

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME  <input type="checkbox"/> Change of Address	MS / MRS / MR Mr	FIRST John	MI	OFFICE USE ONLY		
	NICKNAME	LAST Nix	SUFFIX	Date Received <b>RECEIVED</b>  <b>JUL 14 2025</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
	PO Box 130126		Tyler	TX 75713		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 903 )	PHONE NUMBER 376-4291	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Jennifer	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST Walsh	SUFFIX	Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 5750 Reed Rd			STATE: ZIP CODE TX 75707		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903 )	PHONE NUMBER 561-5061	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 05	Day 07	Year / 2025	Month 06	Day 30	Year / 2025
11 ELECTION	ELECTION DATE Month 05 / Day 2 / Year / 2026	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Tyler City Mayor		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

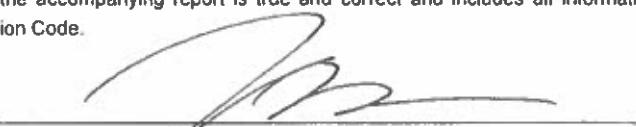
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	John I. Nix	16 Filer ID (Ethics Commission Filers)
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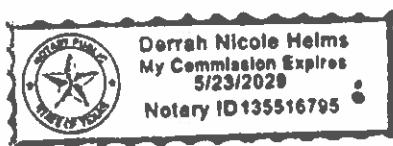
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1719.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,212.75
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 51000.00

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 John Nix this the 1 day of July.

2025 to certify which, witness my hand and seal of office.

Derrah Nicole Helms  
Signature of officer administering oath

Derrah Nicole Helms  
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) \_\_\_\_\_



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

19 FILER NAME  John Nix	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 19775.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 51,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 991.25	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 728.41	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 543.10	
12. <input type="checkbox"/> 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.

<p>The Instruction Guide explains how to complete this form.</p>				<b>1 Total pages Schedule A1:</b> 4
<b>2 FILER NAME</b> John Nix				<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 05/28/25	<b>5 Full name of contributor</b> Stori Nix	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>6 Contributor address:</b> 1515 Jeff Davis Dr		<b>7 Amount of contribution (\$)</b> City: Tyler State: TX Zip Code ..... \$25.00
<b>8 Principal occupation / Job title (See Instructions)</b> Business Owner			<b>9 Employer (See Instructions)</b> Self	
<b>Date</b> 06/03/2025	<b>Full name of contributor</b> Roland Derwood Wright & Nancy Anne Wright	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>Contributor address:</b> 21214 Bay View Dr		<b>Amount of contribution (\$)</b> City: Flint State: TX Zip Code ..... \$2000.00
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 06/12/2025	<b>Full name of contributor</b> R Blake Cammack	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>Contributor address:</b> 4619 Judson Rd		<b>Amount of contribution (\$)</b> City: Longview State: TX Zip Code ..... \$500.00
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 06/13/2025	<b>Full name of contributor</b> Ed Snodgrass	<input type="checkbox"/> out-of-state PAC (ID#: ..... <b>Contributor address:</b> 16182 CR 196		<b>Amount of contribution (\$)</b> City: Tyler State: TX Zip Code ..... \$5000.00
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<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.

<p>The Instruction Guide explains how to complete this form.</p>				<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME John Nix				<b>3</b> Filer ID (Ethics Commission Filer)
<b>4</b> Date 06/17/25	<b>5</b> Full name of contributor Jimmy Reed	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code		<b>7</b> Amount of contribution (\$) \$2000.00
<b>8</b> Principal occupation / Job title (See Instructions)			<b>9</b> Employer (See Instructions)	
<b>Date</b> 06/17/25	<b>Full name of contributor</b> Matthew Marshall	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code		<b>Amount of contribution (\$)</b> \$1000.00
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 6/18/25	<b>Full name of contributor</b> A.E. Shull	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code		<b>Amount of contribution (\$)</b> \$250.00
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Date</b> 6/18/25	<b>Full name of contributor</b> Collin C. Shull	<input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code		<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<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.

