation / Job title (See Instructions)

ENERGY FINANCE

Employer (See Instructions)

BASIN ADVENTURES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMERSON MCCARTNEY	7 Amount of contribution (\$) \$ 479.⁷⁰
6 Contributor address; City; State; Zip Code 3405 MIDDLETON WAY COLLEVILLE TX 76034		
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions) N/A
Date 2/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDI ZINZ	Amount of contribution (\$) \$ 95.⁷⁰
Contributor address; City; State; Zip Code 2005 KYLE ST COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATE PHILLIPS	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 4712 MANNING DR. COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GINNY TIGUE	Amount of contribution (\$) \$ 250.⁰⁰
Contributor address; City; State; Zip Code 4415 MEANDERW6 WY COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 36

2 FILER NAME

TAMMY NAKAMURA

3 Filer ID (Ethics Commission Filers)

4 Date

2/13/25

5 Full name of contributor

AUDREY SHEETS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.⁰⁰

6 Contributor address; City; State; Zip Code

3521 QUAIL CREST ST GRAPENHE, TX 76051

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

2/12/25

Full name of contributor

WILLIAM KNIGHT

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$95.⁷⁰

Contributor address; City; State; Zip Code

401 W. BELKNAP ST. FT. WORTH, TX 76176

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

TARRANT COUNTY

Date

2/12/25

Full name of contributor

RON JANOWCZYK

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$335.⁷⁰

Contributor address; City; State; Zip Code

2012 THAMES TRAIL COLEVILLE TX 76034

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

SPECIAL STRONG

Date

2/11/25

Full name of contributor

ARMAN ZIZANI

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$383.⁷⁰

Contributor address; City; State; Zip Code

896 RANDOLL MILL AVE. KEUEN, TX 76262

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERIE JO REMLEY	7 Amount of contribution (\$) \$ 1,000.⁰⁰
6 Contributor address; City; State; Zip Code 6803 FALLBROOK CT. COLLEVILLE, TX 76034		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 2/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEANNE ROCKINKHAM	Amount of contribution (\$) \$ 23.⁰⁰
Contributor address; City; State; Zip Code 1648 MOUNTAIN LABEL DR. KEUEN TX 76249		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN GERBER	Amount of contribution (\$) \$ 250.⁰⁰
Contributor address; City; State; Zip Code 505 WAGON WHEEL CT. COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNNE UNDERWOOD	7 Amount of contribution (\$) \$23.⁰⁰
6 Contributor address; City; State; Zip Code 6308 PONDEROSA LN, COLLEVILLE, TX 76034		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 2/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBY TAMARA	Amount of contribution (\$) \$95.⁰⁰
Contributor address; City; State; Zip Code 6207 WESTCOAT DR, COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS PUTNAM	Amount of contribution (\$) \$959.⁰⁰
Contributor address; City; State; Zip Code 3923 COLE AVE, DALLAS, TX 75204		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) DALLAS EXPRESS MEDIA
Date 2/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG SHEEF	Amount of contribution (\$) \$1000.⁰⁰
Contributor address; City; State; Zip Code 701 ARCADE DR, COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) TEXAS SECURITY BANK

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERYL GUTH	7 Amount of contribution (\$) \$ 100.⁰⁰
6 Contributor address; City; State; Zip Code 3603 LABRADOR BAY GRAPEVINE, TX 76051		
8 Principal occupation / Job title (See Instructions) FLIGHT ATTENDANT		9 Employer (See Instructions) AMERICAN AIRLINES
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN SHEPHERD	Amount of contribution (\$) \$ 20.⁰⁰
Contributor address; City; State; Zip Code 2136 FARRINGTON LN HURST, TX 76054		
Principal occupation / Job title (See Instructions) CONTRACT SPECIALIST		Employer (See Instructions) SELF EMPLOYED
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK WEDDING	Amount of contribution (\$) \$ 20.⁰⁰
Contributor address; City; State; Zip Code 9009 CROWN POINT CR IRVING, TX 75063		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN CONOVER	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 3043 CREEKVIEW DR GRAPEVINE, TX 76051		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **32**

2 FILER NAME

TAMMY NAKAMURA

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/25

5 Full name of contributor

JULIE AVERY

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25.⁰⁰

6 Contributor address; City; State; Zip Code

4300 BROOKHOLLOW DR. COLLETTVILLE, TX 76034

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

2/23/25

Full name of contributor

TAMMY MCNATT

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.⁰⁰

Contributor address; City; State; Zip Code

714 CORT ST. GRAPEVINE TX 76051

Principal occupation / Job title (See Instructions)

LOAN OFFICER

Employer (See Instructions)

SBA

Date

2/23/25

Full name of contributor

JAMES LAMBERT

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

3409 KNIGHTS CT. NORTHLAKE, TX 76247

Principal occupation / Job title (See Instructions)

RETIRED.

