CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 28 MS / MRS / MR MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Ryan J Mr NAME Date Received SUFFIX NICKNAME LAST Timm APT / SUITE #: STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** Midlothian, TX 76065 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)263-4596 PHONE Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** James Mr Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Foshea STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER TX 76065 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 765-6276 (972 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Year Month Day COVERED 25 24 3 1 24 THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Description Month General Special 24 5 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Midlothian ISD School Board Place 3 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	TI III/IIII/III	
15 C/OH NAME Ryan J Timm	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 673.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,814.39
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,332.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 1,481.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	Please complete either option below	didate or Officeholder
(1) Affidavit	Please complete either option below KENNEDY SCHNEIDER FRANCO Notary Public, State of Texas	
NOTARY STAMP/SEA	Comm. Expires 06-07-2025 Notary ID 131095544	
Sworn to and subscribed	Kuan I limm	4th day of April.
20 79 to certify	which, witness my hand and seal of office. hennedy Franco	Notary Public
Shanature of officer administ	ering oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	·
My address is	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on theday of(month;	
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME yan J Timm 20 Filer ID (Ethics Com	nmissi	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	7,141.39
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	\$	280.00
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	\$	6,052.73
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	\$	

If the reques	sted information is not applicable, DO NOT incli	ide this page in the r	eport.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tir	nm		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (III)#:)	7 Amount of contribution (\$)
02/07/2024	6 Contributor address; City; Midlothia	State; Zip Code n, TX 76065	98.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II	D#:	Amount of contribution (\$)
02/07/2024	Contributor address: City;	State; Zip Code TX 76065	24.43
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/07/2024	Full name of contributor out-of-state PAC (I Logan Gaddis	D#:)	Amount of contribution (\$)
02/01/2024	Contributor address; City; Midlothia	State: Zip Code an, TX 76065	490.40
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
02/07/2024	Contributor address; Clty; Midlothia	State; Zip Code an, TX 76065	14.62
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
7 -			
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page	e in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tin	nm	3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2024	5 Full name of contributor out-of-state PAC (ID#:	48.95
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	ee Instructions)
Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:	98.00
Principat occup		pe Instructions)
Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:	98.00
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 02/23/2024	Full name of contributor Emily Durbin Contributor address; City; State; Zip Co	68.57
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDI	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tir				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Shannon Henderson	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
02/24/2024	6 Contributor address;	_{сіну;} Midlothia	State; Zip Code In, TX 76065	68.57
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instructi	ons)
Date	Full name of contributor Holly Guest	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/24/2024	Contributor address:	city; Midloti	State; Zip Code hian, TX 76065	68.57
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
02/24/2024	Josh Howard Contributor address;	city; Midlot	state; Zlp Code hian, TX 76(34.24
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PA	C (ID#;)	Amount of contribution (\$)
02/24/2024	Stacy Germany Contributor address;	city;	State; Zip Code	196.10
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

n ute reques	ted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ryan J Tim	nm	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Shannon Henderson	7 Amount of contribution (\$) 44.05
	6 Contributor address; City; State; Zip Code Midlothian, TX 76065	44.05
8 Principal occur	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Kelli Howard	Amount of contribution (\$)
02/28/2024	Castributes address: City: State; Zip Code TX 76065	44.05
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Dale	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/28/2024	Brana Rope Contributor address: City; State; Zip Code Midlothian, TX 7	98.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/28/2024	Trent Ballard Contributor address; City; State; Zip Code TX 76084	78.29
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ations)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the r	report.	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME Ryan J Timm	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Holly Guest	7 Amount of contribution (\$)	
02/28/2024 6 Contributor address: City: State; Zip Code Midlothian, TX 76	42.05	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)	
Date Full name of contributor out-of-state PAC (ID#:) Lindsey Fowler	Amount of contribution (\$)	
02/28/2024 Contributor address: City; State; Zip Code Waxahachie, TX 751	19.52	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:) Lance McIlvain	Amount of contribution (\$)	
02/29/2024 Contributor address; City; State; Zip Code Midlothian, TX	24.43	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date Full name of contributor out-of-state PAC (ID#:) Maurie Goss	Amount of contribution (\$)	
03/01/2024 Contributor address; City; State; Zip Code Midlothian, TX 76065	19.52	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tin	nm	3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2024	5 Full name of contributor Marie Medina 6 Contributor address; Midlothian, TX 76065	7 Amount of contribution (\$) 48.95
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	ructions)
Date 03/02/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 147.05
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date 03/02/2024 Principal occu	Full name of contributor Adam Villarial Contributor address; City; State; Zip Code Midlothian, T> pation / Job title (See Instructions) Employer (See Inst	
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$) 34.24
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

