

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1. Filer ID (Print Candidate File #) 2. Title

RECEIVED

3 CANDIDATE /
OFFICEHOLDER

MS / MRS / MR

FIRST

MI

OFFICE USE ONLY

NICKNAME

ike

LAST

Ryan

SUFFIX

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5248 Agave Way Fort Worth, TX 76126

ADDRESS

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(361)

PHONE NUMBER

5502220

EXTENSION

Date Postmarked

Receipt #

Amount \$

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

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

Contributor address;

City;

State; Zip Code

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;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

COVER SHEET PG 3

19 FILER NAME
JAMES MICHAEL RYAN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS		SUBTOTAL
NAME OF SCHEDULE		AMOUNT
1	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
5	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
8	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

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

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:

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the information is not available, DO NOT include this in the

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Construction Expense
Debt Interest Expense
Direct Mail Expense
Fundraising Expense
General Administrative Expense
Interest Expense
Legal Expense
Office Expense
Other Expense
Postage Expense
Printing Expense
Professional Fee
Real Estate Expense
Research Expense
Salaries Expense
Travel Expense
Telephone Expense
Transportation Expense
Utilities Expense
Wages Expense
Writing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

The Instruction Guide explains how to complete this

4 Date

5 Payee name

1/25/2020

UNPAID INCURRED OBLIGATIONS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation
Consulting Expense	Food/Beverage Expense		Equipment & Related Expense
			Travel
			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 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$

5 Date: 12/01/2022 6 Page number: Murphy Nasica & Associates

7 Amount (\$): \$2,200.84 City: 010 Congress Avenue, Austin, TX 78701 State: Zip Code:

9

10 (a) Category (See Categories listed at the top of this form)

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

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

SCHEDULE K

If the requested information is not available, **DO NOT** write "not available".