Employer (See Instructions)

N/A

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMRA DENNY	7 Amount of contribution (\$) \$50.⁰⁰
6 Contributor address; City; State; Zip Code 1021 CLEARVIEW DR. BEDFORD, TX 76201		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARA CARR	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 7608 PRAIRIEVIEW DR. COLLETVILLE, TX 76034		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) N/A
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE SARTAIN	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 7113 CEDAR CT. COLLETVILLE TX 76034		
Principal occupation / Job title (See Instructions) COMMERCIAL DEVELOPER		Employer (See Instructions) STREAM REACTORS
Date 2/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS SIMMS	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 604 GREEN MEADOW ST. COLLETVILLE, TX 76034		
Principal occupation / Job title (See Instructions) PILOT		Employer (See Instructions) AMERICAN

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELA GREENLAW	7 Amount of contribution (\$) \$95.70
6 Contributor address; City; State; Zip Code 204 SLADE RD. COLLETVILLE TX 76034		
8 Principal occupation / Job title (See Instructions) HOME MAKER		9 Employer (See Instructions) SELF EMPLOYED
Date 3/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BRANDT	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 808 VICTORIA LN SOUTHLAKE, TX 76082		
Principal occupation / Job title (See Instructions) JUDGE		Employer (See Instructions) TARRANT COUNTY
Date 3/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACT LOURDES	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 4109 SOUTHWOOD E. COLLETVILLE, TX 76034		
Principal occupation / Job title (See Instructions) LIBRARIAN		Employer (See Instructions) FORT WORTH CHRISTIAN
Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL KIDD	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 2284 GRAPEVINE, TX 76099		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 26
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDY CHAPPEL 6 Contributor address; City; State; Zip Code 1716 GLADE RD COLLETVILLE TX 76034	7 Amount of contribution (\$) \$100.⁰⁰
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 3/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILLY M'CLEOD Contributor address; City; State; Zip Code 4720 BILLY SIMMONS RD COLLETVILLE TX 76034	Amount of contribution (\$) \$479.⁷⁰
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) TRUSSWORKS LLC
Date 3/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY KING Contributor address; City; State; Zip Code 6604 CARRIAGE DR. COLLETVILLE TX 76034	Amount of contribution (\$) \$500.⁰⁰
Principal occupation / Job title (See Instructions) OWNER - SELF EMPLOYED		Employer (See Instructions) WAY COVERINGS
Date 3/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZACK PENN Contributor address; City; State; Zip Code 300 RUNNING BEAR EULESS TX 75039	Amount of contribution (\$) \$95.⁷⁰ \$287.¹⁰
Principal occupation / Job title (See Instructions) SELF EMPLOYED - DEVELOPER		Employer (See Instructions) SELF EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE WEBB	7 Amount of contribution (\$) \$ 250.⁰⁰
6 Contributor address; City; State; Zip Code 4007 SOUTHWOOD W COLLEVILLE, TX 76034		
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) ASSET PRESERVATION GROUP
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBIN HALL	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 8564 FRESH MEADOWS DR. N. RICHLAND HILLS, TX 76182		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEAN ROBERTS	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 3717 BAR LANE COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRISH FLETCHER FRANKLIN	Amount of contribution (\$) \$ 47.⁷⁰
Contributor address; City; State; Zip Code 6128 ABBOTT AVE NRH TX 76180		
Principal occupation / Job title (See Instructions) PAYROLL / ACCOUNTING		Employer (See Instructions) FRANKLIN ELECTRIC CO.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAM HUDSON	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 7905 LUCIAN DR. NRH, TX, 76182		
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) CHAMPIONS DFW COMMERCIAL
Date 2/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH COSTA	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2729 ROSECLIFF, GRAPEVINE, TX, 76051		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMBERLY SEXTON	Amount of contribution (\$) \$95.20
Contributor address; City; State; Zip Code 7061 WHIPPORWIL CT, COLLEVILLE TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICOLE ADKINS	Amount of contribution (\$) \$383.20
Contributor address; City; State; Zip Code 1805 THAMES TRL COLLEVILLE, TX, 76034		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF EMPLOYED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **36**
 3 Filer ID (Ethics Commission Filers)

The Instruction Guide explains how to complete this form.