SCHEDULE A1

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

It the reques	ned information is not applicable, bo NOT include this page in the	report.			
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 18					
2 FILER NAME Ryan J Tin	nm	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Judy Cole	7 Amount of contribution (\$)			
03/07/2024	6 Contributor address: City; State; Zip Code Midlothian, TX 76065	400.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)			
03/06/2024	Jenny Sanders Contributor address; City; State; Zlp Code TX 76065	98.00			
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:) ReataCo Realty	Amount of contribution (\$)			
03/12/2024	Contributor address: City: State; Zip Code Waxahachie, TX 7	575.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
03/16/2024	Janet Kapferer City: State: Zlp Code , Midlothian, TX 760	300.00			
Principal occup	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

ii iiie reque	sted information is not applicable, DO NOT Incli	ue this page in the report.	
The	Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedu 18	le A1:
2 FILER NAME Ryan J Tir		. 3 Filer ID (Ethics Con	nmission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II Thomas Mitchell	;7 Amount of contribu	ution (\$)
03/16/2024	Contributor address: Gity;	State; Zip Code nian, TX 76	4.20
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (II	#:Amount of contrib	ution (\$)
03/16/2024	Contributor address: City; Midlothian,		8.38
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date 03/16/2024	Full name of contributor out-of-state PAC (II Christina Crocker Contributor address: City;		utlon (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (II	#:) Amount of contrib	ution (\$)
03/16/2024	Clay Guest Contributor address; City;	State; Zip Code 34	3.25
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

If the reques	sted information is not applicable	le, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how t	o complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Ryan J Tir				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor CJ Petty	out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
03/16/2024	6 Contributor address;	City;	State; Zip Code TX 76009	245.15
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor David Petty	out-of-state P	AC (ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address:	City-	State; Zip Code TX 7516	147.05
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03/16/2024	Full name of contributor Brandon Reichenau	out-of-state P.	AC (ID#:)	Amount of contribution (\$)
03/10/2024	Contributor address;	City;	State; Zip Code TX 76064	245.15
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
03/16/2024	Michael Hanson	Mi	State; Zip Gode	19.52
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITI	· · · · · · · · · · · · · · · · · · ·	OF THIS SCHEDULE AS Natural formal of the second section and second seco	

II ille reques	sted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tin		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Matthew Creech	7 Amount of contribution (\$)
03/16/2024	6 Contributor address: City: State; Zip Code Midlothian, TX 76	34.24
8 Principal occu	ipation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Ty Sherrell	Amount of contribution (\$)
03/16/2024	TX 76065	98.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Brent Thomas	Amount of contribution (\$)
03/16/2024	Zip Code TX 76(9.71
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/16/2024	Chad Self Contributor address: City: State; Zip Code TX 7606	34.24
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
		79.75
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ir the reques	sted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tir		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Daniel Pearce	7 Amount of contribution (\$)
03/16/2024	6 Contributor address; City; State; Zip Code Midlothian, TX 76	98.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/16/2024	Zach Urquhart City: State; Zip Code Midlothian, TX 76065	34.24
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Charlie Priddy	Amount of contribution (\$)
03/16/2024	Contributor address: City: State; Zip Code TX 75088	48.95
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/16/2024	Scott Koehler Contributor address; City; State; Zip Code Midlothian, T>	98.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ryan J Tir		18 3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) April Norris	7 Amount of contribution (\$)
03/16/2024	6 Contributor address; City; State; Zip Code Midlothian, TX 7606	34.24
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Logan Owensby	Amount of contribution (\$)
03/16/2024	Contributor address: City; State; Zip Code Midlothian, TX 76065	29.34
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Brice Cheek	Amount of contribution (\$)
03/16/2024	Contributor address: City; State; Zlp Code Midlothian, TX 760	34.24
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/16/2024	Brett Perry Contributor address; City; State; Zip Code Midlothian, T>	58.76
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

If the reque	sted information is not applicab	le, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tir				3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2024	5 Full name of contributor Jenna Allen Hungaski	out-of-state P/	\C (ID#:)	7 Amount of contribution (\$)
03/10/2024	6 Contributor address;	city; Mi	State; Zip Code dlothian, TX 7	122.53
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Ryan Norris	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
03/16/2024				78.38
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Hollye Walker	out-of-state P	AC (ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address;	City;	state; Zip Code lidlothian, TX	34.24
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
03/16/2024	Casey Harding	Cibe	state; Zip Code , TX 7606	196.10
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDIT	-	S OF THIS SCHEDULE AS Note truction guide for additional	

