

# 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	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	Mr	John			
	NICKNAME	LAST	SUFFIX	Date Received	
		Nix		RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	PO Box 130126		Tyler	TX	75713
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-Delivered or Date Postmarked	
	( 903 )	376-4291		CITY CLERK'S OFFICE City of Tyler	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Mrs.	Jennifer		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Walsh			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	5750 Reed Rd		Tyler	TX	75707
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 903 )	561-5061			
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	Day	Year	Month	Day
	05	07	2025	06	30
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	05 / 2 / 2026				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Tyler City Mayor		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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			
	<input type="checkbox"/> GENERAL				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			
		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)
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
OUTSTANDING LOAN TOTALS	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.

20 25 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)

Signature of Candidate/Officeholder (Declarant)

**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****SUBTOTAL  
AMOUNT**

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>John Nix</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/28/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stori Nix</b> ..... 6 Contributor address; City; State; Zip Code <b>1515 Jeff Davis Dr Tyler TX 75703</b>	7 Amount of contribution (\$)  <b>\$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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roland Derwood Wright &amp; Nancy Anne Wright</b> ..... Contributor address; City; State; Zip Code <b>21214 Bay View Dr Flint TX 75762-9624</b>	Amount of contribution (\$)  <b>\$2000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>06/12/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R Blake Cammack</b> ..... Contributor address; City; State; Zip Code <b>4619 Judson Rd Longview TX 75805</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>06/13/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ed Snodgrass</b> ..... Contributor address; City; State; Zip Code <b>16182 CR 196 Tyler TX 75703</b>	Amount of contribution (\$)  <b>\$5000.00</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:	
2 FILER NAME John Nix				3 Filer ID (Ethics Commission Filers)	
4 Date 06/17/25		5 Full name of contributor Jimmy Reed <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$2000.00	
		6 Contributor address; City; State; Zip Code 314 Wilder Way Tyler TX 75703			
8 Principal occupation / Job title (See Instructions)				9 Employer (See Instructions)	
Date 06/17/25		Full name of contributor Matthew Marshall <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$1000.00	
		Contributor address; City; State; Zip Code 1600 Brandywine Dr. Tyler TX 75703			
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date 6/18/25		Full name of contributor A.E. Shull <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$250.00	
		Contributor address; City; State; Zip Code 7028 Calumet Dr Tyler TX 75703			
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date 6/18/25		Full name of contributor Collin C. Shull <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$500.00	
		Contributor address; City; State; Zip Code Tyler TX 75703			
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:	
2 FILER NAME John Nix				3 Filer ID (Ethics Commission Filers)	
4 Date 6/18/25		5 Full name of contributor Sam Mezayek <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$)  \$2500.00	
		6 Contributor address; City; State; Zip Code 7750 Hollytree Dr Tyler TX 75703			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 6/19/25		Full name of contributor Brad & Lauren Baker <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)  \$2500.00	
		Contributor address; City; State; Zip Code 1405 Covewood Dr Tyler TX 75703			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 06/23/25		Full name of contributor Jeff R. Warr Sabrina A. Warr <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)  \$500.00	
		Contributor address; City; State; Zip Code PO Box 7548 Tyler TX 75711-7548			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 6/23/25		Full name of contributor Kevin L. Kilgore Karen Kilgore <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)  \$1500.00	
		Contributor address; City; State; Zip Code 6712 Paluxy Dr. Tyler TX 75703			
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:
2 FILER NAME John Nix		3 Filer ID (Ethics Commission Filers)
4 Date 6/23/25	5 Full name of contributor Jennifer Shull Walsh Kevin Wayne Walsh <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 7331 Shoal Creek Ct Tyler TX 75703	7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/24/25	Full name of contributor Robert A. Breedlove Judith E. Breedlove <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1910 Stonegate Circle Tyler TX 75703	Amount of contribution (\$)  \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

