

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: **15**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Nadine
NICKNAME LAST SUFFIX
Ward

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
425 Walnut Drive, Mesquite, TX 75149

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 801.2930

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Michelle
NICKNAME LAST SUFFIX
Dillon

OFFICE USE ONLY

Date Received

RECEIVED

OCT 06 2025

CITY OF MESQUITE
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1141 Lakeview Drive, Mesquite, TX 75149

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 498.0383

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
07 / 01 / 25 THROUGH 10 / 04 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 04 / 20 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mesquite City Council - District 4

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
 GENERAL
 SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
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 Nadine Ward | | 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) | \$ 248.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5550.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 16436.38 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 6398.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 16536.38 |

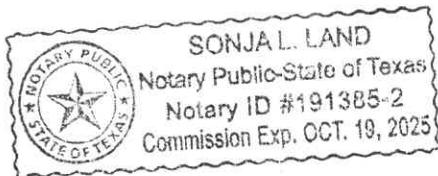
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Nadine Ward

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Nadine Ward this the 6 day of October 2025, to certify which, witness my hand and seal of office.

Sonja L Land Signature of officer administering oath
Sonja L Land Printed name of officer administering oath
notary 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

Nadine Ward

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|-------------|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5798.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | ■ SCHEDULE E: LOANS | \$ 16436.38 |
| 5. | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 16436.38 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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

Nadine Ward

3 Filer ID (Ethics Commission Filers)

4 Date

7-1-2025

5 Full name of contributor

Joe Davis

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

1331 Belle River Rd. East China MI 48054

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

7-3-2025

Full name of contributor

Jeffrey Dillon

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

1141 Lakeview Dr. Mesquite TX 75149

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Firefighter

Employer (See Instructions)

City of Mesquite TX

Date

7-5-2025

Full name of contributor

Jan Nelson

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

700 S. Houston St. Kaufman TX 75142

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

7-11-2025

Full name of contributor

Leslie Bynum

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

517 Walnut Dr. Mesquite TX 75149

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Sales Associate

Employer (See Instructions)

Uncle Dans

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 Nadine Ward | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8-6-2025 | 5 Full name of contributor out-of-state PAC (ID# _____) Brent Gates | 300.00 |
| 6 Contributor address; City; State; Zip Code 505 Walnut St. Mesquite TX 75149 | | |
| 8 Principal occupation / Job title (See Instructions) Public Works | | 9 Employer (See Instructions) City of Mesquite TX |
| Date 8-12-2025 | Full name of contributor out-of-state PAC (ID# _____) Paula Scott | 200.00 |
| Contributor address; City; State; Zip Code 1108 Lynn Stambaugh Celina TX 75009 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 8-13-2025 | Full name of contributor out-of-state PAC (ID# _____) Cameron Barnes | 200.00 |
| Contributor address; City; State; Zip Code 517 Walnut Dr. Mesquite TX 75149 | | |
| Principal occupation / Job title (See Instructions) Student | | Employer (See Instructions) |
| Date 8-20-2025 | Full name of contributor out-of-state PAC (ID# _____) Shirley Roberts | 100.00 |
| Contributor address; City; State; Zip Code Sunnyvale TX 75180 | | |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) Shirley Roberts Real Estate |

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 Nadine Ward | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8-15-2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Mike Davis | 7 Amount of contribution (\$) 600.00 |
| | 6 Contributor address; City; State; Zip Code 425 Walnut Drive Mesquite TX 75149 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 9-20-2025 | Full name of contributor out-of-state PAC (ID#: _____) Mike Anderson | Amount of contribution (\$) 600.00 |
| | Contributor address; City; State; Zip Code 615 Creekbend Court Mesquite TX 75149 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 9-16-2025 | Full name of contributor out-of-state PAC (ID#: _____) J. Wimberly | Amount of contribution (\$) 250.00 |
| | Contributor address; City; State; Zip Code 913 Norton Mesquite TX 75149 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 9-24-2025 | Full name of contributor out-of-state PAC (ID#: _____) Gilbert Prado | Amount of contribution (\$) 300.00 |
| | Contributor address; City; State; Zip Code 1130 Lakeshore Drive Mesquite TX 75149 | |
| Principal occupation / Job title (See Instructions) Asst. Superintendent Finance / Operations | | Employer (See Instructions) Mesquite Independent School District |

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

Nadine Ward

3 Filer ID (Ethics Commission Filers)

4 Date

8-19-2025

5 Full name of contributor

Theresa Sirvaitis

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

6 Contributor address;

City;

State;

Zip Code

P.O. Box 472, Beaver Island MI 49782

7 Amount of contribution (\$)

400.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8-19-2025

Full name of contributor

Chris Richmond

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

Contributor address;

City;

State;

Zip Code

6201 Metcalf Rd Northstreet MI 48049

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-20-2025

Full name of contributor

Kathy Leatherberry

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

Contributor address;

City;

State;

Zip Code

2807 Hugel Hill Schererville IN 46375

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-21-2025

Full name of contributor

Abby Mayo

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

Contributor address;

City;

State;

Zip Code

505 Walnut Dr. Mesquite TX 75149

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

School Teacher

Employer (See Instructions)

Kemp ISD

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

Nadine Ward

3 Filer ID (Ethics Commission Filers)

4 Date

8-23-2025

5 Full name of contributor

Nick Scott

out-of-state PAC (ID# _____)

6 Contributor address;

City;

State;

