

2

## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>Argyle ISD School Board 2023</u> GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Argyle ISD Board of Trustees - Place 2</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Nicholas Van Reynolds</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Nick Reynolds</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>1205 8th Street</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY <u>Argyle</u>	STATE <u>TX</u>	ZIP <u>76226</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) <u>Transportation/Logistics</u>	DATE OF BIRTH <u>11/05/1985</u>	VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional)	
TELEPHONE CONTACT INFORMATION (Optional)					
Home:		Office:		Cell:	
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>			IN THE STATE OF TEXAS <u>37</u> year(s) <u>2</u> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>5</u> year(s) <u>6</u> month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Nicholas V. Reynolds</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Nicholas Reynolds</u> of <u>Denton</u> County, Texas, being a candidate for the office of <u>Argyle ISD Board of Trustees</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
<b>X</b>			SIGNATURE OF CANDIDATE		
Sworn to and subscribed before me this the <u>8th</u> day of <u>February</u> , <u>2023</u> , by <u>Nick Reynolds</u> (day) (month) (year) (name of candidate)					
Signature of Officer Authorized to Administer Oath <sup>4</sup> <u>Yvonne McGarvey</u>			Printed Name of Officer Authorized to Administer Oath <u>YVONNE MCGARVEY</u>		
Title of Officer Authorized to Administer Oath			Notarial or Office YVONNE MCGARVEY Notary Public, State of Texas Comm. Expires 11-22-2025 (Seal of Notary Public, State of Texas, Commission Expires 11-22-2025)		
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID \$0506					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$_____ filing fee or a nominating petition of _____ pages received.					<input type="checkbox"/> Voter Registration Status Verified
<u>02/08/2023</u>		<u>02/08/2023</u>		(See Section 1.007)	
Date Received		Date Accepted		Signature of Filing Officer or Designee <u>Yvonne McGarvey</u>	

## INSTRUCTIONS

An application for a place on the general election for a city, school district or other political subdivision, may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. All fields of the application **must** be completed unless specifically marked optional.

For an election to be held on a uniform election date, the day of the filing deadline is the 78th day before Election Day.

If you have questions about the application, please contact the Secretary of State's Elections Division at 800-252-8683.

## NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. When a candidate signs the application, it is an acknowledgment that the candidate is aware of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

No officer may appoint, or vote for or confirm the appointment or employment of any person related within the second degree by affinity (marriage) or the third degree by consanguinity (blood) to the officer, or to any other member of the governing body or court on which the officer serves when the compensation of that person is to be paid out of public funds or fees of office. However, nothing in the law prevents the appointment, voting for, or confirmation of anyone who has been continuously employed in the office or employment for the following period prior to the election or appointment of the officer or member related to the employee in the prohibited degree: six months, if the officer or member is elected at an election other than the general election for state and county officers.

No candidate may take action to influence an employee of the office to which the candidate is seeking election or an employee or officer of the governmental body to which the candidate is seeking election regarding the appointment or employment of a person related to the candidate in a prohibited degree as noted above. This prohibition does not apply to a candidate's actions with respect to a bona fide class or category of employees or prospective employees.

## FOOTNOTES

<sup>1</sup>An application for a place on the ballot, including any accompanying petition, is public information immediately on its filing. (Section 141.035, Texas Election Code)

<sup>2</sup>Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline. Please visit the Elections Division of the Secretary of State's website for additional information. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

<sup>3</sup>Proof of release from the resulting disabilities of a felony conviction would include proof of judicial clemency under Texas Code of Criminal Procedure 42A.701, proof of executive pardon under Texas Code of Criminal Procedure 48.01, or proof of a restoration of rights under Texas Code of Criminal Procedure 48.05. (Texas Attorney General Opinion KP-0251)

**One of the following documents must be submitted with this application.**

Judicial Clemency under Texas Code of Criminal Procedure 42A.701

Executive Pardon under Texas Code of Criminal Procedure 48.01

Restoration of Rights under Texas Code of Criminal Procedure 48.05

<sup>4</sup>All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary (for a city office), and the Secretary of State of Texas. See Chapter 602 of the Texas Government Code for the complete list of persons authorized to administer oaths.