**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 John I. Nix		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 51,000.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John Nix	9 Loan Amount (\$) \$1000.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1515 Jeff Davis Dr Tyler, TX 75703	10 Interest rate
		11 Maturity date
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 6/26/25	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John Nix	Loan Amount (\$) \$50,000.00
Is lender a financial institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 1515 Jeff Davis Dr Tyler TX 75703	Interest rate
		Maturity date
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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>		<b>2</b> FILER NAME <b>John Nix</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>5/13/25</b>		<b>5</b> Payee name <b>Marcelo Landeros</b>			
<b>6</b> Amount (\$) <b>\$541.25</b>		<b>7</b> Payee address; <b>1269 Hagan Rd</b>		<b>City;</b> <b>Whitehouse</b>	<b>State;</b> <b>TX</b>
				<b>Zip Code</b> <b>75791</b>	
<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>Video</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>John Nix</b>		Office sought <b>Tyler City Mayor</b>	Office held <b>None</b>
<b>Date</b> <b>6/2/25</b>		<b>Payee name</b> <b>McCormick Strategies</b>			
<b>Amount (\$)</b> <b>\$450.00</b>		<b>Payee address;</b> <b>2013 Bluebonnet Ln. Unit #2</b>		<b>City;</b> <b>Austin</b>	<b>State;</b> <b>TX</b>
				<b>Zip Code</b> <b>78704</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>Description</b> <b>Online Advertisement</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>John Nix</b>		Office sought <b>Tyler City Mayor</b>	Office held <b>None</b>
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address;</b>		<b>City;</b>	<b>State;</b>
				<b>Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</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**

**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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
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 Filers)
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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;

City,

State,

Zip Code

225 Varick St 12th Floor New York, NY 10014

8 PURPOSE OF  
EXPENDITURE

Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Website Management

(c) ☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if Austin, TX, officeholder living expense9 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;

City,

State,

Zip Code

225 Varick St 12th Floor New York, NY 10014

PURPOSE OF  
EXPENDITURE

Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Website Management

(c) ☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if Austin, TX, officeholder living expenseComplete 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;

City,

State,

Zip Code

225 Varick St 12th Floor New York, NY 10014

PURPOSE OF  
EXPENDITURE

Political



Non-Political

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Website Management

(c) ☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if Austin, TX, officeholder living expenseComplete 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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)

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)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 254.74
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5 CREDIT CARD ISSUER	Name of financial institution Capital One Venture
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6 PAYMENT	(a) Amount Charged \$ 244.00	(b) Date Expenditure Charged 05/07/25	(c) Date(s) Credit Card Issuer Paid 6/9/2025
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7 PAYEE	(a) Payee name United States Postal Service	(b) Payee address; City, State, Zip Code 3320 Troup Hwy Ste 290 Tyler TX 75701
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Nix	Office Sought Tyler City Mayor	Office Held None
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PAYMENT	(a) Amount Charged \$ 10.74	(b) Date Expenditure Charged 6/16/25	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave North Seattle WA 98109
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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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.

<b>1</b> Total pages Schedule I: <b>2</b>		<b>2</b> FILER NAME John Nix		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/21/25		<b>5</b> Payee name Anedot			
<b>6</b> Amount (\$) \$1.30		<b>7</b> Payee address; 1340 Poydras St #1770		<b>City</b> New Orleans	<b>State</b> LA
				<b>Zip Code</b> 70112	
<b>8</b> <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 fees	
<b>Date</b> 6/12/25		<b>Payee name</b> Anedot			
<b>Amount (\$)</b> \$20.30		<b>Payee address;</b> 1340 Poydras St #1770		<b>City</b> New Orleans	<b>State</b> LA
				<b>Zip Code</b> 70112	
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See instructions for examples of acceptable categories.) Fees		<b>Description</b> (See instructions regarding type of information required.) Online donation fees	
<b>Date</b> 6/13/25		<b>Payee name</b> Anedot			
<b>Amount (\$)</b> \$200.30		<b>Payee address;</b> 1340 Poydras St #1770		<b>City</b> New Orleans	<b>State</b> LA
				<b>Zip Code</b> 70112	
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See instructions for examples of acceptable categories.) Fees		<b>Description</b> (See instructions regarding type of information required.) Online donation fees	
<b>Date</b> 6/17/25		<b>Payee name</b> Anedot			
<b>Amount (\$)</b> \$80.30		<b>Payee address;</b> 1340 Poydras St #1770		<b>City</b> New Orleans	<b>State</b> LA
				<b>Zip Code</b> 70112	
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See instructions for examples of acceptable categories.) Fees		<b>Description</b> (See instructions regarding type of information required.) Online donation fees	

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 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 PURPOSE OF EXPENDITURE		(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
PURPOSE OF EXPENDITURE		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
PURPOSE OF EXPENDITURE		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
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

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