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Board of Education

3 CANDIDATE /
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NAME

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FIRST

MI

OFFICE USE ONLY

JAMES

M

Date Received

LAST

SUFFIX

RYAN

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5248 ABAVE WAY FORT WORTH
TX 76126

☐ Change of Address

OFFICEHOLDER
PHONE

(361) 550 2220

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

Receipt \$

Amount \$

NICKNAME

LAST

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Date Processed

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7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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CA D D E / OFF CE HOLDER
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FD-11 (Filer Commission Filers)

James M. Ryan

1/4/20