CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

[redacted]

3 CANDIDATE / OFFICEHOLDER — MS / MRS / MR — FIRST — MI

OFFICE USE ONLY

[redacted]

NICKNAME: ike — LAST: Ryan — SUFFIX

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS — ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 5248 Agave Way Fort Worth, TX 76126

Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE — AREA CODE: (361) — PHONE NUMBER: 5502220 — EXTENSION

Date Postmarked

Receipt # — Amount $

[redacted]

MONETARY POL T CAL CONTR BUT ONS

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
JAMES MICHAEL RYAN

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC
Linebarger, Goggan, Blair & Sampson law firm

7 Amount of contribution ($)
$2,000.00

[redacted]

Date out-of-state PAC

100Throckmorton St. Suite 1700 Ft. Worth, TX 76102

City;

8 Principal occupation / Job title (See Instructions)
at Law

9 Employer (See Instructions)

Full name of contributor

Amount of contribution ($)

Contributor address; State; Zip Code

State; Zip Code

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

Date Full name of contributor out-of-state PAC

Amount of contribution ($)

Date

Contributor address; City;

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

Full name of contributor

Amount of contribution ($)

[redacted]

[redacted]

COVER SHEET PG 3

19 FILER NAME
JAMES MICHAEL RYAN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$	2,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	0.00
3 SCHEDULE B: PLEDGED CONTRIBUTIONS	$	0.00
4 SCHEDULE E: LOANS	$	0.00
8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	1,800.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$	2,200.84
7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$	0.00
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$	0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	0.00
11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	0.00

[redacted]

12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	33

CA D DATE / OFF CE OLDER
CA PA G F A CE REPO

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS		TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$	2,021.01
	2	**TOTAL POLITICAL CONTRIBUTIONS**	$	2,021.01
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$	1,820.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	1,820.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	280.33
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	$	2,200.84

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

POL TICAL EXPENDITURES MADE FROM POLIT CAL CONTRIBUTIONS

SCHEDULE F1

If the information is not icable, **DO NOT include this in the**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
pense
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

[redacted]

4 Date

5 Payee name

U PA D CURRED OBLIGAT O S

SCHEDULE F2

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
Event Expense
Fees
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Solicitation/Fundraising Expense
Transp Equipment & Related Expense
Travel ct
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2 FILER NAME
JAMES MICHAEL RYAN
3 ETHICS ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS $

5 Date
12/01/2022
6 Payee
Murphy Nasica & Associates

7 Amount ($)
$2,200.84
City State; Zip Code
910 Congress Avenue, Austin, TX 78701

9

Non Political

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

PURPOSE Advertising Expenses Mailers. Electronic messaging

(c)

11 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name
JAMES MICHAEL RYAN
Office sought
Office held
School Trustee

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

SCHEDULE K

[redacted]