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Filer ID #	Date Received <i>2-8-2023</i> <i>(gym)</i>	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Postmarked <i>2-8-2023</i> <i>(gym)</i>
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$	Date Processed
5 OFFICE HELD (if any)	N/A					Date Imaged
6 OFFICE SOUGHT (if known)	Argyle ISD Board of Trustees Place 2					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>[Signature]</i> _____ Signature of Candidate</p> <p><i>01/26/23</i> _____ Date Signed</p>					

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**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

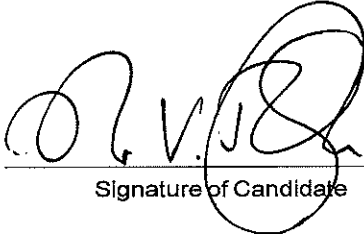
**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$940 in political contributions  
or make more than \$940 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

2023

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

### OFFICE USE ONLY

Date Received

02-08-2023

*(YMK)*

1 Name of Local Government Officer

Nicholas Reynolds

2 Office Held

School Board Trustee Candidate

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift N/A

Date Gift Accepted N/A Description of Gift N/A

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

6 SIGNATURE

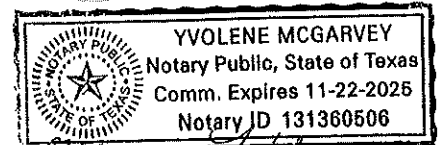
I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

*(Signature)*  
Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Nick Reynolds this the 8<sup>th</sup> day of February, 2023, to certify which, witness my hand and seal of office.

Yvylene McGarvey YVOLENE MCGARVEY  
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 Local Government Officer (Declarant)

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a director, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Name of Local Government Officer.** Enter the name of the local government officer filing this statement.
- 2. Office Held.** Enter the name of the office held by the local government officer filing this statement.
- 3. Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code.** Enter the name of the vendor described by Section 176.001(7), Local Government Code, if the vendor: a) has an employment or other business relationship with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code; b) has given to the local government officer or a family member of the officer one or more gifts as described by Section 176.003(a)(2)(B), Local Government Code; or c) has a family relationship with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 4. Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.** Describe the nature and extent of the employment or other business relationship the vendor has with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code, and each family relationship the vendor has with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 5. List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100.** List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed \$100 in value.
- 6. Signature.** Signature of local government officer. Complete this section after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Local Government Officer" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Local Government Officer (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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**Local Government Code § 176.001(2-a):** "Family relationship" means a relationship between a person and another person within the third degree by consanguinity or the second degree by affinity, as those terms are defined by Subchapter B, Chapter 573, Government Code.

**Local Government Code § 176.003(a)(2)(A):**

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

# 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

02-08-2023

*(Signature)*

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

Mr. Nicholas

V.

NICKNAME

LAST

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

Nick Reynolds

**4 TELEPHONE NUMBER OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(214) 470-7423

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1205 Argyle TX 76226  
8th street

**6 OFFICE SOUGHT BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

Argyle ISD school Board Trustee Place 2

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN TREASURER**  
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Mr. Nicholas

V.

NICKNAME

LAST

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

Nick Reynolds

**GO TO PAGE 2**

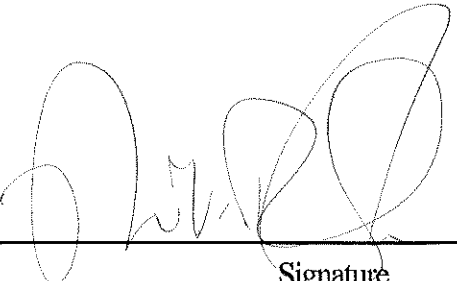
## CODE OF FAIR CAMPAIGN PRACTICES

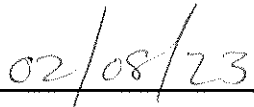
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date