2 FILER NAME
TAMMY NAKAMURA

4 Date: **2/5/25**
 5 Full name of contributor: out-of-state PAC (ID#: _____)
MATT KRAUSE
 6 Contributor address; City; State; Zip Code
8901 TEHAMA RIDGE PKWY, FORT WORTH, TX 76177
 7 Amount of contribution (\$): **\$500.⁰⁰**

8 Principal occupation / Job title (See Instructions): **CANDIDATE / ATTORNEY**
 9 Employer (See Instructions): **SELF EMPLOYED**

Date: **2/5/25**
 Full name of contributor: out-of-state PAC (ID#: _____)
MARK ASSAAD
 Contributor address; City; State; Zip Code
626 E. WALL ST. GRAPEVILLE, TX 76051
 Amount of contribution (\$): **\$100.⁰⁰**

Principal occupation / Job title (See Instructions): **REALTOR / OWNER**
 Employer (See Instructions): **ASSAAD REALTORS**

Date: **2/5/25**
 Full name of contributor: out-of-state PAC (ID#: _____)
ZACK PENN
 Contributor address; City; State; Zip Code
300 RUNNING BEAR, EULESS, TX, 75039
 Amount of contribution (\$): **\$479.⁷⁰**

Principal occupation / Job title (See Instructions): **OWNER**
 Employer (See Instructions): **KEY LIFE HOMES**

Date: **2/4/25**
 Full name of contributor: out-of-state PAC (ID#: _____)
CHRIS SIMS
 Contributor address; City; State; Zip Code
604 GREEN MEADOW ST, COLLETTVILLE TX 76034
 Amount of contribution (\$): **\$95.⁷⁰**

Principal occupation / Job title (See Instructions): **PILOT**
 Employer (See Instructions): **AMERICAN**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCY NOONAN	7 Amount of contribution (\$) \$383.⁷⁰
6 Contributor address; City; State; Zip Code 221 E. SOUTHLAKE BLVD, SOUTHLAKE, TX 76092		
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) SYNERGY REALTORS
Date 2/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM RAINE	Amount of contribution (\$) \$500.⁰⁰
Contributor address; City; State; Zip Code 3104 QUEENS BURY WT, COLLEEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 2/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER AUD ALLEN	Amount of contribution (\$) \$700.⁰⁰
Contributor address; City; State; Zip Code 5600 MIRAMAR LN COLLEEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) HOME MAKER		Employer (See Instructions) SELF
Date 2/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS RUSHALT	Amount of contribution (\$) \$191.⁷⁰
Contributor address; City; State; Zip Code 1843 CUMMANN TR. GRAPEVINE, TX 76051		
Principal occupation / Job title (See Instructions) TEACHER'S AIDE		Employer (See Instructions) GCISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBYN STEWART	7 Amount of contribution (\$) \$ 200.⁰⁰
6 Contributor address; City; State; Zip Code 7212 OVERLUND TRC, COULEVILLE, TX 76034		
8 Principal occupation / Job title (See Instructions) FLIGHT ATTENDANT		9 Employer (See Instructions) AMERICAN
Date 1/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEROME ORINADO	Amount of contribution (\$) \$ 1,800.⁰⁰
Contributor address; City; State; Zip Code 6904 MEADE DR. COULEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) IT CONSULTANT / OWNER		Employer (See Instructions) SELF EMPLOYED
Date 1/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIM SPAIN	Amount of contribution (\$) \$ 191.⁷⁰
Contributor address; City; State; Zip Code 804 WATERPOINTE CT. CRANBURY, TX 76048		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) N/A
Date 1/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID MASON	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 2234 E. CROSBY RD. CARROUTON, TX 75006		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDI ELDER	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 3500 CAMBRIDGE CT. COLLEVILLE, TX 76034		
8 Principal occupation / Job title (See Instructions) HOME MAKER		9 Employer (See Instructions) N/A
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK ALPHONSO	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5104 OLD OAK DR. COUETVILLE TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY TERRELL	Amount of contribution (\$) \$95.00
Contributor address; City; State; Zip Code 916 S. MAIN ST. GRAPEVINE, TX 76051		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) GRAPEVINE BRIDAL BOUTIQUE
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA HOLIFIELD	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3419 WILTSKREEM TR. GRAPEVINE TX 76051		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
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2 FILER NAME TAMMY NAKAMURA	3 Filer ID (Ethics Commission Filers)
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4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN SHEPHERD	7 Amount of contribution (\$) \$95.70
6 Contributor address; City; State; Zip Code 2136 FARRINGTON LN HURST, TX 76054		

