# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

_	The C/OH Instruction G	DH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)		2 Total pages filed:			=			
	CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI								
	NAME	Dr. James Mid								
		NICKNAME Mike	Ryan			SUFFIX				
_	CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE				
4	OFFICEHOLDER MAILING ADDRESS		Way Fort Worth 1			Zii GOBE				
	Change of Address									
5	CANDIDATE Tf-0.00									
		361	550-2220							
		NA								
		V								
		X								
		07	01 2023			12		31	2023	
		School Board Tr	rustee							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		<b>16</b> File	r ID (E	thics Commission Filers)
Dr. Michael Ryan				
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,400.85
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	<b>4.</b> T '	TOTAL POLITICAL EXPENDITURES	\$	2,200.84
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINT		481.14
				0.00

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

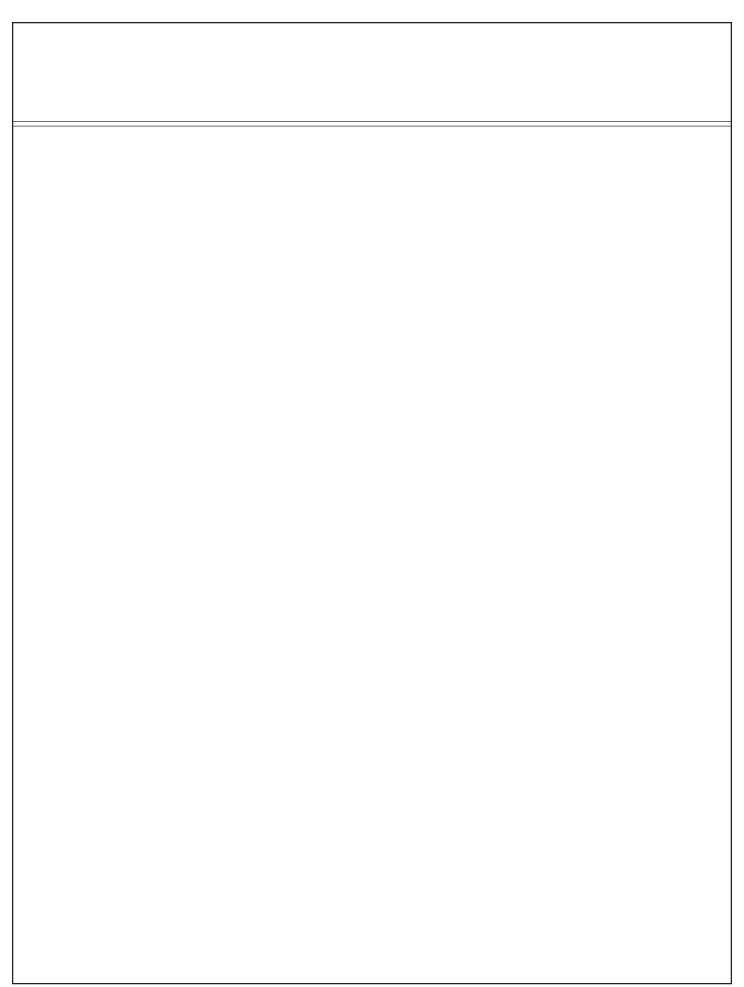
19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	<u> </u>	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,400
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
		.85

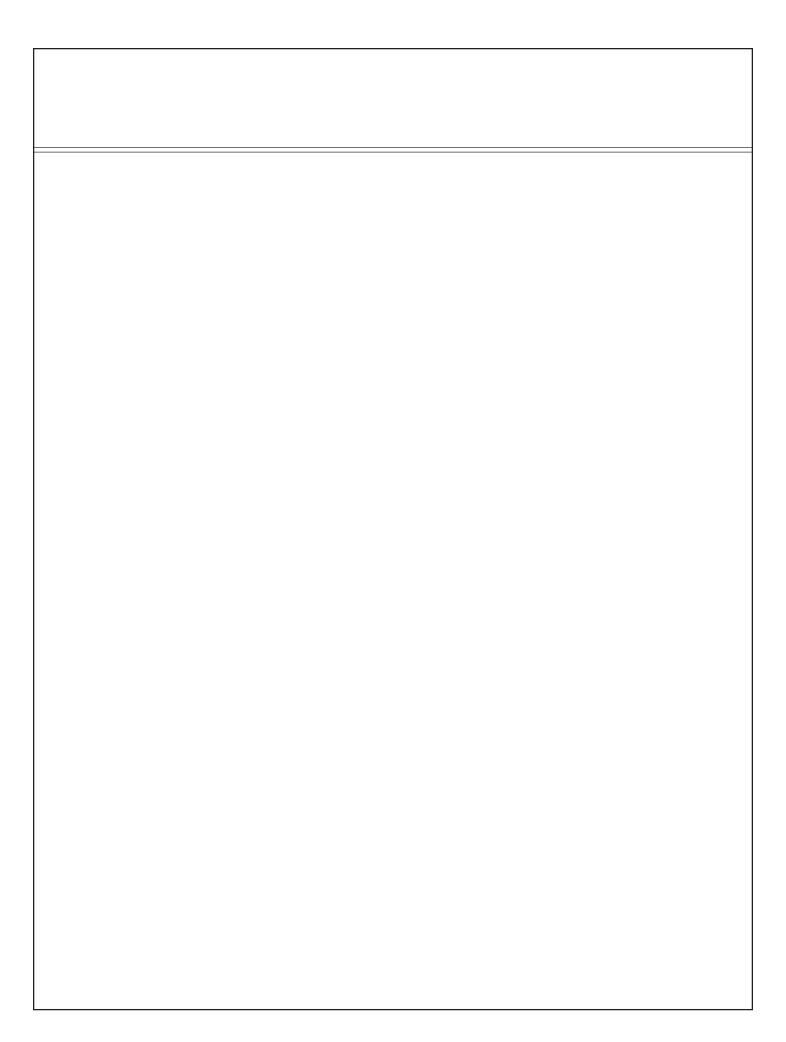
### **MONETARY POLITICAL CONTRIBUTIONS**