<p>The Instruction Guide explains how to complete this form.</p>				<p><b>1</b> Total pages Schedule A1:</p>
<p><b>2</b> FILER NAME</p> <p>John Nix</p>				<p><b>3</b> Filer ID (Ethics Commission Filer)</p>
<p><b>4</b> Date</p> <p>6/18/25</p>	<p><b>5</b> Full name of contributor</p> <p>Sam Mezayek</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p><b>7</b> Amount of contribution (\$)</p> <p>\$2500.00</p>
	<p><b>6</b> Contributor address:</p> <p>7750 Hollytree Dr</p>	<p>City: Tyler</p>	<p>State: TX</p>	<p>Zip Code: 75703</p>
<p><b>8</b> Principal occupation / Job title (See Instructions)</p>			<p><b>9</b> Employer (See Instructions)</p>	
<p>Date</p> <p>6/19/25</p>	<p>Full name of contributor</p> <p>Brad &amp; Lauren Baker</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p>\$2500.00</p>
	<p>Contributor address:</p> <p>1405 Covewood Dr</p>	<p>City: Tyler</p>	<p>State: TX</p>	<p>Zip Code: 75703</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p> <p>06/23/25</p>	<p>Full name of contributor</p> <p>Jeff R. Warr</p> <p>Sabrina A. Warr</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p>\$500.00</p>
	<p>Contributor address:</p> <p>PO Box 7548</p>	<p>City: Tyler</p>	<p>State: TX</p>	<p>Zip Code: 75711-7548</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p> <p>6/23/25</p>	<p>Full name of contributor</p> <p>Kevin L. Kilgore</p> <p>Karen Kilgore</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of contribution (\$)</p> <p>\$1500.00</p>
	<p>Contributor address:</p> <p>6712 Paluxy Dr.</p>	<p>City: Tyler</p>	<p>State: TX</p>	<p>Zip Code: 75703</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<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>				

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p><b>2 FILER NAME</b> John Nix</p>				<b>3 Filer ID (Ethics Commission Filers)</b>
<p><b>4 Date</b> 6/23/25</p>	<p><b>5 Full name of contributor</b> Jennifer Shull Walsh ..... Kevin Wayne Walsh</p>	<input type="checkbox"/> out-of-state PAC (ID#_____)		<p><b>7 Amount of contribution (\$)</b> \$500.00</p>
	<p><b>6 Contributor address;</b> 7331 Shoal Creek Ct</p>	<p>City: Tyler</p>	<p>State: TX</p>	
<p><b>8 Principal occupation / Job title (See Instructions)</b></p>		<p><b>9 Employer (See Instructions)</b></p>		
<p><b>Date</b> 6/24/25</p>	<p><b>Full name of contributor</b> Robert A. Breedlove Judith E. Breedlove</p>	<input type="checkbox"/> out-of-state PAC (ID#_____)		<p><b>Amount of contribution (\$)</b> \$1000.00</p>
	<p><b>Contributor address;</b> 1910 Stonegate Circle</p>	<p>City: Tyler</p>	<p>State: TX</p>	
<p><b>Principal occupation / Job title (See Instructions)</b></p>		<p><b>Employer (See Instructions)</b></p>		
<p><b>Date</b></p>	<p><b>Full name of contributor</b></p>	<input type="checkbox"/> out-of-state PAC (ID#_____)		<p><b>Amount of contribution (\$)</b></p>
	<p><b>Contributor address;</b></p>	<p>City:</p>	<p>State: Zip Code</p>	
<p><b>Principal occupation / Job title (See Instructions)</b></p>		<p><b>Employer (See Instructions)</b></p>		
<p><b>Date</b></p>	<p><b>Full name of contributor</b></p>	<input type="checkbox"/> out-of-state PAC (ID#_____)		<p><b>Amount of contribution (\$)</b></p>
	<p><b>Contributor address;</b></p>	<p>City:</p>	<p>State: Zip Code</p>	
<p><b>Principal occupation / Job title (See Instructions)</b></p>		<p><b>Employer (See Instructions)</b></p>		
<p><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.</p>				

