

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

Dr.

James

M.

NICKNAME

LAST

SUFFIX

Mike

Ryan

OFFICE USE ONLY

Date Received

RECEIVED

MAR 31 2021

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

PHONE NUMBER

EXTENSION

(361)

550-2220

Date Hand-delivered or Date Postmarked

Board of Education

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Dr.

James

M.

NICKNAME

LAST

SUFFIX

Mike

Ryan

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5248 Agave Way

Fort Worth,

TX

76126

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

550-2220

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

1 / 16 / 2021

THROUGH

Month Day Year

3 / 30 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

05 / 01 / 2021

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

FWISD School Board District #7

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

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

James Michael Ryan

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)

\$ \$0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ \$6,100.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ \$0

4. TOTAL POLITICAL EXPENDITURES

\$ \$5,365.29

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

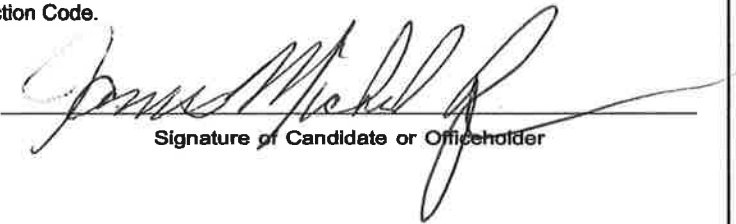
\$ \$734.71

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ \$0

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 Dr. James M. Ryan this the 31st day of March,

20 21, to certify which, witness my hand and seal of office.

Laura Litton

Laura Litton

Adm. Asst.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, 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 James Michael Ryan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$6,100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,365.29
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0

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 2/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hoffman <hr/> 6 Contributor address; City; State; Zip Code 12316 Bello Vino Drive Fort Worth TX 76126	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Owner-- Palio's Pizza Cafe		9 Employer (See Instructions) Palio's Pizza Cafe
Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary Thomas Ryan <hr/> Contributor address; City; State; Zip Code 3000 S. Randolph St. Arlington VA 22206	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Facility Administrator		Employer (See Instructions) DaVita
Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Anne Ryan <hr/> Contributor address; City; State; Zip Code 3119 Wabash St. Fort Worth TX 76109	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abby Griswold <hr/> Contributor address; City; State; Zip Code 8817 Whitman Fort Worth TX 76133	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Lockheed Martin

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 James Michael Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelby Nelson <hr/> 6 Contributor address; City; State; Zip Code 6400 Dakar Road Fort Worth TX 76107	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Periodontist		9 Employer (See Instructions) Custom Periodontics & Implantology
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Poole <hr/> Contributor address; City; State; Zip Code 3612 W. 5th St. Fort Worth TX 76107	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) United Educators Association
Date 3/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Rider <hr/> Contributor address; City; State; Zip Code 132 Hidden Hills Fort Worth TX 76108	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lora Jean Drumm <hr/> Contributor address; City; State; Zip Code 30 Cape Road Chung Hom Kok Hong Kong	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Self

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

James Michael Ryan

3 Filer ID (Ethics Commission Filers)

4 Date

3/22/2021

5 Full name of contributor

Roger Fahlund

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

4509 Oak Manor

City:

Fort Worth

State:

TX

Zip Code

76116

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

3/22/2021

Full name of contributor

Karen Gonzalez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

328 Sexton

City:

Benbrook

State:

TX

Zip Code

76126

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

Fort Worth ISD

Date

12/31/2020
3/4/2021

Full name of contributor

James Michael Ryan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00
\$1,200.00

Contributor address;

5248 Agave Way

City:

Fort Worth

State:

TX

Zip Code

76126

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

3/22/2021

Full name of contributor

Bill LeCocq

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

804 Memorial Drive

City:

Wylie

State:

TX

Zip Code

75098

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:	2 FILER NAME James Michael Ryan	3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2021	5 Payee name Murphy Nasica	
6 Amount (\$) \$310.98	7 Payee address: 815A Brazos St., Ste 304	City: Austin, State: TX Zip Code: 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Door hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/1/2021	Payee name Murphy Nasica	
Amount (\$) \$700.00	Payee address: 815A Brazos St., Ste 304	City: Austin, State: TX Zip Code: 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Computer application use
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/3/2021	Payee name Murphy Nasica	
Amount (\$) \$1786.13	Payee address: 815A Brazos St., Ste 304	City: Austin, State: TX Zip Code: 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Road signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME James Michael Ryan	3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2021	5 Payee name Murphy Nasica	
6 Amount (\$) \$1980.98	7 Payee address: 815A Brazos St., Ste 304	City: Austin, State: TX Zip Code 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Install road signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/15/2021	Payee name Murphy Nasica	
Amount (\$) \$300.00	Payee address: 815A Brazos St., Ste 304	City: Austin, State: TX Zip Code 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Photo shoot
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/2021	Payee name Tractor Supply	
Amount (\$) \$84.22	Payee address: 9249 Benbrook Blvd.	City: Benbrook, State: TX Zip Code 76126
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description 6.5-foot T posts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME James Michael Ryan	3 Filer ID (Ethics Commission Filers)
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4 Date 3/22/2021	5 Payee name Office Depot
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6 Amount (\$) \$57.87	7 Payee address: 4613 S. Hulen Street	City: Fort Worth,	State: TX	Zip Code 76132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Printer ink
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/2021, 3/10/2021 3/17/2021	Payee name Anedot
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Amount (\$) \$145.11	Payee address: 1340 Poydras St., Ste 1770	City: New Orleans,	State: LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Service fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED