CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY OFFICEHOLDER Mr. Bryan D NAME Date Received NICKNAME LAST SUFFIX Murry 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # CITY: STATE ZIP CODE OFFICEHOLDER Midland TX 79707 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST М TREASURER Mrs. Shannon M. Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Willis STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER Midland TX 79707 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign treasurer appointment (Officeholder Only) January 15 30th day before election Runoff Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 29 23 9 7 1 23 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Year Other Description General Special 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE MISD School Board - District 7 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 TYPE COMMITTEE NAME 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

OAIIII AIOI	TI III TANGETTE OTT.		
15 C/OH NAME Bryan D. Murry	16 Fi	iler ID (Ethics Commiss	ion Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,	00.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	34.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,	,966.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
(1) Affidavit	Please complete either option below: NANCY CAROL BOLES Notary Public, State of Texas Comm. Expires 08-08-2026 Notary ID 133399381		
0.0	this the ANCY CAROL BOLES	day of Octo	ber.
HALLMAN	OR		PD LL
(2) Unsworn Declarat			
My name is	, and my date of birth is		
My address is	· · _ · _ · _ · _ · _ · _ · _ · _ ·	· ·	ountry)
Executed in	(street) (city) (state) County, State of, on the day of(month)	(zip code) (c , 20 (year)	Junu y)
	Signature of Candidate/C	Officeholder (Declaran	t)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Bryan D. Burry			ion Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,000.00	
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 CON	TRIBUTIONS \$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		3	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS \$		
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	e Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
FILER NAME Bryan D. M			3 Filer ID (Ethics Commission Filers)
Date	Lissa Noel Wagner	Full name of contributor out-of-state PAC (ID#:)	
9/7/2023	city; Midland	State; Zip Code TX 79705	\$6,000.00
Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruction N/A	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	The state of the s	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	etions)
Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see In	ES OF THIS SCHEDULE AS	NEEDED I reporting requirements.
orme provided h		hics.state.tx.us	Revised 8/17/

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 Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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.

		The motration dates explained to the second			
1 Tota	I pages Schedule F1:	2 FILER NAME Bryan D. Murry		3 Filer ID (Ethics	Commission Filers)
		5 Payee name			
4 Date	9/20/2023	Harland Clarke			
6 Am	ount (\$)	7 Payee address;	City;	State;	Zip Code
\$34	4.00	15955 La Canterra Parkway	San Antonio	TX	78256
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF XPENDITURE	Accounting/banking	Checks		×.
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
	nplete <u>ONLY</u> if direct enditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Dat	e	Payee name			
Am	ount (\$)	Payee address;	City;	State;	Zip Code
E	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 Austi	in, TX, officeholder living	g expense
	mplete <u>ONLY</u> if direct enditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Da	te	Payee name			
An	nount (\$)	Payee address;	City;	State;	Zip Code
Е	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 livin	g expense
	mplete ONLY if direct penditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
		ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	