

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:

9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Nadine			Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	RECEIVED OCT 27 2025 CITY OF MESQUITE CITY SECRETARY		
	Ward					
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX,	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Date Imaged
	425 Walnut Drive, Mesquite, TX 75149					
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$	Date Processed
	(214)	801.2930				
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Date Imaged		
	Michelle			Date Imaged		
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged		
	Dillon			Date Imaged		
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE),		APT / SUITE #:	CITY:	STATE:	ZIP CODE
	1141 Lakeview Drive, Mesquite, TX 75149					
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged		
	(214)	498.0383		Date Imaged		
11 ELECTION	January 15		30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15		<input checked="" type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
12 OFFICE	Month	Day	Year	Month	Day	Year
	10	05	25	THROUGH	10	26
13 OFFICE SOUGHT (if known)	ELECTION DATE	ELECTION TYPE				
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
11		04	25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE			13 OFFICE SOUGHT (if known)			
OFFICE HELD (if any)			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	COMMITTEE NAME				
Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

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		\$ 2320.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. ■ SCHEDULE E: LOANS		\$ 12417.34
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 12417.34
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: 2
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)
4 Date 10-1-2025	5 Full name of contributor out-of-state PAC (ID# _____) Paula Scott 6 Contributor address; City; State; Zip Code 1108 Lynn Stambaugh Celina TX 75009	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10-2-2025	Full name of contributor out-of-state PAC (ID# _____) Brent Gates Contributor address; City; State; Zip Code 505 Walnut Dr Mesquite TX 75149	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Solid Waste		Employer (See Instructions) City of Mesquite
Date 10-12-2025	Full name of contributor out-of-state PAC (ID# _____) Leslie Bynum Contributor address; City; State; Zip Code 517 Walnut Dr Mesquite TX 75149	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Sales Associate		Employer (See Instructions) Uncle Dans
Date 10-20-2025	Full name of contributor out-of-state PAC (ID# _____) George Humes Contributor address; City; State; Zip Code 624 Courageous Ct Rockwall TX 75132	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)
4 Date 10-15-2025	5 Full name of contributor out-of-state PAC (ID# _____) Abby Mayo 6 Contributor address; City; State; Zip Code 505 Walnut Dr Mesquite TX 75149	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) School Teacher		9 Employer (See Instructions) Kemp ISD
Date 10-20-2025	Full name of contributor out-of-state PAC (ID# _____) Joe Davis Contributor address; City; State; Zip Code 1331 Belle River Rd East China MI 48054	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10-17-2025	Full name of contributor out-of-state PAC (ID# _____) Gary Ward Contributor address; City; State; Zip Code 425 Walnut Dr Mesquite TX 75149	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10-21-2025	Full name of contributor out-of-state PAC (ID# _____) Jeff Dillon 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
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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 10-1-2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Nadine Ward	9 Loan Amount (\$) 3647.29
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 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 10-4-2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Nadine Ward	Loan Amount (\$) 5776.01
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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.

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 10-6-2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Nadine Ward	9 Loan Amount (\$) 2994.04
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 type="checkbox"/> none		15 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 checked="" 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 <input type="checkbox"/> 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)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Nadine Ward	3 Filer ID (Ethics Commission Filers)
4 Date 10-4-2025	5 Payee name Print Place	
6 Amount (\$) 3647.29	7 Payee address; City; State; Zip Code 1130 Ave. H East, Arlington TX 76011	
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. 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 10-4-2025	Payee name Print Place	
Amount (\$) 5776.01	Payee address; City; State; Zip Code 1130 Ave. H East, Arlington TX 76011	
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. 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 10-6-2025	Payee name Print Place	
Amount (\$) 2994.04	Payee address; City; State; Zip Code 1130 Ave. H East, Arlington TX 76011	
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. 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

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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.

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

Filer name <small>c</small> <u>Nadine Ward</u>	Filer ID #
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- 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 8-day report report due on October 27, 2025. 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

Nadine Ward
Signature of Filer

NOTARY STAMP/SEAL

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 Nadine Ward and my date of birth is 02/24/1960.
My address is 425 Walnut DR (street), Mesquite (city), Tx (state), 75149 (zip code), USA (country).
Executed in Dallas County, State of Texas, on the 27th day of October, 2025.
(month) (year)

Nadine Ward
Signature of Filer (Declarant)

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