# 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  MR FIRST Nicholas MI V.  
NICKNAME Nick LAST Reynolds SUFFIX

**OFFICE USE ONLY**

Date Received 4-6-23 *(gjm)*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1205 8th Street, Argyle, TX 76226

Change of Address

Date Hand-delivered or Date Postmarked

4-6-23

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 470-7423

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR  MR FIRST Nicholas MI V.  
NICKNAME Nick LAST Reynolds SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1205 8th Street, Argyle, TX 76226

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 470.7423

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 02 / 08 / 23 THROUGH Month Day Year 04 / 05 / 23

11 ELECTION

ELECTION DATE Month Day Year 05 / 06 / 23 ELECTION TYPE  
 Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Argyle ISD Board of Trustees

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

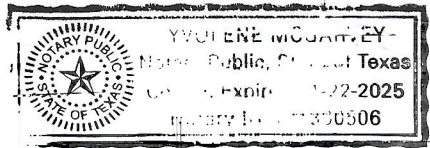
15 C/OH NAME <i>Nicholas Reynolds</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>3,010</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3,010</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>2,736.33</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,736.33</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>273.67</i>
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]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Nick Reynolds* this the *6<sup>th</sup>* day of *April*, 20*23*, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Yvonne McCarvey*  
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 <i>Nicholas Reynolds</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,010.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,736.33</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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:
2 FILER NAME <i>Nicholas Reynolds</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/28/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven Glickman</i>	7 Amount of contribution (\$) <i>\$ 35.00</i>
6 Contributor address; City; State; Zip Code <i>116 Birdcall Lane Argyle TX 76226</i>		
8 Principal occupation / Job title (See Instructions) <i>Accountant</i>		9 Employer (See Instructions)
Date <i>02/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Acela Spiegelberg</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>1821 Treeline Drive Argyle TX 76226</i>		
Principal occupation / Job title (See Instructions) <i>Homemaker</i>		Employer (See Instructions)
Date <i>02/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Snow</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>1604 Petal Court Argyle TX 76226</i>		
Principal occupation / Job title (See Instructions) <i>Education</i>		Employer (See Instructions)
Date <i>02/28/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christine Taylor</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>6909 BroomSedge Argyle TX 76226</i>		
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.

# 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

Nicholas Reynolds

3 Filer ID (Ethics Commission Filers)

4 Date

02/28/23

5 Full name of contributor

Andrew Hering

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

1016 Camp Post Argyle TX 76226

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Insurance/Business Owner

9 Employer (See Instructions)

Date

03/01/23

Full name of contributor

Paige Burkow

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

824 10th Street Argyle TX 76226

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Distribution

Employer (See Instructions)

Date

03/01/23

Full name of contributor

Todd Bayuk

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 75.00

Contributor address;

10845 Pedernales Falls Argyle TX 76226

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Finance

Employer (See Instructions)

Date

03/08/23

Full name of contributor

Robert Somers

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 150

Contributor address;

1501 Banking Drive Argyle TX 76226

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Business Owner

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 FILER NAME <i>Nicholas Reynolds</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/13/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hillary Laird</i>	7 Amount of contribution (\$) <i>\$50.00</i>
	6 Contributor address; City; State; Zip Code <i>1721 Twistleaf Drive Argyle TX 76226</i>	
8 Principal occupation / Job title (See Instructions) <i>Education</i>		9 Employer (See Instructions)
Date <i>03/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Morgan</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code <i>6409 Whiskerbrush Argyle TX 76226</i>	
Principal occupation / Job title (See Instructions) <i>Pilot</i>		Employer (See Instructions)
Date <i>03/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alison Flemer</i>	Amount of contribution (\$) <i>\$150.00</i>
	Contributor address; City; State; Zip Code <i>6617 Roughleaf Argyle TX 76226</i>	
Principal occupation / Job title (See Instructions) <i>Accountant</i>		Employer (See Instructions)
Date <i>03/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacey Bamberger</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>6928 Basket Flower Argyle TX 76226</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		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 FILER NAME <i>Nicholas Reynolds</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>03/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carrie Rodgers</i>	7 Amount of contribution (\$) <i>\$ 250.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1133 Castle Rock Argyle TX 76226</i>		
8 Principal occupation / Job title (See Instructions) <i>Accountant</i>		9 Employer (See Instructions)
Date <i>03/29/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Lott</i>	Amount of contribution (\$) <i>\$ 500.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1136 W. Peter Road Bartonville TX 76226</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>03/31/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew Hering</i>	Amount of contribution (\$) <i>\$ 250.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1016 Camp Post Argyle TX 76226</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner/Insurance</i>		Employer (See Instructions)
Date <i>03/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Anthony</i>	Amount of contribution (\$) <i>\$ 350.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3800 Hornbeam Argyle TX 76226</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		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>		