8 Principal occupation / Job title (See Instructions) OWNER	9 Employer (See Instructions) SELF EMPLOYED
---	---

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMMY CURB	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4508 BILL SIMMONS RD. COLLEVILLE, TX 76034		

Principal occupation / Job title (See Instructions) ATTORNEY	Employer (See Instructions) VENTRA HEALTH
--	---

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAKINAU STARK	Amount of contribution (\$) \$95.70
Contributor address; City; State; Zip Code 1102 WINSTON DR. EULESS, TX 76039		

Principal occupation / Job title (See Instructions) BROKER	Employer (See Instructions) STARK REALTY
--	--

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARLA DENNISON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 100 FRANKLIN CT COLLEVILLE, TX 76034		

Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) N/A
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID MITCHELL	7 Amount of contribution (\$) \$95.⁰⁰
6 Contributor address; City; State; Zip Code 1220 OXFORD LN, GRAPEVINE, TX, 76051		
8 Principal occupation / Job title (See Instructions) NETWORK ENGINEER		9 Employer (See Instructions) INTELLIGENT WAVES
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCENT GIARDINO	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 209 W. 2ND STREET FT. WORTH, TX, 76102		
Principal occupation / Job title (See Instructions) JUDGE		Employer (See Instructions) STATE OF TEXAS
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY LEHRMANN	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 204 MILL VALLEY DR. COLLEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IRENE CLEMENTS	Amount of contribution (\$) \$25.⁰⁰
Contributor address; City; State; Zip Code 153 HARTFOLD CIR. COPPELL, TX, 75019		
Principal occupation / Job title (See Instructions) DESIGNER		Employer (See Instructions) SELF EMPLOYED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
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2 FILER NAME TAMMY NAKAMURA	3 Filer ID (Ethics Commission Filers)
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4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN HARKINS	7 Amount of contribution (\$) \$100.⁰⁰
6 Contributor address; City; State; Zip Code 2150 W. NORTHWEST HWY, GRAPEVINE, TX 76051		

8 Principal occupation / Job title (See Instructions) SECURITY CONSULTANT	9 Employer (See Instructions) BLUE 6 INVESTIGATIONS
---	---

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS McNEAL	Amount of contribution (\$) \$300.⁰⁰
Contributor address; City; State; Zip Code 3605 WINEWOOD PL, COLLEEVILLE, TX 76034		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOLYN POTENZA	Amount of contribution (\$) \$95.⁷⁰
Contributor address; City; State; Zip Code 1000 INDEPENDENCE CT, SOUTHWAKE, 76092		

Principal occupation / Job title (See Instructions) OPERATIONS	Employer (See Instructions) SMG
--	---

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMBERLY FITZPATRICK	Amount of contribution (\$) \$250.⁰⁰
Contributor address; City; State; Zip Code 6512 PONDEROSA LN, COLLEEVILLE, 76034		

Principal occupation / Job title (See Instructions) JUDGE	Employer (See instructions) STATE OF TEXAS
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **36**

2 FILER NAME

TAMMY NAKAMURA

3 Filer ID (Ethics Commission Filers)

4 Date

1/30/25

5 Full name of contributor

GREG WATSON

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.⁰⁰

6 Contributor address; City; State; Zip Code

4001 WHITBY LN GRAPEVINE, TX 76501

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/30/25

Full name of contributor

ERIC STARNES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 20.⁰⁰

Contributor address; City; State; Zip Code

617 VERNA TRLN FORTWORTH, TX 76108

Principal occupation / Job title (See Instructions)

