FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST ΜI 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER **James** M Dr. NAME Date Received SUFFIX NICKNAME LAST 7/15/24 Mike Ryan 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY: STATE; ZIP CODE **OFFICEHOLDER** 5248 Agave Way MAILING Fort Worth, TX 76126 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER delivered (361)550-2220 nand PHONE MS / MRS / MR FIRST 6 CAMPAIGN Mi **TREASURER** Cathy Α Date Processed NAME LAST SUFFIX NICKNAME Date imaged Ryan STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY: 7 CAMPAIGN TREASURER 3119 Wabash ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 923-5174 √ 817 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day COVERED 30 24 06 01 / 01 / 24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Primary Other Month Dav Voar Description Special OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) 12 OFFICE School Board Trustee This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate i 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**

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1

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 I: 1 4 Date 06/30/2024	2 FILER NAME James M. Ryan 5 Payee name Navy Federal Credit union		3 Filer ID	(Ethica Co	mmission Filers)		
6 Amount (\$) 60.00	7 Payee address; P.O. Box 3000	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Fees	(b) Description (See required.) Account fees	a instructions raga	rding type of	Information		
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Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	a instructions rega	irding type of	Information		
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Amount (\$)	Payee address;	City		State	Zip Code		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See CTA instruction Guide for detailed instructions.					1 Total pages file	1 Total pages filed:		
2 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
NAME	Dr.	James		М	Filer ID #			
	NICKNAME	LAST	i se de la la la la la la	SUFFIX	Date Received			
	Mike	Ryan	CITY	STATE; ZIP CODE	_			
3 CANDIDATE MAILING ADDRESS	5248 Agave Way	APT / SUITE #;	CITY;	STATE; ZIP CODE				
ADDRESS	Fort Worth, TX 7	6126			Date Hand-delivered	or Postmarked		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION	Receipt#	Amount \$		
	(361) 550-22	220			Date Processed	I.		
6 OFFICE HELD (If any)	School Board Tru	istee			Date Imaged			
S OFFICE SOUGHT (If known)								
7 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX		
NAME	MS.	Cathy	Α		Ryan			
8 CAMPAIGN TREASURER	STREET ADDRESS;		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
STREET ADDRESS	Fort Worth, TX 76	6109						
(residence or business)								
9 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER		EXTENSION				
PHONE	(817) 923-5	5174						
10 CANDIDATE SIGNATURE	I am aware o	of the Nepoti	sm Law, Ch	apter 573 of the	Texas Governi	ment Code		
	I am aware of the Election (sibility to fil	e timely reports	as required by	title 15 of		
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.							
	Carre	Signature of Cal	ndidate		7-/5-202 Date Signe	- J		
GO TO PAGE 2								