# 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 <i>Nicholas Reynolds</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/05/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chris McCreary</i>	7 Amount of contribution (\$)  <i>\$ 250.<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1217 8<sup>th</sup> Street Argyle TX 76226</i>		
8 Principal occupation / Job title (See Instructions) <i>Mortgage</i>		9 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)
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)

**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:	2 FILER NAME <i>Nicholas Reynolds</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>03/21/23</i>	5 Payee name <i>Dynamic Graphics</i>
---------------------------	---

6 Amount (\$) <i>\$1557.36</i>	7 Payee address; City; State; Zip Code
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>SIGNS</i>
	(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	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>04/03/23</i>	Payee name <i>Dynamic Graphics</i>
-------------------------	---------------------------------------

Amount (\$) <i>\$505.11</i>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>SIGNS</i>
	<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
---	-------------------------------	---------------	-------------

Date	Payee name <i>Dynamic Graphics</i>
------	---------------------------------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

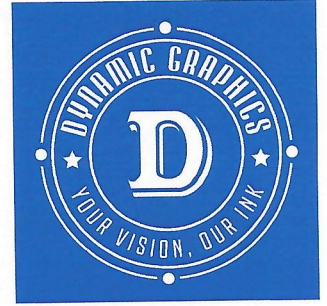
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>SIGNS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Dynamic Screen Printing, Inc. dba Dynamic Graphics  
 300 Boone Rd. Ste A9, Ste. A9 Burleson, TX 76028  
 orders@dynamic.graphics  
 (817) 447-8887  
 EIN #: 75-2410304

www.dynamic.graphics



# Invoice 29261

Nick Reynolds Argyle ISD

SALES REP INFO  
 Matt Davis  
 Vice President  
 matt@dynamic.graphics  
 +8174548488

INVOICE DATE  
 03/31/2023  
 INV.DUE DATE  
 03/31/2023

TERMS  
 50 dn/ 50 pu

ORDERED BY  
 Nick Reynolds

CONTACT INFO  
 Nick Reynolds  
 nicholas.v.reynolds@gmail.com

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	<b>Yard Signs - 24"x18"</b> Digital Print on 4mm Wh Coroplast Color/Orientation: multi color 24x18 Sides: Double Sided	100	Each	\$6.04	\$604.00	Y
2	<b>Wire Stakes</b>	50	Unit	\$3.00	\$150.00	Y

#	PAID ON	METHOD	AMOUNT
1	03/31/2023	MasterCard: -XXXX-8750 Auth: sq-1-zs8VAyyPTxxWVDISmE8aSdgWYBM0CQf3oo7SOfyIZFBqOc66X62F0WCNxbhiklZwt_g	\$505.11
2	04/03/2023	MasterCard: -XXXX-8750 Auth: sq-1-zs8VAyyPTxxWVDISmE8aSdgWYBM0CQf3oo7SOfyIZFBqOc66X62F0WCNxbhiklZwt_g	\$337.49

Any issues with the final product need to be addressed to Dynamic Graphics within one week of customer receipt and we will work with you to replace or repair any defects due to Dynamic Graphics' fault. Any orders after one week may be subject to a new product charge.