JUDGE

Employer (See Instructions)

TARRANT COUNTY

Date

1/30/25

Full name of contributor

RANDI HARTIN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.⁰⁰

Contributor address; City; State; Zip Code

2117 CARDINAL LN FT WORTH, TX 76111

Principal occupation / Job title (See Instructions)

JUDGE

Employer (See Instructions)

TARRANT COUNTY

Date

1/30/25

Full name of contributor

DAVID SUNDENSON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 479.⁰⁰

Contributor address; City; State; Zip Code

1800 PENROD RD. COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

REAL ESTATE (REALTOR)

Employer (See Instructions)

CORSAIR VENTURES

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS WHEIMOUTH	7 Amount of contribution (\$) \$ 250.⁰⁰
6 Contributor address; City; State; Zip Code 6904 WHIPPOORWILL CT. COLLEVILLE, TX 76034		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 1/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICK KEYES	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 6906 LONGWOOD DR COLLEVILLE, TX 76024		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) BELL HELICOPTER
Date 1/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTIN EAD	Amount of contribution (\$) \$ 100.⁰⁰
Contributor address; City; State; Zip Code 3316 S. RILEY CT. HUNST, TX 76054		
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions) COLLINS AEROSPACE
Date 1/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHRYN GIBSON	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 134 HARTFORD CIR. COPPELL, TX 75019		
Principal occupation / Job title (See Instructions) HOME MAKER		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENISE BELLUCCI	7 Amount of contribution (\$) \$ 95.00
6 Contributor address; City; State; Zip Code 2509 HIGHLAND PARK CT. COULEVILLE, TX 76034		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 1/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY ADAMS	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 5409 RUSTIC TRL. COULEVILLE, TX 76034		
Principal occupation / Job title (See Instructions) OWNER / ASST. MANAGER		Employer (See Instructions) OVERHEAD GARAGE DOOR CO.
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AARON HARRIS	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6305 EDENBROUGH CT. NRH, TX 76186		
Principal occupation / Job title (See Instructions) CONSULTANT ; COFFEE MAKER		Employer (See Instructions) LMK STRATEGIES
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN HUMPHREY	Amount of contribution (\$) \$ 479.00
Contributor address; City; State; Zip Code 3531 BLUE BERRY LAKE GRAPEVINE, 76051		
Principal occupation / Job title (See Instructions) RETIRED OWNER		Employer (See Instructions) N/A HUMPHREY & ASSOC.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **34**

The Instruction Guide explains how to complete this form.

2 FILER NAME

TAMMY NAKAMURA

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/25

5 Full name of contributor

BOB FELLO

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$17.70

6 Contributor address; City; State; Zip Code

2925 S. CREEKWOOD DR. GRAPEVINE, TX 76051

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

1/23/25

Full name of contributor

MICHAEL SMITH

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$239.70

Contributor address; City; State; Zip Code

3722 Cragmont Ave. Dallas, TX 75205

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

1/23/25

Full name of contributor

JULIANNA GARRISON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$4,799.20

Contributor address; City; State; Zip Code

6401 WESTCOAT DR. COLLEVILLE, TX 76034

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

1/22/25

Full name of contributor

DAN FOSTER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2900 AMHERST AVE, DALLAS, TX 75205

Principal occupation / Job title (See Instructions)

PRESIDENT / OWNER

Employer (See Instructions)

UNCLE DAN'S PAWU SHOP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 36
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2 FILER NAME TAMMY NAKAMURA	3 Filer ID (Ethics Commission Filers)
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4 Date 1/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT FRECHETTE	7 Amount of contribution (\$) \$959.72
6 Contributor address; City; State; Zip Code 2600 HIGHLAND MEADOW DR. COLLEVILLE 76134		

8 Principal occupation / Job title (See Instructions) SALES ENGINEER	9 Employer (See Instructions) TRANE TECHNOLOGIES
--	--

Date 1/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER FOY	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4605 MILL VIEW DR. COLLEVILLE, TX 76034		

Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) N/A
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/22/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Taylor</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3213 Rolling Hills Ln CV TX 76051</i>		
8 Principal occupation / Job title (See Instructions) <i>Investor</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>3/11/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Miller</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>205 Highland Park E CV TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>Bob Moore's</i>
Date <i>3/4/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Pellicone</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>3369 Pecan Hollow Ct CV TX 76051</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3/3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony Bird</i>	Amount of contribution (\$) <i>850⁰⁰</i>
Contributor address; City; State; Zip Code <i>2273 E Continental Blvd SN TX 76092</i>		
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions) <i>Cornerstone Wealth Strategies</i>

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: 36
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2 FILER NAME Tammy Nakamura	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---------------------------------------

4 Date 2/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torn Cobb	7 Amount of contribution (\$) \$ 5000⁰⁰
6 Contributor address; City; State; Zip Code 707 WLD Cooke H RD. CV TX 76034		

8 Principal occupation / Job title (See Instructions) Commercial Real Estate	9 Employer (See Instructions) SELF
--	--

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Braun	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 206 W L Shodett RD CV TX 76034		

Principal occupation / Job title (See Instructions) Homemaker	Employer (See Instructions) SELF
---	--

Date 2/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack McGuire	Amount of contribution (\$) \$ 300⁰⁰
Contributor address; City; State; Zip Code 4114 Harvestwood Dr CV TX 76051		

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
---	-----------------------------

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Tedder	Amount of contribution (\$) \$ 200⁰⁰
Contributor address; City; State; Zip Code 7907 Jefferson Circle CV TX 76034		

Principal occupation / Job title (See Instructions) Sales	Employer (See Instructions) NOVOCURE
---	--

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: **36**

2 FILER NAME **Tammy Nakamura** 3 Filer ID (Ethics Commission Filers)

4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Stack	7 Amount of contribution (\$) 150⁰⁰
	6 Contributor address; City; State; Zip Code 5732 Aron Dr/W CV TX 76034	

8 Principal occupation / Job title (See Instructions) **Avantax Financial Services** 9 Employer (See Instructions)

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Gardner	Amount of contribution (\$) 150⁰⁰
	Contributor address; City; State; Zip Code 1806 Rolling Ridge CV TX 76051	

Principal occupation / Job title (See Instructions) **Retired** Employer (See Instructions)
RVP

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trina D'Neal	Amount of contribution (\$) 200⁰⁰
	Contributor address; City; State; Zip Code 713 Montreux CV TX 76034	

Principal occupation / Job title (See Instructions) **Homemaker** Employer (See Instructions)

Date 1/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scot Rogers	Amount of contribution (\$) 250⁰⁰
	Contributor address; City; State; Zip Code 9204 Brookhollow Dr CV TX 76034	

Principal occupation / Job title (See Instructions) **VP- Wealth Management Ad.** Employer (See Instructions)
Merrill Lynch

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: 36
2 FILER NAME Tammy Nakamura		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Bird	7 Amount of contribution (\$) 150⁰⁰
6 Contributor address; City; State; Zip Code 605 Rancho Laredo Trail SL TX 76092		
8 Principal occupation / Job title (See Instructions) Financial Planner		9 Employer (See Instructions) Cornerstone Wealth Strategies
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Alfred	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 6128 Theresa Ln CV TX 76034		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) VerisLaw PLLC
Date 2/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellie Black	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 3004 Glen Dale Dr CV TX 76034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Newton	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 1208 Holly Ln CV TX 76034		
Principal occupation / Job title (See Instructions) Retired		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.

1 Total pages Schedule A1: **36**

The Instruction Guide explains how to complete this form.

2 FILER NAME

Tammy Nakamura

3 Filer ID (Ethics Commission Filers)

4 Date

1/29/25

5 Full name of contributor

Kathy Wheat

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

206 Golden Ct

City;

CV

State;

TX

Zip Code

76034

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

AI Consulting

Date

1/30/25

Full name of contributor

Cynthia Blankenship

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000⁰⁰

Contributor address;

116 W Colade

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Banker/owner

Employer (See Instructions)

Bank of The West

Date

3/15/25

Full name of contributor

Teresa Rutherford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200⁰⁰

Contributor address;

*7413 Windswept
TRL*

City;

CV

State;

TX

Zip Code

76034

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

1/25/25

Full name of contributor

AJ Pontillo

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300⁰⁰

Contributor address;

1501 Hall Johnson

City;

CV

State;

TX

Zip Code

76034

Principal occupation / Job title (See Instructions)

LEO

Employer (See Instructions)

