# 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 file.						
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR FIRST Dr. James	мі М	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	Michael Ryan		RECEIVED			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CO 5248 Agave Way Fort Worth, 7	CITY; STATE; ZIP CODE	JAN 15 2025			
MAILING ADDRESS	S/AIT   U					
Change of Address	FWISD - Legal  AREA CODE PHONE NUMBER EXTENSION  Data bland delivered as Data					
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 550-2220	EATENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	М	Receipt # Amount \$			
NAME	Ms. Cathy	A	Date Processed			
	Ryan	331174	Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE			
TREASURER ADDRESS	3119 Wabash Fort Worth TX 76	6109				
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION					
PHONE	(817) 923-5174					
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)					
	July 15 8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
33121123	07 / 16 / 24	THROUGH 01	/ 15 / 25			
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day Year Primary	Runoff Other Description				
	05 / 03 / 25 General	Special				
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)					
44 NOTICE EDOM	Board of Trustees District 7 Board of Trustees District 7					
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME					
	GENERAL COMMITTEE ADDRESS					
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME				
		TACUBER ADDRESS				
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2						

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

CAMPAIG	NFINA	NCE REPOR					
15 C/OH NAME Dr. James Michael R	yan				<b>16</b> Filer	ID (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS	OTAL UNITEMIZED POLITI LEDGES, LOANS, OR GUA ONTRIBUTIONS MADE EL	RANTEES OF LOANS, C			\$	.19	
		OTAL POLITICAL CONTI THER THAN PLEDGES, LO		S OF LOANS)		\$	2,000.00
EXPENDITURE TOTALS	3. то	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$		
	4. TO	OTAL POLITICAL EXPEN	IDITURES			\$	60.00
CONTRIBUTION BALANCE	100	OTAL POLITICAL CONTRIB F REPORTING PERIOD	UTIONS MAINTAINED A	S OF THE LAST	T DAY	\$	3,372.33
OUTSTANDING LOAN TOTALS		OTAL PRINCIPAL AMOUNT AST DAY OF THE REPORT		LOANS AS OF	THE	\$	0.00
CARD	AER ASSOCIATION	Please com	had Ruan		LI.	day of	WIO ALL I
Lutino	which, witness	my hand and seal of office.	Carpenter	this the j	Pau	blic Infa	mation Office
Signature of officer administr	ering/oath	Printed name of o	officer administering oath			Title of officer	administering oath
(2) Unsworn Declarati	on		OR				
My name is			, and my d	ate of birth is _			ic .
My address is							
		(street)	(city	) (st	tate)	(zip code)	(country)
Executed in	Cou	nty, State of	, on the d	ay of(month)		_, 20 (year)	
			Signat	ure of Candida	ate/Office	eholder (Decla	rant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	LER NAME  ames Michael Ryan  20 Filer ID (Ethics Co		mmiss	ion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			2,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			60.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11 <sub>x</sub>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			.19

#### 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 Dr. James N	Michael Ryan	3 Filer ID (Ethics Commission Filers)					
4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:) Linebarger, Noggin, Blair	7 Amount of contribution (\$)					
	6 Contributor address; City; State; Zip Code 100 Throckmorton St. Fort Worth, TX 76102	2,000.00					
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
	Contributor address; City; State; Zip Code						
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	itions)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
	Contributor address; City; State; Zip Code						
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ations)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)					
	Contributor address; City; State; Zip Code						
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	etions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

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## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

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 Sche	dule K: 1	
2 FILER NAME Dr. James Michael Ryan		3 Filer ID (Ethics	s Commission Filers)	
4 Date	Name of person from whom amount is received		8 Amount (\$)	
	Navy Federal Credit Union			
12/31/2024	6 Address of person from whom amount is received; City; State; Zip Code .19 6400 Westworth Blvd. Westworth Village, TX 76114			
	7 Purpose for which amount is received Check if Interest	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Star	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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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
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 complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Dr. James Michael Ryan		3 Filer ID (Ethics	Commission Filers)		
4 Date 07/15-12/15/24	5 Payee name Navy Federal Credit Union					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
60.00	6400 Westworth Blvd. Westworth Village, TX 76114					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Accounting/Banking	Monthly Service Charge				
OF EXPENDITURE						
	(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	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE						
	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/OF	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				
PURPOSE OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OF	·					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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