

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: **20**

3 CANDIDATE / OFFICEHOLDER NAME

MS MRS / MR

FIRST

Tammy

MI

J

NICKNAME

LAST

Nakamura

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1105 Tinker Rd
Colbeyville TX 76034

Change of Address

4/17 Keth

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

214

274-5990

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

SCOTT

MI

M

NICKNAME

LAST

FRECHETTE

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2600 HIGHLAND MEADOW DR. COLBEYVILLE TX 76034

(Residence or Business)

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

2 / 18 / 2022

THROUGH

Month Day Year

4 / 18 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

Additional Pages

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

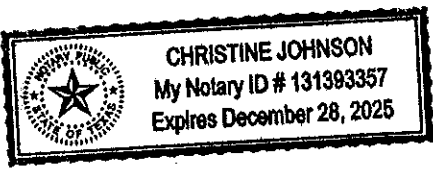
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <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)	\$ <i>26,950.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>26,950.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>5,783.85</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,783.85</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>21,166.15</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

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 7th day of April

2022, to certify which, witness my hand and seal of office.

Christine Johnson Signature of officer administering oath
Christine Johnson Printed name of officer administering oath
Mgmt Asst Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

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	\$ 27,060 ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0 —
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0 —
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0 —
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,783.85
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0 —
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 —
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0 —
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0 —
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0 —
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0 —
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0 —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 16
2 FILER NAME Tammy Nakamura		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIANNA GARRISON	7 Amount of contribution (\$) \$5,000.⁰⁰
6 Contributor address; City; State; Zip Code 6401 WESTCOAT DR. COLLEEVILLE TX 76034		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMY PUTNAM	Amount of contribution (\$) \$2,000.⁰⁰
Contributor address; City; State; Zip Code 6412 PREFERRED DR. FT. WORTH TX 76179		
Principal occupation / Job title (See Instructions) HOUSE WIFE		Employer (See Instructions) N/A
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARET PFARDER	Amount of contribution (\$) \$1,250.⁰⁰
Contributor address; City; State; Zip Code 2273 E. CONTINENTAL #120 SOUTHWAKE 76092		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/9/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY KING	Amount of contribution (\$) \$1,200.⁰⁰
Contributor address; City; State; Zip Code 6604 CARRIAGE DR. COLLEEVILLE TX 76034		
Principal occupation / Job title (See Instructions) CONTRACTOR / OWNER		Employer (See Instructions) King's Wallcoverings

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/21/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GEORGE DODSON</i>	7 Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>7309 BALMORAL DR COLLETVILLE TX 76034</i>	
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>3/1/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES SHAWKS</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>2820 WATERLIDGE CT, GRAPEVINE TX 76051</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KATHY WHEAT CAMPAIGN</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>206 COLDEN CT. COLLETVILLE TX 76034</i>	
Principal occupation / Job title (See Instructions) <i>FREELANCE MARKETING</i>		Employer (See Instructions) <i>SELF EMPLOYED</i>
Date <i>3/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEPHANIE TEDDER</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>7907 JEFFERSON CIR. COLLETVILLE TX 76034</i>	
Principal occupation / Job title (See Instructions) <i>MEDICAL SALES</i>		Employer (See Instructions)

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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SARA CARR</i>	7 Amount of contribution (\$) <i>\$500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>7608 PRAIRIE VIEW COURVILLE TX 76034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DREW VAN BRUNT</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1204 LORRAINE CT. SOUTHLAKE TX 76092</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT FRECHETTE</i>	Amount of contribution (\$) <i>\$1,200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2600 HIGHLAND MEADOW DR. COURVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>SALES ENGINEER</i>		Employer (See Instructions) <i>TRANS</i>
Date <i>3/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHELLY CLAFFEY</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>708 HILL ST. KEUR TX 76248</i>		
Principal occupation / Job title (See Instructions) <i>Pool Builder /owner</i>		Employer (See Instructions) <i>Claffey Pools</i>