## 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:  1
2 FILER NAME  John I. Nix			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 51,000.00
5 Date of loan  Y <input checked="" type="checkbox"/> N	7 Name of lender  John Nix	□ out-of-state PAC (ID#: .....)	8 Loan Amount (\$)  \$1000.00
6 Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	8 Lender address;  1515 Jeff Davis Dr Tyler, TX 75703	City: .....	State: Zip Code .....
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)
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 checked="" type="checkbox"/> not applicable	17 Name of guarantor  .....	18 Guarantor address;  1515 Jeff Davis Dr	19 Amount Guaranteed (\$)  City: .....
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)
Date of loan  6/26/25	Name of lender  John Nix	□ out-of-state PAC (ID#: .....)	Loan Amount (\$)  \$50,000.00
Is lender a financial institution?  Y <input checked="" type="checkbox"/> N	Lender address;  1515 Jeff Davis Dr	City: .....	State: Zip Code .....
Principal occupation / Job title (See Instructions)			Employer (See Instructions)
Description of Collateral  <input checked="" type="checkbox"/> none			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  .....	Guarantor address;  .....	Amount Guaranteed (\$)  City: .....
Principal Occupation (See Instructions)			Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 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:	2 FILER NAME 1 John Nix	3 Filer ID (Ethics Commission Filers)	
4 Date 5/13/25	5 Payee name Marcelo Landeros		
6 Amount (\$) \$541.25	7 Payee address; 1269 Hagan Rd	City: Whitehouse State: TX Zip Code 75791	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Video	
	(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 John Nix	Office sought Tyler City Mayor	Office held None
Date 6/2/25	Payee name McCormick Strategies		
Amount (\$) \$450.00	Payee address; 2013 Bluebonnet Ln. Unit #2	City: Austin	State: TX Zip Code 78704
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Online Advertisement	
	<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 John Nix	Office sought Tyler City Mayor	Office held None
Date	Payee name		
Amount (\$)	Payee address;	City:	State: Zip Code
PURPOSE OF EXPENDITURE	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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME John Nix			3 FILER ID (Ethics Commission Fliers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 473.67	
5 CREDIT CARD ISSUER	Name of financial institution Capital One Venture X			
6 PAYMENT	(a) Amount Charged \$ 184.20	(b) Date Expenditure Charged 5/07/2025	(c) Date(s) Credit Card Issuer Paid 6/10/2025	
7 PAYEE	(a) Payee name Squarespace, Inc.	(b) Payee address; 225 Varick St 12th Floor New York, NY 10014	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Management	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Nix		Office Sought Tyler City Mayor	Office Held None
PAYMENT	(a) Amount Charged \$ 181.86	(b) Date Expenditure Charged 5/12/2025	(c) Date(s) Credit Card Issuer Paid 6/10/2025	
PAYEE	(a) Payee name Squarespace, Inc.	(b) Payee address; 225 Varick St 12th Floor New York, NY 10014	City, State, Zip Code	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Management	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Nix		Office Sought Tyler City Mayor	Office Held None
PAYMENT	(a) Amount Charged \$ 107.61	(b) Date Expenditure Charged 5/15/2025	(c) Date(s) Credit Card Issuer Paid 6/10/2025	
PAYEE	(a) Payee name Squarespace, Inc.	(b) Payee address; 225 Varick St 12th Floor New York, NY 10014	City, State, Zip Code	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Management	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Nix		Office Sought Tyler City Mayor	Office Held None

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME John Nix			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 254.74	
5 CREDIT CARD ISSUER	Name of financial institution Capital One Venture			
6 PAYMENT	(a) Amount Charged \$ 244.00	(b) Date Expenditure Charged 05/07/25	(c) Date(s) Credit Card Issuer Paid 6/9/2025	
7 PAYEE	(a) Payee name United States Postal Service	(b) Payee address; 3320 Troup Hwy Ste 290	City, State, Zip Code Tyler TX 75701	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description PO Box rental for 1 year		
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Nix		Office Sought Tyler City Mayor	Office Held None
PAYMENT	(a) Amount Charged \$ 10.74	(b) Date Expenditure Charged 6/16/25	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Amazon	(b) Payee address; 410 Terry Ave North	City, State, Zip Code Seattle WA 98109	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Address labels		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	John Nix	
4 Date	5 Payee name	
05/21/25	Anedot	
6 Amount (\$)	7 Payee address:	City State Zip Code
\$1.30	1340 Poydras St #1770	New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a)Category (See Instructions for examples of acceptable categories.)  Fees	(b)Description (See Instructions regarding type of information required.)  Online donation fees
Date	Payee name	
6/12/25	Anedot	
Amount (\$)	Payee address:	City State Zip Code
\$20.30	1340 Poydras St #1770	New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)  Fees	Description (See Instructions regarding type of information required.)  Online donation fees
Date	Payee name	
6/13/25	Anedot	
Amount (\$)	Payee address:	City State Zip Code
\$200.30	1340 Poydras St #1770	New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)  Fees	Description (See Instructions regarding type of information required.)  Online donation fees
Date	Payee name	
6/17/25	Anedot	
Amount (\$)	Payee address:	City State Zip Code
\$80.30	1340 Poydras St #1770	New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)  Fees	Description (See Instructions regarding type of information required.)  Online donation fees

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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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 I:	2 FILER NAME John Nix	3 Filer ID (Ethics Commission Filers)		
4 Date 6/17/25	5 Payee name Anedot			
6 Amount (\$) \$40.30	7 Payee address; 1340 Poydras St. #1770	City New Orleans	State LA	Zip Code 70112
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.)  Fees	(b) Description (See instructions regarding type of information required.)  Online donation fee		
Date 6/18/25	Payee name Anedot			
Amount (\$) \$100.30	Payee address; 1340 Poydras St. #1770	City New Orleans	State LA	Zip Code 70112
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)  Fees	Description (See instructions regarding type of information required.)  Online donation fee		
Date 6/19/25	Payee name Anedot			
Amount (\$) \$100.30	Payee address; 1340 Poydras St. #1770	City New Orleans	State LA	Zip Code 70112
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)  Fees	Description (See instructions regarding type of information required.)  Online donation fee		
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

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