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: 5

OFFICE USE ONLY

RECEIVED
APR 28 2025
FWISD - Legal Services

Date Hand-delivered or Date Postmarked: e-mailed

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Dr	FIRST: James		MI: M	
	NICKNAME: Mike	LAST: Ryan		SUFFIX:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS (Change of Address)	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 5248 Agave Way, Fort Worth, TX 76126				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (341)	PHONE NUMBER: 550-2220	EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms.	FIRST: Cathy		MI: A	
	NICKNAME:	LAST: Ryan		SUFFIX:	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3119 Wabash				
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817)	PHONE NUMBER: 271-3083	EXTENSION:		

9 REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 8th day before election
- [ ] Runoff
- [ ] Exceeded Modified Reporting Limit
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED: Month / Day / Year THROUGH Month / Day / Year

11 ELECTION

ELECTION DATE: Month 05 / Day 03 / Year 20

ELECTION TYPE:
- [ ] Primary
- [ ] Runoff
- [ ] Other (Description)
- [x] General
- [ ] Special

12 OFFICE (OFFICE HELD (if any)): Board Trustee

13 OFFICE SOUGHT (if known): Board Trustee

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.

Additional Pages

COMMITTEE TYPE:
- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

Reset Form Reset Page

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 CAND NAME James M. Ryan			18 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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	$ 150.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 527.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4478.19
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 SIGNATURE I swear, or affirm, under penalty of perjury, that the information listed 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 _____, this the _____ day of _____,

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is James Michael Ryan and my date of birth is 03/12/1961.

My address is 7248 Agave Way, Fort Worth, TX 76126 USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 25 day of April, 2025.
(month) (year)

Signature of Candidate/Officeholder Declarant

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Texas Ethics Commission Filer ID
James M. Ryan	

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 150.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4	SCHEDULE C: LOANS	$
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 527.00
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 F5: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
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 EARNED, AGENT, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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Revised: 1/1/2019

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 M. Ryan

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor (Individuals: Last, First, Suffix)
Michael Bernstein

6 Contributor address; City; State; Zip Code
2424 Wilson Lane Frisco, TX 75034

7 Amount of contribution ($)
100 00

8 Principal occupation / Job title (See instructions)
Retired

9 Employer (See instructions)
Retired

Date

Full name of contributor (Individuals: Last, First, Suffix)
Carla Johnson

Contributor address; City; State; Zip Code
5228 Rancheros Trail Fort Worth, TX 76126

Amount of contribution ($)
50 00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor (Individuals: Last, First, Suffix)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor (Individuals: Last, First, Suffix)

Contributor address; City; State; Zip Code

Amount of contribution ($)

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.

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Revised 1/1/2025

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME: Dr. James M. Ryan	3 Filer ID (Ethics Commission Filers)

4 Date: 4/22/2025	5 Payee name: Catalyst Advisors Group LLC
6 Amount ($): 520.77	7 Payee address; City; State; Zip Code: 919 Congress Ave. Austin, TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense
	(b) Description: Door Hangers
	(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: 4/22/2025	Payee name: Catalyst Advisors Group, LLC
Amount ($): 6.23	Payee address; City; State; Zip Code: 919 Congress Ave. Austin, TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Banking
	Description: Financial fees
	Check if travel outside of Texas. Complete Schedule T. / Check if Austin, TX, officeholder living expense
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:
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 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