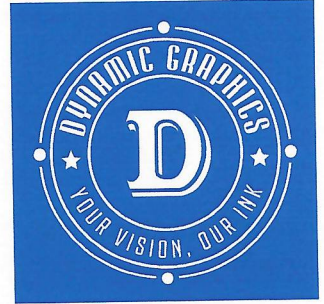
<b>Finance:</b>	<b>\$26.39</b>
<b>Subtotal:</b>	<b>\$780.39</b>
<b>Sales Tax (8.25%):</b>	<b>\$62.21</b>
<b>Total:</b>	<b>\$842.60</b>
<b>Total Paid:</b>	<b>\$842.60</b>
<b>Balance Due:</b>	<b>\$0</b>

SIGNATURE:

DATE:

Dynamic Screen Printing, Inc. dba Dynamic Graphics  
300 Boone Rd. Ste A9, Ste. A9 Burleson, TX 76028  
orders@dynamic.graphics  
(817) 447-8887  
EIN #: 75-2410304

www.dynamic.graphics



# Invoice 29270

## Nick Reynolds Argyle ISD - 4x4 DS

SALES REP INFO  
Matt Davis  
Vice President  
matt@dynamic.graphics  
+8174548488

INVOICE DATE  
04/06/2023  
INV.DUE DATE  
04/06/2023

TERMS  
50 dn/ 50 pu

ORDERED BY  
Nick Reynolds

CONTACT INFO  
Nick Reynolds  
nicholas.v.reynolds@gmail.com

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	<b>Yard Signs - 48"x48"</b> Digital Print on 4mm White coroplast w/ Grommets Color/Orientation: multi color 48x48 Sides: Double Sided	10	Each	\$30.10	\$301.00	Y

#	PAID ON	METHOD	AMOUNT
1	04/05/2023	MasterCard: -XXXX-8750 Auth: sq-1-zs8VAyyPTxxWVDISmE8aSdgWYBM0CQf3oo7SOfylZFBqOc66X62F0WCNxbhiklZwt_g	\$168.18
2	04/03/2023	MasterCard: -XXXX-8750 Auth: sq-1-zs8VAyyPTxxWVDISmE8aSdgWYBM0CQf3oo7SOfylZFBqOc66X62F0WCNxbhiklZwt_g	\$168.19

Any issues with the final product need to be addressed to Dynamic Graphics within one week of customer receipt and we will work with you to replace or repair any defects due to Dynamic Graphics' fault. Any orders after one week may be subject to a new product charge.

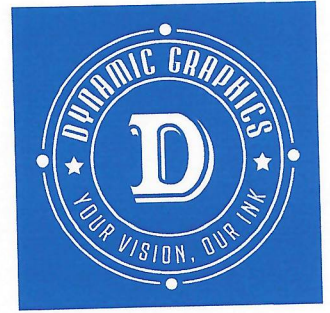
Finance:	\$10.54
Subtotal:	\$311.54
Sales Tax (8.25%):	\$24.83
<b>Total:</b>	<b>\$336.37</b>
Total Paid:	\$336.37
Balance Due:	\$0

SIGNATURE:

DATE:

Dynamic Screen Printing, Inc. dba Dynamic Graphics  
 300 Boone Rd. Ste A9, Ste. A9 Burleson, TX 76028  
 orders@dynamic.graphics  
 (817) 447-8887  
 EIN #: 75-2410304

www.dynamic.graphics



# Invoice 29246

Nick Reynolds Argyle ISD

SALES REP INFO  
 Matt Davis  
 Vice President  
 matt@dynamic.graphics  
 +8174548488

