

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS MR	FIRST Tammy	MI
	NICKNAME	LAST Nakamura	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1105 Tinker RD Colleyville, TX 76034		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (214) PHONE NUMBER: 274-5990 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Scott	MI
	NICKNAME	LAST Frechette	SUFFIX
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: (214) PHONE NUMBER: 558-3922 EXTENSION:		
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th 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 THROUGH Month Day Year 4 / 3 / 25 4 / 23 / 25		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description local <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) School Board Place 3	13 OFFICE SOUGHT (if known) same	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Patriot Mobile Action	
		COMMITTEE ADDRESS 401 N Carroll # 425 SK, TX 76092	
		COMMITTEE CAMPAIGN TREASURER NAME Steven Martin	
		COMMITTEE CAMPAIGN TREASURER ADDRESS same	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Tammy Nakamura</i>		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)	\$ 14,089 ⁵⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,089. ⁵⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 39,224 ⁴⁷
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,224 ⁴⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,979 ¹⁵
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 24 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,089 ⁵⁰
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	\$ 44,005 ⁷¹
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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4781 ²⁴
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4781 ²⁴
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: 5
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2 FILER NAME Tammy Nakamura	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---------------------------------------

4 Date 4/11/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Lindamood	7 Amount of contribution (\$) \$6500⁰⁰
6 Contributor address; City; State; Zip Code 5508 Janet Lane Colleyville, TX 76034		

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

Date 4/13	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
--	--

Date 4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary McFadden	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 955 Easy St Grapevine, TX 76051		

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

Date 4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Ford	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 3913 Spring Hollow St Colleyville TX 76034		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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:
5

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

4 Date <u>4/2/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TRE PAC - Texas Realtors PAC</u>	7 Amount of contribution (\$) <u>\$1000⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 2246 AUSTIN, TX 78768</u>		

8 Principal occupation / Job title (See Instructions) REALTORS 9 Employer (See Instructions)

Date <u>3/31</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dr Feyi Obamehinti</u>	Amount of contribution (\$) <u>\$47.70</u>
Contributor address; City; State; Zip Code <u>P.O. Box 2351 Keller TX 76244</u>		

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

Date <u>3/31</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>E Schlich</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>5613 Oak Top Dr Colleyville TX 76034</u>		

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

Date <u>3/31</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce Salisbury</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>201 Madison Square Colleyville, TX 76034</u>		

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:
5

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

4 Date 4/4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheryl Both	7 Amount of contribution (\$) 200⁰⁰
	6 Contributor address; City; State; Zip Code 3603 Labrador Bay Grapevine, TX 76051	

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

Date 4/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Fello	Amount of contribution (\$) \$ 47.70
	Contributor address; City; State; Zip Code 2925 Creekwood Dr Grapevine, TX 76051	

Principal occupation / Job title (See Instructions) **Patient Care Tech** Employer (See Instructions) **Medical City Southlake**

Date 4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Applewhite	Amount of contribution (\$) \$ 500⁰⁰
	Contributor address; City; State; Zip Code 2724 N O'Dell Ct Grapevine, TX 76051	

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

Date 4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Peabody	Amount of contribution (\$) \$ 25⁰⁰
	Contributor address; City; State; Zip Code 613 Oak Lane Grapevine, TX 76051	

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:

5

2 FILER NAME

Tammy Nakamura

3 Filer ID (Ethics Commission Filers)

4 Date

4/11

5 Full name of contributor

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

James Kortz

7 Amount of contribution (\$)

\$ 95.70

6 Contributor address;

City;

State;

Zip Code

1818 Branch Hollow Lane
Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

4/17

Full name of contributor

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

Darin Winn

Amount of contribution (\$)

\$ 799.70

Contributor address;

City;

State;

Zip Code

2950 Burney Ln
Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/20

Full name of contributor

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

Gary McFadden

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

955 Easy St
Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/21

Full name of contributor

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

Randy King

Amount of contribution (\$)

\$ 23.70

Contributor address;

City;

State;