## 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		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor  Michael Ryan 6 Contributor address;  City;  State;  Zip Code  5248 Agave Way, Fort Worth, TX 76126	7 Amount of contribution (\$) \$400.00
8	Principal occu Retired		 D#:)City;
	09/22/2023	Linebarger Goggan Blair & Sampson, LLP	\$2,000.00
		100 Throckmorton suite 1700 Fort Worth, TX 76102	
	Law Firm		





	SCHEDULE E
2	

SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Consu

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

Cá O fỗ

James Michael Ryan, Ed,D,

Murphy Nasica & Associates

\$2,200.84

1701 W. Irving Blvd. Irving, TX 75061

**Advertising Expenses** 

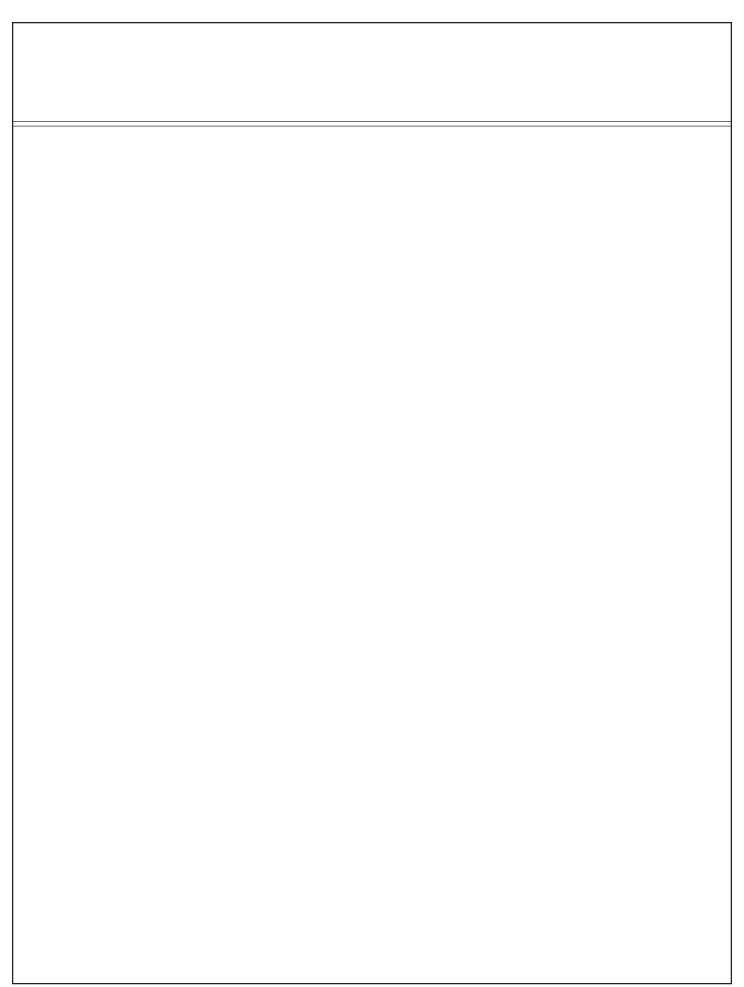
Mailer & Text messages

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

If the requestea, A Ò

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	r; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED



		SCHEDULE <b>H</b>
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	EXPENDITURE CATEGORIES FOR BOX 8(a)	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

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		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name	'			
6 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See required.)	instructions regarding type	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	n instructions regarding type	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	n instructions regarding type	of information	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

## 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 Sched	dule K: 1
2	FILER NAME James Mic	hael Ryan	3 Filer ID (Ethics	Commission Filers)
4	Date 11/2023	5 Name of person from whom amount is received  Navy Federal Credit Union  6 Address of person from whom amount is received; City; State	re; Zip Code	8 Amount (\$) \$0.85
		P.O. Box 3000Merrifield, VA, 22119  7 Purpose for which amount is received Check if p	political contribution	returned to filer
	Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	te; Zip Code	Amount (\$)
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Stat	e; Zip Code	Amount (\$)
		Purpose for which amount is received Check if	political contribution	returned to filer
	Date	Name of person from whom amount is received  Address of person from whom amount is received; City; Sta	te; Zip Code	Amount (\$)
			political contribution	returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	A9 NEEDED	

SCHEDULE T	•