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1:
FILER NAME Ryan J Tin	nm			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Toia Stevenson	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
3/16/2024	6 Contributor address:	City: Mic	_{State; Zip Code} Hothian, TX 76	39.14
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructi	ions)
Date	Full name of contributor Shannon Southward	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/16/2024	Contributor address:	Ciby: State; Zip Code TX 76065		34.24
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor Heidi MacDonald	out-of-state PAt	C (ID#:)	Amount of contribution (\$)
3/16/2024	Heidi MacDoriald		TX 760	24.43
Principal occu	.t. pation / Job title (See Instructions)		Employer (See Instruct	ilans)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/16/2024	Faira Rhodes Contributor address:	City:	State: Zip Code TX 760	19.52
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)

If the reques	sted 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: 18
2 FILER NAME Ryan J Tin	nm	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2024	5 Full name of contributor out-of-state PAC (ID#:) Kathryn Tutt Contributor address: City: State: Zip Code TX 76C	7 Amount of contribution (\$) 19.52
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:) Jennifer Neystel Contributor address: City: State: Zip Code 76065	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:) Lacy Torres City: State: Zin Code TX 76	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	etions)
Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:) Blane Rogers Contributor address; City; State; Zip Code TX 7601	Amount of contribution (\$) 53.86
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS Note that the second of the	

SCHEDULE A1

ir the reque:	sted information is not applicable, DO NOT include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 18
2 FILER NAME Ryan J Tir		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) John Freeman	7 Amount of contribution (\$)
03/16/2024	6 Contributor address: City: State; Zip Code TX 76065	48.95
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Donald Pruett	Amount of contribution (\$)
03/16/2024	TX 76065	19.52
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/16/2024	Jessica Payne Contributor address: City: State; Zip Code Midlothian, TX	196.10
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Sonia Garcia	Amount of contribution (\$)
03/16/2024	Contributor address: City: State; Zip Code Midlothian, T>	39.14
Principa) occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

