

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 / MRS / MR FIRST MI
Nadine
NICKNAME LAST SUFFIX
Ward

4 CANDIDATE / OFFICEHOLDER MAILING 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

7 CAMPAIGN TREASURER ADDRESS

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

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
10 / 27 / 25 THROUGH 12 / 3 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
12 / 13 / 25 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

COMMITTEE NAME

Mesquite Police Association PAC

GENERAL

COMMITTEE ADDRESS

924 Windbell Circle Ste A, Mesquite TX 75149

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

James Leakey, Treasurer

COMMITTEE CAMPAIGN TREASURER ADDRESS

924 Windbell Circle Ste A, Mesquite TX 75149

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)	\$ 410.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,228.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,399.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

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 Drive, Mesquite, TX, 75149, Dallas
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 4th day of December, 2025
(month) (year)

Nadine Ward
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	\$ 6,910.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,150.90
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,228.87
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: 1/5
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) RaeJean Noschese 6 Contributor address; City; State; Zip Code 709 Glenhaven Dr. Mesquite TX 75149	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) MISD
Date 11/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Stephen Alexander Contributor address; City; State; Zip Code 801 Stadium Dr. Ste 101 Arlington TX 76011	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) Self-Employed
Date 11/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Jess C. Rickman Contributor address; City; State; Zip Code 8640 Village Forest Dr #2517 Dallas TX 75243	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2025	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 (\$) 500.00
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: 2/5
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2025	5 Full name of contributor out-of-state PAC (ID# _____) Brent Gates 6 Contributor address; City; State; Zip Code 505 Walnut Drive Mesquite TX 75149	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) Public Works		9 Employer (See Instructions) City of Mesquite
Date 11/11/2025	Full name of contributor out-of-state PAC (ID# _____) Brad Boruk Contributor address; City; State; Zip Code 504 Stark Road, Dallas Texas 75253	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/15/2025	Full name of contributor out-of-state PAC (ID# _____) Paula Scott Contributor address; City; State; Zip Code 1108 Lynn Stambaugh Pkwy Celina TX 75009	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/16/2025	Full name of contributor out-of-state PAC (ID# _____) Chris Richmond Contributor address; City; State; Zip Code 6201 Metcalf Road Northstreet MI 48049	Amount of contribution (\$) 200.00
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: 3/5
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Abby Mayo 6 Contributor address; City; State; Zip Code 505 Walnut Drive Mesquite TX 75149	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Kemp ISD
Date 11/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Theresa Sirvaitis Contributor address; City; State; Zip Code P. O. Box 472, Beaver Island MI 49782	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/17/2025	Full name of contributor out-of-state PAC (ID#: _____) RaeJean Noschese Contributor address; City; State; Zip Code 709 Glenhaven Drive Mesquite TX 75149	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MISD
Date 11/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Billy Hubbard Contributor address; City; State; Zip Code 32094 S 603 Lane Grove OK 74344	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Firefighter (Retired)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 4/5
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Leslie Bynum 6 Contributor address; City; State; Zip Code 517 Walnut Drive Mesquite TX 75149	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Sales Rep		9 Employer (See Instructions) Uncle Dans
Date 11/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Paula Anderson Contributor address; City; State; Zip Code 615 Creekbend Court Mesquite TX 75149	Amount of contribution (\$) 600.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Nick Scott Contributor address; City; State; Zip Code 709 Glenhaven2211 orktown Dr Melissa TX 75454	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Public Works Supervisor		Employer (See Instructions) City of Frisco TX
Date 11/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Kathy Leatherberry 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)
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: 5/5
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)
4 Date 12/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Gary Ward 6 Contributor address; City; State; Zip Code 425 Walnut Drive Mesquite TX 75149	7 Amount of contribution (\$) 600.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Gena Dry Contributor address; City; State; Zip Code 15407 Lindsay Lane Lindale TX 75771	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions) Careflight
Date 12/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Cameron Barnes Contributor address; City; State; Zip Code 517 Walnut Drive Mesquite TX 75149	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 12/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Mike Davis Contributor address; City; State; Zip Code 425 Walnut Drive Mesquite TX 75149	Amount of contribution (\$) 500.00
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Nadine Ward		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,150.90	
5 Date 11/10/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lone Star Signs	8 Amount of Contribution \$ 50.00	9 In-kind contribution description Runoff signs
7 Contributor address; City; State; Zip Code 4328 Coryell Mesquite TX 75150		<small>Check if travel outside of Texas. Complete Schedule T.</small>	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesquite Police Association PAC	Amount of Contribution \$ 1,100.90	In-kind contribution description Political Mailer
Contributor address; City; State; Zip Code 924 Windbell Circle Ste A, Mesquite TX 75149		<small>Check if travel outside of Texas. Complete Schedule T.</small>	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/4	2 FILER NAME Nadine Ward	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2025	5 Payee name Print Place	
6 Amount (\$) 4,701.03	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 10/29/2025	Payee name Print Place	
Amount (\$) 3,079.06	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
	(c) 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 11/05/2025	Payee name Ryan Data	
Amount (\$) 243.56	Payee address; City; State; Zip Code PO Box 202675 Austin TX 78720	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Voter List
	(c) 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

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: 2/4	2 FILER NAME Nadine Ward	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2025	5 Payee name Mailogix	
6 Amount (\$) 1,003.28	7 Payee address; City; State; Zip Code 3402 Easy Street Dallas TX 75207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description 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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 11/24/2025	Payee name Mailogix	
Amount (\$) 933.22	Payee address; City; State; Zip Code 3402 Easy Street Dallas TX 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 11/25/2025	Payee name Mailogix	
Amount (\$) 968.22	Payee address; City; State; Zip Code 3402 Easy Street Dallas TX 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/4	2 FILER NAME Nadine Ward	3 Filer ID (Ethics Commission Filers)
------------------------------------------	------------------------------------	---------------------------------------

4 Date 11/21/2025	5 Payee name Print Place
-----------------------------	------------------------------------

6 Amount (\$) 616.25	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 Expenses	(b) Description Political Doorhangers
	(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 11/24/2025	Payee name Bankem Printing
---------------------------	--------------------------------------

Amount (\$) 595.38	Payee address; 2356 S. Collins Street Arlington TX 76011	City;	State;	Zip Code
------------------------------	--------------------------------------------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Political Mailer
	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 12/02/2025	Payee name Shannon Long
---------------------------	-----------------------------------

Amount (\$) 350.00	Payee address; 2748 Ingram Circle, Mesquite TX 75181	City;	State;	Zip Code
------------------------------	----------------------------------------------------------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Voter Data
	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: 4/4	2 FILER NAME Nadine Ward	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2025	5 Payee name Print Place	
6 Amount (\$) 1,738.87	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 Expenses	(b) Description Political Mailers
	(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	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. 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	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. 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