Zip Code

2211 Yorktown Dr Melissa TX 75454

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Public Works Supervisor

9 Employer (See Instructions)

City of Frisco TX

Date

8-25-2025

Full name of contributor

Brad Boruk

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

504 Stark Rd Dallas TX 75253

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-25-2025

Full name of contributor

Leslie Byrum

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

517 Walnut Dr Mesquite TX 75149

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8-25-2025

Full name of contributor

Gena Dry

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

15407 Lindsay Ln Lindale TX 75771

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Paramedic

Employer (See Instructions)

Careflight

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E:

2

2 FILER NAME

Nadine Ward

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

8-1-2025

7 Name of lender

Nadine Ward

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

4620.15

6 Is lender a financial Institution?

Y N

8 Lender address;

City;

State;

Zip Code

425 Walnut Dr Mesquite TX 75149

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Senior Paralegal

13 Employer (See Instructions)

Munsch Hardt Kopf & Harr, PC

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

9-1-2025

Name of lender

Nadine Ward

out-of-state PAC (ID# _____)

Loan Amount (\$)

6758.07

Is lender a financial Institution?

Y N

Lender address;

City;

State;

Zip Code

425 Walnut Dr Mesquite TX 75149

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Senior Paralegal

Employer (See Instructions)

Munsch Hardt Kopf & Harr, PC

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E: 2 |
| 2 FILER NAME Nadine Ward | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 9-26-2025 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Nadine Ward | 9 Loan Amount (\$) 5058.16 |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 425 Walnut Dr Mesquite TX 75149 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) Senior Paralegal | | 13 Employer (See Instructions) Munsch Hardt Kopf & Harr, PC |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) |
| Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: 4 | 2 FILER NAME Nadine Ward | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

| | |
|---------------------------|------------------------------------|
| 4 Date 7-1-2025 | 5 Payee name Squarespace |
|---------------------------|------------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) 650.00 | 7 Payee address; City; State; Zip Code 225 Varick St., Ste. 1200, New York NY 10014 |
|--------------------------------|---|

| | | |
|------------------------------------|---|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Temporary Website |
| | (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 7-1-2025 | Payee name GoDaddy |
|------------------|-----------------------|

| | |
|-----------------------|--|
| Amount (\$) 150.00 | Payee address; City; State; Zip Code 100 S. Mill Ave., Sge 1600, Tempe AZ 85281 |
|-----------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Delivery - Final Webpage |
| | (c) <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 7-15-2025 | Payee name Squarespace |
|-------------------|---------------------------|

| | |
|-------------------------|--|
| Amount (\$) 1,850.00 | Payee address; City; State; Zip Code 225 Varick St., Ste. 1200, New York NY 10014 |
|-------------------------|--|

| | | |
|-------------------------------|---|-------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Final Website Design |
| | (c) <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: 4 | 2 FILER NAME Nadine Ward | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

| | |
|---------------------------|---|
| 4 Date 7-5-2025 | 5 Payee name Texas Trade Graphics |
|---------------------------|---|

| | | | | |
|----------------------------------|---|-------|--------|----------|
| 6 Amount (\$) 1,970.15 | 7 Payee address; 2935 Irving Blvd, Ste 201, Dallas TX 75247 | City; | State; | Zip Code |
|----------------------------------|---|-------|--------|----------|

| | | |
|---|--|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Yard Signs |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------|------------------------------------|
| Date 8-17-2025 | Payee name Texas Trade Graphics |
|-------------------|------------------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| Amount (\$) 1,434.31 | Payee address; 2935 Irving Blvd, Ste 201, Dallas TX 75247 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Large Signs |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------|-------------------------|
| Date 8-19-2025 | Payee name Ryan Data |
|-------------------|-------------------------|

| | | | | |
|-----------------------|--|-------|--------|----------|
| Amount (\$) 378.88 | Payee address; P.O. Box 202675, Austin TX 78720 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Voter List |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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: 4 | 2 FILER NAME Nadine Ward | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

| | |
|----------------------------|------------------------------------|
| 4 Date 8-17-2025 | 5 Payee name Print Place |
|----------------------------|------------------------------------|

| | | | | |
|--------------------------------|---|-------|--------|----------|
| 6 Amount (\$) 795.00 | 7 Payee address; 1130 Ave. H East, Arlington TX 76011 | City; | State; | Zip Code |
|--------------------------------|---|-------|--------|----------|

| | | |
|--|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Political Candidate Handout |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------|---------------------------|
| Date 8-17-2025 | Payee name Print Place |
|-------------------|---------------------------|

| | | | | |
|-----------------------|--|-------|--------|----------|
| Amount (\$) 941.25 | Payee address; 1130 Ave. H East, Arlington TX 76011 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|-------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Candidate Doorhanger |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------|---------------------------|
| Date 8-17-2025 | Payee name Print Place |
|-------------------|---------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| Amount (\$) 3,208.63 | Payee address; 1130 Ave. H East, Arlington TX 76011 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense and Fees | Description Political Mailer and Postage Fees |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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: 4 | 2 FILER NAME Nadine Ward | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|--|

| | |
|----------------------------|------------------------------------|
| 4 Date 9-21-2025 | 5 Payee name Print Place |
|----------------------------|------------------------------------|

| | | | | |
|----------------------------------|---|-------|--------|----------|
| 6 Amount (\$) 5,058.16 | 7 Payee address; 1130 Ave. H East, Arlington TX 76011 | City; | State; | Zip Code |
|----------------------------------|---|-------|--------|----------|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense and Fees | (b) Description Political Mailer and Postage Fees |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|-------------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

| | |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

| OFFICE USE ONLY | |
|--|-----------|
| Date Received | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER