

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

OFFICE USE ONLY

Date Received

RECEIVED

APR 24 2026

ADMINISTRATION DEPARTMENT  
CITY OF HARKER HEIGHTS, TEXAS

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER  
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

*If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.*

*If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MS

LYNDA

A

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

NASH

4 TELEPHONE NUMBER  
OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6 OFFICE SOUGHT  
BY CANDIDATE  
(PLEASE TYPE OR PRINT)

MAYOR

7 NAME OF COMMITTEE  
(PLEASE TYPE OR PRINT)

N/A

8 NAME OF CAMPAIGN  
TREASURER  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MS

YOHANTIS

L

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Moore

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,623.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,454.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 304.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000

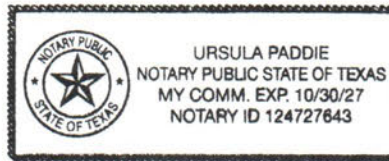
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lynda Nash this the 24th day of April, 2026, to certify which, witness my hand and seal of office.

Ursula Paddie Ursula Paddie Asst. City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,623.90
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 823.66
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 100
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,454.33
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: <b>3</b>
2 FILER NAME <b>LYNDA A NASH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/23/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANGELA BUTTS</b> 6 Contributor address; City; State; Zip Code <b>2546 JUBILATION DR HARKER HEIGHTS TX 76548</b>	7 Amount of contribution (\$) <b>105.58</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/27/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RONALD HARRISON</b> Contributor address; City; State; Zip Code <b>1423 LOBLOLLY DR HARKER HEIGHT TX 76548</b>	Amount of contribution (\$) <b>526.63</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/30/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKHAIL GRAY</b> Contributor address; City; State; Zip Code <b>813 SNOW BIRD DRIVE HARKER HEIGHT TX 76548</b>	Amount of contribution (\$) <b>210.84</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/01/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICKEY WILLIAMS</b> Contributor address; City; State; Zip Code <b>3710 LLANO ESTACADO CT KILLEEN TX 76549</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>3</b>
2 FILER NAME LYNDA NASH		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARAEA CORONA</b>	7 Amount of contribution (\$)  <b>100</b>
6 Contributor address; City; State; Zip Code <b>5402 HAMLET DR BELTON TX 76513</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHINETA GREEN</b>	Amount of contribution (\$)  <b>105.58</b>
Contributor address; City; State; Zip Code <b>5613 TOGGEL AVE FAYETTEVILLE NC 28306</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDDIE WEST</b>	Amount of contribution (\$)  <b>105.58</b>
Contributor address; City; State; Zip Code <b>3203 EAGLE RIDGE HARKER HEIGHTS TX 76548</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JANICE MCNEIL</b>	Amount of contribution (\$)  <b>105.58</b>
Contributor address; City; State; Zip Code <b>2406 CATAWBA LOOP HARKER HEIGHTS TX 76548</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>3</b>
2 FILER NAME <b>LYNDA NASH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/08/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AYAYI ENELI</b>	7 Amount of contribution (\$)  <b>105.58</b>
6 Contributor address; City; State; Zip Code <b>4203 ELF TRAIL BELTON TX 76513</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BERNARD MAYS</b>	Amount of contribution (\$)  <b>105.58</b>
Contributor address; City; State; Zip Code <b>3002 SUN DANCE DRIVE HARKER HEIGHTS TX 76548</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/12/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUAN DAVILA</b>	Amount of contribution (\$)  <b>52.95</b>
Contributor address; City; State; Zip Code <b>118 SHAWNEE TRL HARKER HEIGHTS TX 76548</b>		
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)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>1</b>	
2 FILER NAME <b>LYNDA A NASH</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>823.66</b>	
5 Date <b>03/02/2026</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TEX THREADS</b>	8 Amount of Contribution \$ <b>323.66</b>	9 In-kind contribution description <b>ADVERTISING/SCREEN PRINTING</b>
	7 Contributor address; City; State; Zip Code <b>12456 S FORT HOOD STREET SUITE 4 KILLEEN TX 76541</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <b>03/23/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BABATUNDE O AGBOLA</b>	Amount of Contribution \$ <b>500</b>	In-kind contribution description <b>RADIOSTATION/ADVERTISING</b>
	Contributor address; City; State; Zip Code <b>3902 E STAN SCHLUETER LOOP STE 109 KILLEEN TX 76542</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B: <b>1</b>	
2 FILER NAME <b>LYNDA A NASH</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <b>\$100</b>	
5 Date <b>03/23/2026</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FRED H CHINN, JR</b>	8 Amount of Pledge \$ <b>\$100</b>	9 In-kind contribution description <b>CAMPAIGN</b>
7 Pledgor address; City; State; Zip Code <b>PO BOX 2305 HARKER HEIGHTS TX 76548</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**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: <b>1</b>
2 FILER NAME <b>LYNDA A NASH</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <small>Type text here</small>		\$ 3,000
5 Date of loan <b>03/01/2026</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>LYNDA A NASH</b>	9 Loan Amount (\$) <b>\$3,000</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; _____ City; _____ State; _____ Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate <b>0.0%</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		13 Employer (See Instructions) <b>N/A</b>
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  <input type="checkbox"/> 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?  Y <input type="checkbox"/> N <input type="checkbox"/>	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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> 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  
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)

Type text here

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME LYNDA A NASH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/31/2026	<b>5</b> Payee name STRIP PAYMENT COMPANY	
<b>6</b> Amount (\$) 51.10	<b>7</b> Payee address; 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) FEES	<b>(b) Description</b> PAYMENT PROCESSING FEES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name LYNDA A NASH	Office sought MAYOR Office held COUNCIL MEMBER, PLACE 4
Date 03/24/2026	Payee name POLY BAG PLANET	
Amount (\$) 637.34	Payee address; 6125 VALLEY DR BETTENDORF IA 52722 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> YARD SIGNS
	<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 LYNDA A NASH	Office sought MAYOR Office held COUNCIL MEMBER, PLACE 4
Date 03/24/2026	Payee name POLY BAG PLANET	
Amount (\$) 430.50	Payee address; 6125 VALLEY DR BETTENDORF IA 52722 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> YARD SIGNS
	<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 LYNDA A NASH	Office sought MAYOR Office held COUNCIL MEMBER, PLACE 4

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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>LYNDA A NASH</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/02/2026</b>	<b>5</b> Payee name <b>TEX THREADS</b>
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<b>6</b> Amount (\$) <b>339.18</b>	<b>7</b> Payee address; City; State; Zip Code <b>12456 S FORT HOOD STREET SUITE 4 KILLEEN TX 76541</b> <input type="checkbox"/> Check if individual's residence address.
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>SCREEN PRINTING</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>LYNDA A NASH</b>	Office sought <b>MAYOR</b>	Office held <b>COUNCIL MEMBER, PLACE 4</b>
---------------------------------------------------------------------	------------------------------------------------------	-------------------------------	-----------------------------------------------

Date <b>04/01/2026</b>	Payee name <b>POPOCORNEUPHORIA</b>
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Amount (\$) <b>67.66</b>	Payee address; City; State; Zip Code <b>302 MILLERS CROSSING #8 HARKER HEIGHTS TX 76548</b> <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING EXPENSE</b>	Description <b>POP CORN WITH ADVERTISING</b>
	<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 <b>LYNDA NASH</b>	Office sought <b>MAYOR</b>	Office held <b>COUNCIL MEMBER, PLACE 4</b>
------------------------------------------------------------	----------------------------------------------------	-------------------------------	-----------------------------------------------

Date <b>04/15/2026</b>	Payee name <b>PAPERGRAPHICS PRINTING LTD</b>
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Amount (\$) <b>997.27</b>	Payee address; City; State; Zip Code <b>904 S 31ST TEMPLE TX 76504</b> <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>MAILERS</b>
	<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 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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME LYNDA NASH	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/21/2026	<b>5</b> Payee name PAPERGRAPHICS PRINTING LTD	
<b>6</b> Amount (\$) 889.83	<b>7</b> Payee address; City; State; Zip Code 904 S 31ST TEMPLE TX 76504 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description MAILERS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/22/2026	Payee name STRIP PAYMENT COMPANY	
Amount (\$) 41.45	Payee address; City; State; Zip Code 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEES	Description PAYMENT PROCESSING FEES
	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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