

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)	2 Total pages filed								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ryan C NICKNAME LAST SUFFIX Irving Jr	OFFICE USE ONLY RECEIVED OCT 26 2021 BY: <i>[Signature]</i> 11:55 AM Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joshua C NICKNAME LAST SUFFIX Josh Wallenstein										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 13543 N Tracewood Bnd; Houston, TX 77077										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 5984581										
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 Month Day Year 5 22 21 THROUGH 10 1 21										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff ☒ Other Description 11 2 21 General Special Board Election										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) CFISD Board of Trustees Position 6										
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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

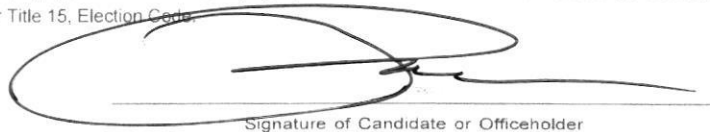
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/21	5 Full name of contributor Wendy Thompson out-of-state PAC (ID# _____) 6 Contributor address: 3910 West Creek Dr City: Missouri City State: TX Zip Code: 77459	7 Amount of contribution (\$) 50-
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 10/2/21	Full name of contributor Donna Bryant out-of-state PAC (ID# _____) Contributor address: 62105 Bristol Harbor City: Houston State: TX Zip Code: 77084	Amount of contribution (\$) 10-
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/2/21	Full name of contributor Christina Medina out-of-state PAC (ID# _____) Contributor address: 3827 Pine Forest Green Blvd City: Houston State: TX Zip Code: 77084	Amount of contribution (\$) 10-
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/2/21	Full name of contributor Terry Gilbert out-of-state PAC (ID# _____) Contributor address: 10514 Linecamp Dr City: Houston State: TX Zip Code: 77064	Amount of contribution (\$) 100-
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

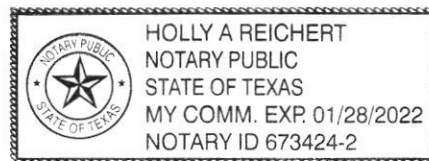
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ~~100~~ 1325
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2498.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ryan C. Irving, Jr. this the 26th day of October, 2021.

To certify which, witness my hand and seal of office.

Holly A. Reichert Holly Reichert Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Ryan C Irving Jr. 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

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ ~~1175~~ 1325
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	\$ 2495.56
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	\$

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 05/22/2021	5 Full name of contributor Jessica Hanson out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 17422 Eastwood Cir; Houston, TX 77095	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Senior Account Manager		9 Employer (See Instructions) Marsh & McLennan Agency
Date 08/28/2021	Full name of contributor Tina Khwaja out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 2018 Split Branch Ct; Houston, TX 77077	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) N/A
Date 08/18/2021	Full name of contributor Karin Contreras out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 15043 Bushy Bluestem Court; Cypress, TX 77433	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Self
Date 08/17/2021	Full name of contributor Stacie Davis out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 15118 Carols Way Dr; Houston, TX 77070	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) CFISD
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

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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 9/22/21	5 Full name of contributor Brendy Johnson out-of-state PAC (ID# _____) 6 Contributor address 12217 MEDINA LAKE DR City Tomball TX 77377 State TX Zip Code 77377	7 Amount of contribution (\$) 250 -
8 Principal occupation / Job title (See Instructions) CONSUMER		9 Employer (See Instructions) TSTN
Date 9/10/21	Full name of contributor STACEY DEMER out-of-state PAC (ID# _____) Contributor address 19803 MAJOR ORCHARD LA City Cypress TX 77433 State TX Zip Code 77433	Amount of contribution (\$) 100 -
Principal occupation / Job title (See Instructions) MAKER		Employer (See Instructions) SELF
Date 9/7/21	Full name of contributor LEMONS ASHEARS out-of-state PAC (ID# _____) Contributor address 6214 E WILLOW BLUFF RD City Katy TX 77446 State TX Zip Code 77446	Amount of contribution (\$) 250 -
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) SBISD
Date 8/7/21	Full name of contributor SHARITA LEVINS out-of-state PAC (ID# _____) Contributor address 9125 HWY 6 #1714 HOUSTON TX City HOUSTON TX State TX Zip Code 77095	Amount of contribution (\$) 20 -
Principal occupation / Job title (See Instructions) ADMIN		Employer (See Instructions) CITY OF HOUSTON
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

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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 10/1/21	5 Full name of contributor CHARLES SHNEER out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 13910 ONEIDA C. CRESS ST 77429	7 Amount of contribution (\$) 20 -
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) RETIRED
Date 10/1/21	Full name of contributor LESLEY GUNN out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 8710 CATALA CT HOUSTON TX 77046	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions) EDUCATION		Employer (See Instructions) CFPSD
Date 10/1/21	Full name of contributor JOSH WALLERSTAD out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 13543 N GREENWOOD BOB HOUSTON TX 77041	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF
Date 10/1/21	Full name of contributor CHASE WEST out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 3011 SUTHERLAND CT KATY TX 77449	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) GRADE COMM.
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