INVOICE DATE  
 03/22/2023  
 INV.DUE DATE  
 03/22/2023

TERMS  
 50 dn/ 50 pu

QT#  
 2695

ORDERED BY  
 Nick Reynolds

CONTACT INFO  
 Nick Reynolds  
 nicholas.v.reynolds@gmail.com

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	<b>Yard Signs - 24"x18"</b> Digital Print on 4mm Wh Coroplast Color/Orientation: multi color 24x18 Sides: Double Sided	100	Each	\$6.04	\$604.00	Y
2	<b>Wire Stakes</b>	100	Unit	\$3.00	\$300.00	Y
3	<b>Yard Signs - 48"x48"</b> Digital Print on 4mm White coroplast w/ Grommets Color/Orientation: multi color 48x48 Sides: Double Sided	12	Each	\$25.25	\$303.00	Y
4	<b>Yard Signs - 96"x48"</b> • Customizable front and back • Perfect for indoor or outdoor use, with minimal setup  • Weatherproof with fade-resistant printing  • Buy more & save more Color/Orientation: multi color 96x48 Sides: Single Sided	1	Each	\$86.61	\$86.61	Y
5	<b>Rush Fee</b> **RUSH CHARGE - READY BY WED. MARCH 22 @ 4PM**	1	Each	\$100.00	\$100.00	Y

#	PAID ON	METHOD	AMOUNT
1	03/20/2023	Credit Card: -XXXX-8750 Auth: sq-1-zs8VAyyPTxxWVDISmE8aSdgWYBM0CQf3oo7SOfylZFBqOc66X62F0WCNxbhiklZwt_g	\$694.87
2	03/27/2023	MasterCard: -XXXX-8750 Auth: sq-1-zs8VAyyPTxxWVDISmE8aSdgWYBM0CQf3oo7SOfylZFBqOc66X62F0WCNxbhiklZwt_g	\$862.49

Any issues with the final product need to be addressed to Dynamic Graphics within one week of customer receipt and we will work with you to replace or repair any defects due to Dynamic Graphics' fault. Any orders after one week may be subject to a new product charge.

<b>Finance:</b>	<b>\$48.78</b>
<b>Subtotal:</b>	<b>\$1,442.39</b>
<b>Sales Tax (8.25%):</b>	<b>\$114.97</b>
<b>Total:</b>	<b>\$1,557.36</b>
<b>Total Paid:</b>	<b>\$1,557.36</b>
<b>Balance Due:</b>	<b>\$0</b>

**SIGNATURE:**

**DATE:**

# 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:

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <b>MR</b> FIRST MI <i>Nicholas</i> <i>V</i>	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX <i>Nick</i> <i>Reynolds</i>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1205 8th Street, Argyle, TX 76226</i>	Date Hand-delivered or Date Postmarked <i>4-28-23</i>
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 470-7423</i>	Receipt # Amount \$
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / <b>MR</b> FIRST MI <i>Nicholas</i> <i>V</i>	Date Processed
	NICKNAME LAST SUFFIX <i>Nick</i> <i>Reynolds</i>	Date Imaged

**7** CAMPAIGN TREASURER ADDRESS (Residence or Business)  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*1205 8th Street, Argyle, TX 76226*

**8** CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
*(214) 470-7423*

**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  
*04 / 05 / 23*    THROUGH    *04 / 28 / 23*

**11** ELECTION

ELECTION DATE: Month Day Year  
*05 / 06 / 23*

ELECTION TYPE:  
 Primary     Runoff     Other Description  
 General     Special

**12** OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)

**14** NOTICE FROM POLITICAL COMMITTEE(S)  
 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	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

Nicholas Reynolds

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)

\$ 3,110

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,110

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,228.15

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 21.57

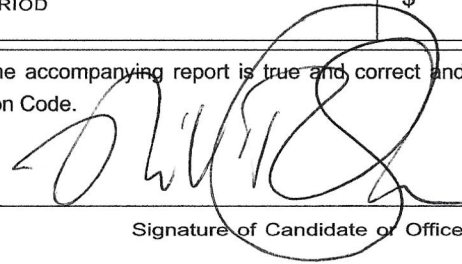
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

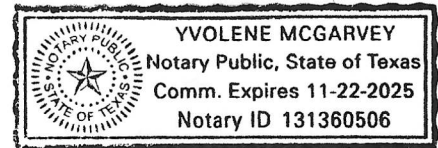
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nick Reynolds this the 28th day of APRIL

20 23 to certify which, witness my hand and seal of office.

Yvylene McGarvey YVOLENE MCGARVEY

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 <i>Nicholas Reynolds</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,110. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,088.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 225.75
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# 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>2</b> FILER NAME <i>Nicholas Reynolds</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>04/12/23</i>	<b>5</b> Payee name <i>Tractor Supply</i>	
<b>6</b> Amount (\$) <i>57.26</i>	<b>7</b> Payee address; <i>2201 East FM 407</i>	City; State; Zip Code <i>Bartonville TX 75226</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Supplies</i>	<b>(b)</b> Description <i>T-Posts</i>
	<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 <i>04/07/23</i>	Payee name <i>Justin Ace Hardware</i>	
Amount (\$) <i>43.26</i>	Payee address; <i>1429 W. 1st street</i>	City; State; Zip Code <i>Justin TX 76247</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Supplies</i>	Description <i>T-Posts</i>
	<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 <i>04/22/23</i>	Payee name <i>PostNet</i>	
Amount (\$) <i>63.87</i>	Payee address; <i>100 Plaza Place 300</i>	City; State; Zip Code <i>Northlake TX 76226</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Flyers</i>
	<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  
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.

1 Total pages Schedule F1:	2 FILER NAME <i>Nicholas Reynolds</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>09/20/23</i>	5 Payee name <i>PostNet</i>
---------------------------	--------------------------------

6 Amount (\$) <i>101.68</i>	7 Payee address; <i>100 Plaza Plaza 300</i>	City; <i>Northlake</i>	State; <i>TX</i>	Zip Code <i>76226</i>
--------------------------------	--	---------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Flyers</i>
	(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	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>09/23/23</i>	Payee name <i>Armadillo Print CO.</i>
-------------------------	--

Amount (\$) <i>325.75</i>	Payee address; <i>5796 TX-114 Unit 2C</i>	City; <i>Hastlet</i>	State; <i>TX</i>	Zip Code <i>76052</i>
------------------------------	--	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Shirts</i>
	<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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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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 <i>Nicholas Reynolds</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christine Taylor</i>	7 Amount of contribution (\$) <i>100.00</i> <i>(For shirts)</i>
6 Contributor address; City; State; Zip Code <i>6909 Broonsedge Argyle TX 76226</i>		
8 Principal occupation / Job title (See Instructions)		9 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)

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)

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)

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



Armadillo Print Co  
5796 E Hwy 114 #2C  
Haslet, TX 76052 United States  
info@armadilloprintco.com | 940-488-1774

Invoice #000180

Issue date  
Apr 18, 2023

# Armadillo Custom Tees Order

All custom ordered items must be paid in full before materials are ordered and production is started.  
Thank you for shopping with us. We appreciate your business!

Customer	Invoice Details	Payment
Nick Reynolds Campaign	PDF created April 28, 2023 \$324.75 Service date April 21, 2023	Due April 18, 2023 \$324.75

Items	Quantity	Price	Amount
Port & Company® Core Cotton Tee 3 small 5 medium 5 large 5 x-large 2 xxl White tee Full front print customer provided graphic *price includes discount	20	\$15.00	\$300.00

Subtotal	\$300.00
Sales Tax	\$24.75

**Total Paid** **\$324.75**

Payments	
Apr 19, 2023	\$324.75



View online

To view your invoice go to <https://gosq.me/u/jAyPAS1k>

Or open the camera on your mobile device and place the QR code in the camera's view.