If the reques	ted information is not applicable, DO NOT Incli	ude this page in the i	eport.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Ryan J Tin	ım		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (III Brooke Petty	D#:)	7 Amount of contribution (\$)
03/16/2024	6 Contributor address; City;	State: Zip Code	44.05
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date 03/16/2024	Full name of contributor out-of-state PAC (I Lance McIlvain	э; Zip Code	Amount of contribution (\$) 235.35
Principal occup	pation / Job title (See Instructions)	TX 76065 Employer (See Instruction	ions)
Date 03/16/2024	Full name of contributor out-of-state PAC (ID#:) Emily Durbin State: Zip Code Midlothian, TX		Amount of contribution (\$) 44.05
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/16/2024	Full name of contributor out-of-state PAC (I Sarah McDonald	ID#:)	Amount of contribution (\$)
	Contributor addraga. City	TX 76064	43.10
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruc	ction guide for additional r	eporting requirements.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Ryan J Tin	nm	3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor out-of-state PAC (ID#:) Nancy Najera	7 Amount of contribution (\$) 44.05
	6 Contributor address; City; State; Zip Code TX 76065	44.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Stephanie Frankiewicz	Amount of contribution (\$)
3/16/2024	Contributor address: City: State; Zip Code TX 76065	44.05
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Brandi Vess	Amount of contribution (\$)
3/16/2024	Contributor address; City; State; Zip Code TX 7601	147.05
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Leslie Villarrial	Amount of contribution (\$)
03/16/2024	TX	44.05
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ryan J Timm	<u>-</u>	3 Filer ID (Ethica	s Commission Filers)
4 Date 03/14/2024	5 Payee name Strait Haggard Thread Co	,,		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
280.00	1601 Melanie Trl, Midlothian, TX 760	65		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- Carrier	
PURPOSE OF EXPENDITURE	Advertising Expense	Timm 4 Teach	ners Hats	
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	8,44	
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Ausi	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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 Aust	tin, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	² FILER NAME Ryan J Timm		3 Filer ID (Ethics C	Commission Filers)
4 Date 02/16/2024	5 Payee name Strait Haggard Thread Co			
6 Amount (\$) 440.00 Reimbursement from political contributions intended	7 Payee address; 1601 Melanie Trl, Midlothian, TX 7	City; 6065	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Timm 4 Teach	ners Hats	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living exp	oense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 02/22/2024	Payee name Kolby Lane Designs			
Amount (\$) 1,721.18 Reimbursement from political contributions intended	Payee address; 1613 Plum Creek Dr, Midlothian, T	City; X 76065	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts		
	Check if travel outside of Texas. Complete Schedule T.	tle T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	C	Office held
Date 02/22/2024	Payee name First Graphic Services, Inc.			
Amount (\$) 579.57 Reimbursement from political contributions intended	Payee address; 229 Garvon St., Garland, TX 7504	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Yard signs &	banner	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, afficeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Gulde explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rvan J Timm 4 Date 5 Payee name 02/23/2024 Midlothian Chamber of Commerce 7 Payee address; 6 Amount (\$) Zip Code , City; 75.00 116 N. 8th St, Midlothian, TX 76065 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Wine Walk Booth **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/29/2024 First Graphic Services, Inc. Pavee address: Amount (\$) Clty; Zip Code State: 660.76 229 Garvon St., Garland, TX 75040 Reimbursement from political contributions Intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Yard signs & banner Advertising Expense OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/04/2024 Kolby Lane Designs Pavee address: Amount (\$) City; State; Zip Code 796.18 1613 Plum Creek Dr., Midlothian, TX 76065 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE Sweatshirts Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan J Timm 5 Payee name 4 Date 03/08/2024 First Graphic Services, Inc. 7 Payee address; Zip Code 6 Amount (\$) City; State: 622.44 229 Garvon St., Garland, TX 75040 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Large signs Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 03/11/2024 Amazon.com Payee address; City: State: Zip Code Amount (\$) 410 Terry Ave N, Seattle, WA 98109 119.05 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Event supplies Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Home Depot-Waxahachie 03/12/2024 Pavee address; Zip Code City: State: Amount (\$) 1315 N Hwy 77, Waxahachie, TX 75165 231.64 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** T-posts for large signs Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
Total pages Schedule G:	2 FILER NAME Ryan J Timm		3 Filer ID (Ethics Co	ommission Filers)
Date 03/13/2024	5 Payee name RE/MAX Midlothian			
Amount (\$) 00.00 Reimbursement from political contributions intended	7 Payee address; 803 W Main St, Midlothian, TX 7600	City; 65	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Client Apprec	iation Event Spo	nsor
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date 03/14/2024	Payee name Strait Haggard Thread Co			
Amount (\$) 160.00 Reimbursement from political contributions intended	Payee address; 1601 Melanie Trl, Midlothian, TX 76	City; 6065	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Timm 4 Teac	hers Hats	
EXI LINDITORIA	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		ense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	C	Office held
Date 03/15/2024	Payee name First Graphic Services, Inc.			
Amount (\$) 13.53 Reimbursement from political contributions intended	Payee address; 229 Garvon St., Garland, TX 7504	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	H-frames for	yard signs	
OF EXPENDITURE				
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living ex	pense

SCHEDULE G

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

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Print	Repayment/Reimbursement a Overhead/Rental Expense ng Expense ning Expense ries/Wages/Contract Labor t to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
6	Ryan J Timm		
4 Date	5 Payee name		-
03/16/2024	ACE Hardware		
6 Amount (\$) 45.00 Reimbursement from political contributions intended	7 Payee address; 530 E Main St, Midlothian, TX 76		State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event Expense	(b) Description Event supplie	es
LA LIBITORIA	(c) Check if travel outside of Texas. Complete Schedule	Check if Aust	tin, 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		
03/20/2024	Isaac Lebron/The Ellis Talker Sl	now	
Amount (\$) 200.00 Reimbursement from political contributions intended	Payee address; Withheld for Confidentiality-Form	city; n 50-284 on file w	state; Zip Code ith Texas Comptroller
PURPOSE OF	Category (See Categories listed at the top of this schedu Advertising Expense	Description Social media	interview boost
EXPENDITURE	Check if travel outside of Texas, Complete Schedule	T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/25/2024	Amazon.com		
Amount (\$) 17.73 Reimbursement from political contributions intended	Payee address; 410 Terry Ave N, Seattle, WA 9		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Event Expense	Event suppli	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Au	estin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

City: State; Zip Code Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense City: State; Zip Code
) Description Vent supplies Check if Austin, TX, officeholder living expense fice sought Office held
) Description Vent supplies Check if Austin, TX, officeholder living expense fice sought Office held
Vent supplies Check if Austin, TX, officeholder living expense Rice sought Office held
fice sought Office held
City; State; Zip Code
City; State; Zip Code
Description .
Check if Austin, TX, officeholder living expense
fice sought Office held
City; State; Zip Code
Description
Check if Austin, TX, officeholder living expense
De