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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 9/29/21	5 Full name of contributor KAMESHA ~~ROGINS~~ ROGINS. 6 Contributor address: 21303 Lower Crest Dr Houston TX 77095	7 Amount of contribution (\$) 25 -
8 Principal occupation / Job title (See Instructions) MAIL CARRIER		9 Employer (See Instructions) USPS
Date 10/11/21	Full name of contributor DWAINE HERBERT Contributor address: 7559 SAN DILEO ST BEAUMONT TX 77708	Amount of contribution (\$) 100 -
Principal occupation / Job title (See Instructions) MEASUREMENT TECH		Employer (See Instructions) OFFSHORE
Date 10/11/21	Full name of contributor KRISTIN ESCOBAR Contributor address: 15106 HERON MEADOW LANE CYPRESS TX 77429	Amount of contribution (\$) 25 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) 175 -	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description PUSH CARS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) 825 -	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description PUSH CARS / 1 year Sinc
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/21/21	Payee name Tony Labaraz	
Amount (\$) 250 -	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 <u>ONLY</u> 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	Event Expense:	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 6/24/21	5 Payee name Evolution Design	
6 Amount (\$) 258 -	7 Payee address: _____ City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description WEBSITE
	(c) Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought _____ Office held _____
Date 7/6/21	Payee name Evolution Design	
Amount (\$) 100 -	Payee address: _____ City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description WEBSITE
	Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought _____ Office held _____
Date 8/17/21	Payee name Tony LaBree	
Amount (\$) 200 -	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 <u>ONLY</u> 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 8/18/21	5 Payee name Evolution Design	
6 Amount (\$) 380-	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Website
	(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 9/3/21	Payee name Evolution Design	
Amount (\$) 85-	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Logo Design
	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 9/9/21	Payee name	
Amount (\$) 70.36	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Push Cars Mock-up
	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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 9/21/21	5 Payee name Evolution Design	
6 Amount (\$) 70.30	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Yard Sign Mailing
	(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		
Date 10/7/21	Payee name ACT BLUE	
Amount (\$) 34.84	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees 5/21 - 10/04
	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		
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		
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		
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		
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		

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FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mr.	Ryan	C			
NICKNAME	LAST	SUFFIX				
	Irving	Jr				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
()						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mr.	Joshua	C			
NICKNAME	LAST	SUFFIX				
	Josh	Wallenstein				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE					
13543 N Tracewood Bnd; Houston, TX 77077						
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(713) 5984581						
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	Month	Day	Year
10 2 21 THROUGH 10 25 21						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	☒ Other Description Board Election
11 2 21			General	Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
			CFISD Board of Trustees Position 6			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
Additional Pages						

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
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)	\$ 925
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Ryan C Irving Jr., 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

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ ~~650~~ 925
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	\$ 0
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	\$

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 10/2/21	5 Full name of contributor Sandra Wells out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 9546 Round Up Houston TX 77064	7 Amount of contribution (\$) 10 -
8 Principal occupation / Job title (See Instructions) Dietitian		9 Employer (See Instructions) CFISD
Date 10/3/21	Full name of contributor Ray Davis out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 15125 W RD 1314 Houston TX 77066	Amount of contribution (\$) 25 -
Principal occupation / Job title (See Instructions) Dietitian		Employer (See Instructions) Genesis Spc
Date 10/4/21	Full name of contributor Joe Rosenthal out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 7902 SW 11th Ct Houston TX 77041	Amount of contribution (\$) 56 -
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) JH FCH
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)
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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/9/21	5 Full name of contributor out-of-state PAC (ID# _____) Stacy DeMaer 6 Contributor address, City, State, Zip Code 16803 Maple Oakwood Cypress TX 77433	7 Amount of contribution (\$) 100 -
8 Principal occupation / Job title (See Instructions) maker		9 Employer (See Instructions) SELF
Date 10/5/21	Full name of contributor out-of-state PAC (ID# _____) Kathleen Piccolo Contributor address, City, State, Zip Code 14711 Timber Creek Cypress TX 77415	Amount of contribution (\$) 25 -
Principal occupation / Job title (See Instructions) Lounge		Employer (See Instructions) TG Natural Resources
Date 10/10/21	Full name of contributor out-of-state PAC (ID# _____) Viviana McGoyle Contributor address, City, State, Zip Code 7550 Oakleaf Dr Cypress TX 77433	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) McGoyle Real Estate Consultant
Date 10/10/21	Full name of contributor out-of-state PAC (ID# _____) Amy Gussie-Morris Contributor address, City, State, Zip Code 15531 Maple Manor Houston TX 77043	Amount of contribution (\$) 50 -
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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# _____) Edward Brown	7 Amount of contribution (\$)
10/14/21	6 Contributor address, City, State, Zip Code 6343 Skyline Dr Houston TX 77057 200	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID# _____) Edward Brown	Amount of contribution (\$)
10/16/21	Contributor address, City, State, Zip Code 7662 Condemner Dr Cypress TX 77433	10 -
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) State of TX
Date	Full name of contributor out-of-state PAC (ID# _____) Kerissa Escobar	Amount of contribution (\$)
10/17/21	Contributor address, City, State, Zip Code 15106 Heron Meadow Ln Cypress TX 77429	25 -
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) CEISD
Date	Full name of contributor out-of-state PAC (ID# _____) Amanda Taylor	Amount of contribution (\$)
10/17/21	Contributor address, City, State, Zip Code 16826 Carleton Creek Ln Houston TX 77054	50 -
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) VHC
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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/21	5 Full name of contributor Dee Coleman out-of-state PAC (ID# _____) 6 Contributor address, City, State, Zip Code 15014 Moss Boulevard Ct Houston TX 77054	7 Amount of contribution (\$) 100-
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) SARGENT
Date 10/17/21	Full name of contributor Sandra Davis out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 16516 Oakman Dr Houston TX 77055	Amount of contribution (\$) 25-
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/15/21	Full name of contributor Kasey Waco out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 14614 Emerald Cypress Ln Cypress TX 77429	Amount of contribution (\$) 25-
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/21/21	Full name of contributor MICHELLE WOOTEN out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code 7002 Fallbrook Waco TX 76798	Amount of contribution (\$) 10-
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.		