Government

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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: 36
2 FILER NAME Tammy Nakamura		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Groves	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 5702 Ponderosa CV TX 76034		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Dodson	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7309 Balmoral Dr CV TX 76034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Eubanks	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8625 Davis Blvd NRH TX 76182		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Allen	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 5600 Miramar Ln CV TX 76034		
Principal occupation / Job title (See Instructions) Super Value Pharmacy		Employer (See Instructions) OWNER

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: 36
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/30/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Audrey Shanks</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2820 Wateridge Ct GV TX 76051</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/30/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Linn</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>7001 Westcoat Dr CV TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>1/30/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Dizzine</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>2115 Lakecrest Dr GV TX 76051</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>1/30/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kim Pentillo</i>	Amount of contribution (\$) <i>300⁰⁰</i>
Contributor address; City; State; Zip Code <i>2829 Greenbrook Ct GV TX 76051</i>		
Principal occupation / Job title (See Instructions) <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: 36
2 FILER NAME Tammy Nakamura		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Beth Shipferling	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 4300 Pembroke Bkwy West CV TX 76034		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robin Alvarado	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 2407 Twelve Oaks Ln CV TX 76034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Carlson	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 4223 Green Meadow St W CV TX 76034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Wilder	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 209 W. 2nd St Ft. Worth TX 76102		
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Tarrant County

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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: 36
2 FILER NAME Tammy Nakamura		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheryl both	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 3603 Labrador Bay CV TX 76051		
8 Principal occupation / Job title (See Instructions) flight attendant		9 Employer (See Instructions) American Airlines
Date 2/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Brieger	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 4904 Wyldwood CV TX 76034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juli Gerrard	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 8626 Wavy Leaf LN NRH TX 76182		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Pirate Island Pools
Date 1/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Clements	Amount of contribution (\$) 98⁰⁰
Contributor address; City; State; Zip Code 153 Hartford Circle Coppell TX 75019		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Upshaw Insurance Agency

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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: 36
2 FILER NAME Tammy Nakamura		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debi Meek	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 1025 Brownstone Dr CV TX 76051		
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) Bermuda Gold & Silver
Date 2/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Raley	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 3551 Mercury Dr CV TX 76051		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy Neuman	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1009 Shepherds Glen CV TX 76034		
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: 26
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2 FILER NAME TAMMY NAKAMURA	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---------------------------------------

4 Date 1/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLA YEOMAN	7 Amount of contribution (\$) \$ 50.⁰⁰
6 Contributor address; City; State; Zip Code 1735 Modesto. CU TX 76034		

8 Principal occupation / Job title (See Instructions) SELF EMPLOYED	9 Employer (See Instructions) SELF EMPLOYED
---	---

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELANIE NIX	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 4401 MEANDERING WAY, COLLEYVILLE, TX 76034		

Principal occupation / Job title (See Instructions) HOME MAKER	Employer (See Instructions) N/A
--	---

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNA ZIMMERMAN	Amount of contribution (\$) \$ 95.⁰⁰
Contributor address; City; State; Zip Code 2569 HALL JOHNSON GRAPEVINE, TX 76051		

Principal occupation / Job title (See Instructions) HOME MAKER	Employer (See Instructions) N/A
--	---

Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEAN TANNER	Amount of contribution (\$) \$ 300.⁰⁰
Contributor address; City; State; Zip Code 1520 SCOT LANE KEUDA, TX 76248		

Principal occupation / Job title (See Instructions) VP	Employer (See Instructions) PATRIOT MOBILE
--	--

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME TAMMY NAKAMURA		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code	\$ 0.00	\$ 0.00
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 TAMMY NAKAMURA	3 Filer ID (Ethics Commission Filers)
4 Date 2/17/25	5 Payee name VISIBLE DIALOGUE	
6 Amount (\$) \$520.02	7 Payee address; City; State; Zip Code 5435 N. GARLAND AVE SUITE 140 GARLAND, TX 75040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description PALM CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/28/25	Payee name VISIBLE DIALOGUE	
Amount (\$) \$1,250.29	Payee address; City; State; Zip Code 5435 N. GARLAND AVE SUITE 140 GARLAND, TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description DOOR HANGARS
	<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		
Date 3/2/25	Payee name BYRON J. CLARK	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6803 E. 187TH ST BELTON MO 64012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CONSULTING
	<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		

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