Zip Code

501 Arbor Creek Dr
Euless, TX 76039

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: 5
2 FILER NAME Tammy Nakamura		3 Filer ID (Ethics Commission Filers)
4 Date 4/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Costa	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 2729 Rosecliff Terr Grapevine, TX 76051	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) self employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Tammy Nakamura	3 Filer ID (Ethics Commission Filers)
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4 Date 4-3-25	5 Payee name Remington Research Group
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6 Amount (\$) 810.63	7 Payee address; 800 W 47th St #200	City: Kansas City, mo	State;	Zip Code 64112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texts
	(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
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Date 4-3-25	Payee name Axiom
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Amount (\$) 7866.00	Payee address; 800 W 47th St #200	City: Kansas City, mo	State;	Zip Code 64112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Piece
	(c) <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
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Date 4-10-25	Payee name Visible Dialogue
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Amount (\$) 812.60	Payee address; 5435 N. Garland Ave #140	City: Garland, TX	State;	Zip Code 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Leave Behinds
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <u>3</u>	2 FILER NAME <u>Tammy Nakamura</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/15/25</u>	5 Payee name <u>Axiom</u>	
6 Amount (\$) <u>8188⁰⁰</u>	7 Payee address; <u>800 W 47th St #200</u> City: State: Zip Code <u>Kansas City, MO 64112</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Campaign Piece</u>
	(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	Candidate / Officeholder name	Office sought Office held

Date <u>4/17/25</u>	Payee name <u>Enna McKan</u>	City; State; Zip Code
Amount (\$) <u>\$1332⁰⁰</u>	Payee address; <u>1105 Tinker Rd</u> <u>Colleyville TX 76034</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Polling Expense</u>	Description <u>marketing and Bilingual Services</u>
	<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 Office held

Date <u>4/17/25</u>	Payee name <u>Axiom</u>	City; State; Zip Code
Amount (\$) <u>8188⁰⁰</u>	Payee address; <u>800 W 47th St #200</u> <u>Kansas City, MO 64112</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Campaign Piece</u>
	<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 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3	2 FILER NAME Jimmy Nakamura	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/25	5 Payee name Axiom	
6 Amount (\$) 9500	7 Payee address; City; State; Zip Code 800 W 47th St #200 Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Verify
	(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
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Date 4/21/25	Payee name Remington Research Group		
Amount (\$) 3744.24	Payee address; City; State; Zip Code 800 W 47th St #200 Kansas City, MO 64112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description texts	
	(c) <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
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Date 4/18/25	Payee name Axiom		
Amount (\$) 8188 00	Payee address; City; State; Zip Code 800 W 47th St #200 Kansas City, MO 64112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Prece	
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Tammy Nakamura			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
5 CREDIT CARD ISSUER	Name of financial institution Citibank			
6 PAYMENT	(a) Amount Charged \$ 1154 ⁴⁹	(b) Date Expenditure Charged 4-10-25	(c) Date(s) Credit Card Issuer Paid 4-23-25	
7 PAYEE	(a) Payee name First Graphic Serv	(b) Payee address: City, State, Zip Code 229 Carvon St Garland TX 75040		
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Signs	
	(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 Tammy Nakamura		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 2468 ³⁷	(b) Date Expenditure Charged 4-12-25	(c) Date(s) Credit Card Issuer Paid 4-23-25	
PAYEE	(a) Payee name Dirt Cheap Signs	(b) Payee address: City, State, Zip Code 6706 Lohman Ford Rd Lago Vista, TX 78645		
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Signs	
	(c) <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 Tammy Nakamura		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 283 ⁸⁰	(b) Date Expenditure Charged 3-6-25	(c) Date(s) Credit Card Issuer Paid Not yet	
PAYEE	(a) Payee name Richey Company	(b) Payee address: City, State, Zip Code 3910 Teleport Blvd Irving TX 75039		
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description 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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Tammy Nakamura		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 | Printing 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Tammy Nakamura</i>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution <i>Citibank</i>
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6 PAYMENT	(a) Amount Charged <i>\$ 647.25</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name <i>Richey Company</i>	(b) Payee address; City, State, Zip Code <i>3910 Teleport Blvd Irving TX 75039</i>
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>banner T-shirts</i>
	(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 <i>Tammy Nakamura</i>	Office Sought	Office Held
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PAYMENT	(a) Amount Charged <i>\$ 227.33</i>	(b) Date Expenditure Charged <i>3/19/25</i>	(c) Date(s) Credit Card Issuer Paid <i>4/23/25</i>
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PAYEE	(a) Payee name <i>Richey Company</i>	(b) Payee address; City, State, Zip Code <i>3910 Teleport Blvd Irving TX 75039</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>QR Codes</i>
	(c) <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 <i>Tammy Nakamura</i>	Office Sought	Office Held
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PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED