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)
09669843

2 Total pages filed:
9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Nicholas MI: NICKNAME LAST: Kaufman SUFFIX	**OFFICE USE ONLY** Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
603 S. Main St., Suite 304
Grapevine, TX 76051

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE   PHONE NUMBER   EXTENSION
( )

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs.   FIRST: Danielle   MI:
NICKNAME   LAST: Kaufman   SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
603 S. Main St., Suite 304
Grapevine, TX 76051

8 CAMPAIGN TREASURER PHONE
AREA CODE   PHONE NUMBER   EXTENSION
(216) 406-2987

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: 04/21/2021 THROUGH Month Day Year: 07/06/2021

11 ELECTION
ELECTION DATE
Month Day Year: 05/01/2021

ELECTION TYPE
☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Mayor

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	
☐ GENERAL	COMMITTEE NAME
	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

<div align="right">

**FORM C/OH
COVER SHEET PG 2**

</div>

15 C/OH NAME
Nicholas Kaufman

16 Filer ID (Ethics Commission Filers)
09669843

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 500.45
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,675.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 11.23
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,952.69
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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

SHERRY MAKRAM BOKTOR
Notary Public, State of Texas
Comm. Expires 03-17-2025
Notary ID 132980933

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kaufman Nicholas Lee this the 8 day of July,

20 21 , to certify which, witness my hand and seal of office.

Sherry Makram Boktor   Sherry Makram Boktor _____
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

19 FILER NAME

Nicholas Kaufman

20 Filer ID (Ethics Commission Filers)

09669843

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$1,675.00
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐	SCHEDULE E: LOANS	$
5. ☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$4,952.69
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. ☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10. ☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. ☒	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$100.00

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

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Nicholas Kaufman	09669843

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#_____)	**7** Amount of contribution ($)
4/22/2021	WSM 2005 Descendants Trust	$500.00
	6 Contributor address; City; State; Zip Code 4539 San Gabriel Dr., Dallas, TX 75229	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/22/2021	Don Silverman	$1,000.00
	Contributor address; City; State; Zip Code 4622 Maple Ave, Dallas, TX 75219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
4/23/2021	William Loeb	$100.00
	Contributor address; City; State; Zip Code 1937 North Port Ct, Grapevine, TX 76051	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
5/1/2021	Pat Barber	$50.00
	Contributor address; City; State; Zip Code 2141 Steeplewood Dr., Grapevine, TX 76051	

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

2 FILER NAME Nicholas Kaufman	**3** Filer ID (Ethics Commission Filers) 09669843

4 Date 5/1/2021	**5** Full name of contributor ☐ out-of-state PAC (ID#_____) Aram Azadpour	**7** Amount of contribution ($) $25.00 •
	6 Contributor address; City; State; Zip Code P.O. Box 2644, Grapevine, TX 76099	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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 ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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
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: 3	2 FILER NAME: Nicholas Kaufman	3 Filer ID (Ethics Commission Filers) 09669843

4. Date 4/22/2021	5. Payee name Facebook			
6. Amount ($) $600.00	7. Payee address; 1 Facebook Way,	City; Menlo Park,	State; CA	Zip Code 94025

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Paid Ad.
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 4/29/2021	Payee name Facebook			
Amount ($) $900.00	Payee address; 1 Facebook Way,	City; Menlo Park,	State; CA	Zip Code 94025

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Paid Ad.
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

Date 5/3/2021	Payee name Squarespace			
Amount ($) $28.15	Payee address; 225 Varick St., 12th Floor,	City; New York,	State; NY	Zip Code 10014

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Payment Processor
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

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: **3**	2 FILER NAME: **Nicholas Kaufman**	3 Filer ID (Ethics Commission Filers) **09669843**

4. Date	5. Payee name
04/21/2021	William Buffington

6. Amount ($)	7. Payee address;	City;	State;	Zip Code
$1,500.00	2415 Bowie Lane, Grapevine, TX 76051			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Videography
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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	Payee name
5/3/2021	Facebook

Amount ($)	Payee address;	City;	State;	Zip Code
$329.36	1 Facebook Way, Menlo Park, CA 94025			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Paid Ad.
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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
5/10/2021	Google LLC.

Amount ($)	Payee address;	City;	State;	Zip Code
$226.40	1600 Amphitheatre Pkwy., Mountain View, CA 94043			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Paid Ad.
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

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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: 3	2 FILER NAME: Nicholas Kaufman	3 Filer ID (Ethics Commission Filers) 09669843

4. Date 5/19/2021	5. Payee name Apple		
6. Amount ($) $10.81	**7. Payee address;** One Apple Park Way, Cupertino,	City; CA	State; Zip Code 95014

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Campaign Phone
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 7/6/2021	Payee name Nicholas Kaufman		
Amount ($) $1,403.42	Payee address; 603 S. Main St., Grapevine, Suite 304	City; TX	State; Zip Code 76051

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/ Reimbursment	Description Reimbursment of personal loan contribution
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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		
Amount ($)	Payee address;	City;	State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1

2 FILER NAME Nicholas Kaufman	**3** Filer ID (Ethics Commission Filers) 096669843

4 Date	**5** Name of person from whom amount is received	**8** Amount ($)
5/10/2021	Lowe's	$100.00
	6 Address of person from whom amount is received; City; State; Zip Code 201 N. Kimball Ave., Southlake, TX 76092	
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer Return Sign Stakes	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

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