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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LIMBERLY HOLT GUNDERSON</i>	7 Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>617 CREEKVIEW LN COLEVILLE TX 76034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/27/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE SARTAIN</i>	Amount of contribution (\$) <i>\$700.⁰⁰</i>
Contributor address; City; State; Zip Code <i>7113 MONTROSE ST. COLEVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/24/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MELANIE JOHNSON MILLER</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2809 DOWNING CT. BEDFORD, TX 76021</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>REGAN SNYDER</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>200 WOODBINE DR. COLEVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUNE STODDARD</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>487 COUNTRY LN COPPELL TX 75019</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERREY TRAMMELL</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1013 ADONIS DR. KELLER TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/30/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CLARAUCE ALAN DRENNAN</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>2144 BRANCHWOOD DR GRAPEVINE TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRAN WASLASKI</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>3107 RIVER BEND HURST TX 76054</i>		
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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DENISE GREEN</i>	7 Amount of contribution (\$) <i>\$50.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>342 ASPEN RIDGE SOUTHLAKE TX 76092</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KATHRYN GIBSON</i>	Amount of contribution (\$) <i>\$50.⁰⁰</i>
Contributor address; City; State; Zip Code <i>134 HARTFORD CIR COPPELL TX 75019</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/29/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANK CARROLL</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1304 ALEXANDRA CT COLLEVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HOPE EVANS</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>975 W. DOVE RD. SOUTHLAKE TX 76092</i>		
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:

2 FILER NAME

Tammy Nakamura

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/22

5 Full name of contributor

ESTHER SPINA

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

7 Amount of contribution (\$)

\$100.⁰⁰

6 Contributor address; City; State; Zip Code

1405 PRESTON LN KEESLER TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/22

Full name of contributor

DONNA COBB

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

Amount of contribution (\$)

\$2,000.⁰⁰

Contributor address; City; State; Zip Code

707 W. W LOCKETT COLLETVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/22

Full name of contributor

BILL MARTENS

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

Amount of contribution (\$)

\$150.⁰⁰

Contributor address; City; State; Zip Code

2206 CARLISLE AVE COLLETVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/22

Full name of contributor

CACT TISCHER

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

Amount of contribution (\$)

\$250.⁰⁰

Contributor address; City; State; Zip Code

6813 PLEASANT RUN RD COLLETVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/26/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NICK KEYES</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>6906 LONGWOOD DR. COLLETVILLE TX 76034</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOE COSTA</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>2729 ROSECLIFF TERRACE GRAPEVINE TX 76051</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID FEGAN</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>1303 BELLEFONTE LN COLLETVILLE TX 76034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROBIN ALVARADO</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>2407 TWELVE OAK LN COLLETVILLE, TX 76034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Tammy Nakamura

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/22

5 Full name of contributor

LOURDES McWIKITNEY

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

7 Amount of contribution (\$)

\$100.⁰⁰

6 Contributor address;

City;

State;

Zip Code

4109 SOUTHWOOD COLLEVILLE TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/22

Full name of contributor

JORDAN GRAHAM

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

Amount of contribution (\$)

\$200.⁰⁰

Contributor address;

City;

State;

Zip Code

6901 ROCKINGHAM CT. COLLEVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/22

Full name of contributor

SANDRA FRAZIER

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

Amount of contribution (\$)

\$100.⁰⁰

Contributor address;

City;

State;

Zip Code

4400 MEANDERWALK WAY COLLEVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/22

Full name of contributor

AMY ADAMS

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

Amount of contribution (\$)

\$200.⁰⁰

Contributor address;

City;

State;

Zip Code

5409 RUSTIC TRAIL COLLEVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/16/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JIM BROWN</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2811 COLDWATER CT. MIDLOTHIAN TX 76065</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/16/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAURE STACK</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5732 HERON DR. COLLETVILLE, TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DALE FOUT</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1501 BRIARCREST DR. GRAPEVINE TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAN MATHISON</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>317 CHESTNUT BEND COLLETVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>ACCOUNT MANAGER</i>		Employer (See Instructions) <i>CISCO</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:
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2 FILER NAME <i>Tammy Nakamura</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/14/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT PEMBERTON</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>912 MILLTREE COPPELL TX 75019</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>3/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA RALEY</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>BSSI MERCURI DR. GRAPEVINE TX 76051</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SUSAN MATHISON</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>600 COLETVILLE TERRACE COLETVILLE, TX 76034</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>3/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LUCT NOONAN</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>221 E. SOUTHLAKE BLVD SOUTHLAKE, TX 76092</i>		