TractorSupply.com

2201 EAST FM 407  
BARTONVILLE, TX 75226-9444  
940-241-1050

Ticket: 148556  
Date: 4/12/23 Time: 10:11 AM  
Store: 2379 Register: 1  
Cashier: Rosemary

Item	Qty	Price	Amount
TPOST 5.5FT 1.25 GN 3609104	10	5.29	52.90

Subtotal	52.90
Tax	4.36
<b>Total</b>	<b>57.26</b>

MasterCard - SALE 57.26  
 \*\*\*\*\*8750 - EMV Contactless  
 Authorization #: 520044  
 Terminal ID : 001792379000100  
 Cryptogram : E12652C940721FC6  
 AID : A0000000041010  
 APP : Mastercard Debit  
 CVM : NONE / 420300  
 TVR : 0000048001 / TSI : E800

Change 0.00  
 I agree to pay the above amount according  
 to my card issuer agreement.

Neighbor's Club  
 Neighbor  
 Loyalty #: \*\*\*\*\*3426

THANK YOU FOR SHOPPING AT  
 JUSTIN ACE HARDWARE #16225  
 (940) 648-0099

\* No Hassle Return Policy  
 Your RECEIPT Guarantees It!

04/07/23 1:02PM DB 592 SALE

7801343	4	EA	\$9.99	EA
T-POST HD 6 1.25#/FT				\$39.96

SUB-TOTAL:\$	39.96	TAX:\$	3.30
		TOTAL:\$	43.26
		BC AMT:\$	43.26

BK CARD#: XXXXXXXXXXXX0934  
 MID:\*\*\*\*\*5889 TID:\*\*\*4567  
 AUTH: 13D720 AMT:\$ 43.26  
 Host reference #:939422 Bat#

Authorizing Network: MASTERCARD

Contactless  
 CARD TYPE:MASTERCARD EXPR: XXXX  
 AID : A0000000041010  
 TVR : 0000008001  
 IAD : 0414A04301A200001000000000000000  
 TSI :  
 ARC : 00  
 MODE : Issuer  
 CVM : No CVM  
 Name : Debit Mastercard  
 ATC :0006  
 AC : 6264F8E4803DCE8A  
 TxnID/ValCode: 402414

Bank card USD\$ 43.26



==> JRNL#J39422/4 YRAZ3333333333 <<==  
 CUST NO:\*4  
 ACE REWARDS ID # 1964312975

Acct: CASH CUSTOMER JUSTIN

Customer Copy

\* Sales on plants, power equip, paint,  
 clearance & over 60 days are FINAL

PostNet TX243  
100 Plaza Pl  
300  
Northlake, TX 76226  
972-544-1230

PostNet TX243  
100 Plaza Pl  
300  
Northlake, TX 76226  
972-544-1230

Invoice#: 17446 Clerk: PAT

Invoice#: 17378 Clerk: PAT

04/22/2023 09:11

04/20/2023 11:16

Cash, Check, Charge

Description	Price	Qty	ExtPrice
Print- Color- 8.5 X 11 Single			
230811	.59	199	93.93 t
Sub-Total:			\$93.93
Sales Tax:			\$7.75
Total:			\$101.68

CCard Charge: \$101.68  
Approval Number: 332399  
Reference ID Number: 4970106837

\*\*\*\*\*8750  
REYNOLDS/ NICHOLAS

I agree to pay the  
above total amount  
according to the  
card issuer agreement.  
(merchant agreement if  
credit voucher)

Cash, Check, Charge

Description	Price	Qty	ExtPrice
Print- Color- 8.5 X 11 Single			
230811	.59	100	59.00 t
Sub-Total:			\$59.00
Sales Tax:			\$4.87
Total:			\$63.87

CCard Charge: \$63.87  
Approval Number: 161813  
Reference ID Number: 4973802339

\*\*\*\*\*0934

I agree to pay the  
above total amount  
according to the  
card issuer agreement.  
(merchant agreement if  
credit voucher)

\*\*\*\*\*  
Monday - Friday 9am - 6 pm  
Saturday 10 am - 2 pm  
To Track Packages  
www.postnet.com/tx243

\*\*\*\*\*  
Monday - Friday 9am - 6 pm  
Saturday 10 am - 2 pm  
To Track Packages  
www.postnet.com/tx243