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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRI DENEUI</i>	7 Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4504 BOWMAN DR. COLLETVILLE TX 76034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUDY CHAPPEL</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1716 GLADE RD. COLLETVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CRAIG SCHEEF</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>701 ARCADY LN. COLLETVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JULIE SCHURMAN</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3101 SCARBOROUGH LN COLLETVILLE, TX 76034</i>		
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:

2 FILER NAME

Tammy Nakamura

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/
22

5 Full name of contributor

STETSON CLARK

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

7 Amount of contribution (\$)

\$50.⁰⁰

6 Contributor address; City; State; Zip Code

3410 SPINDLE TREE DR. GRAPEVINE TX 76051

8 Principal occupation / Job title (See Instructions)

BANKER

9 Employer (See Instructions)

Date

2/20/
22

Full name of contributor

MIKE OAKLEY

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

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

2121 LAKE RIDGE DR. GRAPEVINE TX 76051

Principal occupation / Job title (See Instructions)

PHOTOGRAPHER

Employer (See Instructions)

LAUREN STUDIOS

Date

2/20/
22

Full name of contributor

2509 HIGHLAND PARK CT. COLLEVILLE TX 76034

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

Amount of contribution (\$)

\$150.⁰⁰

Contributor address; City; State; Zip Code

DENSE BELUCCI

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/21/
22

Full name of contributor

JAMES ELLIOTT

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

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

5110 OAK LN ARLINGTON TX 76017

Principal occupation / Job title (See Instructions)

ENDODONTIST

Employer (See Instructions)

CHISOLM TRAIL ENDODONTICS

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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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/22</i>	5 Full name of contributor <i>MARK ASSAD</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$250.⁰⁰</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>CIVIL ENGINEER / OWNER</i>		9 Employer (See Instructions) <i>ASAD ENGINEERING</i>
Date <i>3/1/22</i>	Full name of contributor <i>JULIE GERRARD</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>8626 WAYLEAF LN. NRH TX 76182</i>		
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>PRIVATE ISLAND POOLS</i>
Date <i>3/1/22</i>	Full name of contributor <i>RICH CLEMENTS</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>153 HATFIELD CR. COPPELL TX 75019</i>		
Principal occupation / Job title (See Instructions) <i>SALES</i>		Employer (See Instructions) <i>UPSHAW INSURANCE</i>
Date <i>3/1/22</i>	Full name of contributor <i>AUDREY SHEETS</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3521 QUAIL CREST GRAPEVINE TX 76051</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IRENE MINTER</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>153 HARTFORD CL. COPPEL TX 75019</i>		
8 Principal occupation / Job title (See Instructions) <i>OWNER</i>		9 Employer (See Instructions) <i>CUSTOM DRAPERIES</i>
Date <i>3/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NIRO NAKAMURA</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1105 Tinker RD Colleyville TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEFF GERMANN</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address; City; State; Zip Code <i>2009 THAMES TRAIL COLLEYVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TIM WEXMOUTH</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>6904 WHIPPORWILL CT. COLLEYVILLE TX 76034</i>		
Principal occupation / Job title (See Instructions) <i>SALES MANAGER</i>		Employer (See Instructions) <i>NFP</i>

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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:
2 FILER NAME <i>Tammy Nakamura</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY McFADDIN</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code <i>638 CEDERVILLE LN, GRAPEVINE TX 76051</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clarence A Drennon</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>2144 Branchwoods Dr Grapevine, TX 76051</i>	
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)
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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Tommy Nakamura</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/9/22</i>	5 Payee name <i>BLING IT BOUTIQUE</i>	
6 Amount (\$) <i>\$681.98</i>	7 Payee address; City; State; Zip Code <i>1009 CHEEK-SPARGER RD COLLEVILLE TX 76034</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>CAMPAIGN 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/11/22</i>	Payee name <i>EDGERTON STRATEGIES</i>	
Amount (\$) <i>\$4,101.87</i>	Payee address; City; State; Zip Code <i>1540 KELLER PKWY #108 KELLER TX 76248</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>YARD SIGNS</i>
	<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 <i>3/16/22</i>	Payee name <i>EDGERTON STRATEGIES</i>	
Amount (\$) <i>\$1,000.00</i>	Payee address; City; State; Zip Code <i>1540 KELLER PKWY #108 KELLER TX 76248</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING</i>	Description <i>MARCH CONSULTING (CAMPAIGN)</i>
	<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