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. 11 MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** John Mr. R NAME NICKNAME LAST SUFFIX RECEIVED Ryan ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE/ CITY: STATE; ZIP CODE OFFICEHOLDER P.O. Box 97 APR - 1 2021 TX 76202 Denton MAILING **ADDRESS** City Manager's / City Change of Address Secretary's Office 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (940) 206-7213 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Nanci Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Kimmey STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY STATE; ZIP CODE 300 Matthews Ave TREASURER Denton TX 76210 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (940 231-6577 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Day Year COVERED 2021 THROUGH 3 22 2021 ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description √ General Special 2021 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Denton City Council, District 4 Denton City Council, District 4 14 NOTICE FROM 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 **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME

s Commission	www.ethics.state.tx.us	Revised 8/17/2020
	GO TO PAGE 2	
	COMMITTEE CAMITATION THE ACCIDENT ACCIDENT	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
GENERAL	COMMITTEE ADDRESS	

Additional Pages

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		6.70.75.	
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED PO PLEDGES, LOANS, OR CONTRIBUTIONS MADE	DLITICAL CONTRIBUTIONS (OTHER THA GUARANTEES OF LOANS, OR E ELECTRONICALLY)	\$ 120.00
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS C, LOANS, OR GUARANTEES OF LOANS	\$9820.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POI	LITICAL EXPENDITURE.	\$65.76
	4. TOTAL POLITICAL EXI	PENDITURES	\$4944.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LA	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LOANS AS O DRTING PERIOD	
18 SIGNATURE I s	wear, or affirm, under penalty of per	jury, that the accompanying report is tru	e and correct and includes all information
rec	uired to be reported by me under Title	15, Election Code.	and manufacture and manufactur
		1/	
		1/1/	
		Signature of Ca	andidate or Officeholder
	Diana		
	Please Co	emplete either option belov	V:
(1) Affidavit	ROSA A. RIOS Notary Public, State of Texas Comm. Expires 05-23-2024 Notary ID 8760780		
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by	Cyan this the	15t day of April,
20, to certify v	which, witness my hand and seal of offi	ce.	Porton Police
Signature of officer administer	ing oath Printed name	of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration		4.15 美国建筑设置部下降。[2.1-20]的现在分别[3.5	
(2) Onsworn Declaratio	F1		
My name is		, and my date of birth is	
My address is		5	,
	(street)	(city) (s	tate) (zip code) (country)
Executed in	County, State of		(country)
	Obunty, State of	, on the day or (month	, 20
		Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$9700.00			
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-	FRIBUTIONS \$4878.71			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$793.71			
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os \$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$			

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					3 Filer ID (Ethics Commission Filers)
John Ryan					
4 Date 1/25/21	5 Full name of contributor Glenn Carlton	7 Amount of contribution (\$) \$100			
	6 Contributor address;	City;	State;	Zip Code	
	13217 Cashs Mill Rd				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1/25/21	James Mann	\$300			
	Contributor address;	City;	State;	Zip Code	
	3933 MIRAMAR DR	76210			
Principal occup	pation / Job title (See Instructions)	Denton	1	oyer (See Instruc	ctions)
Date 1/25/21	Full name of contributor Keith Wise	out-of-state PAC (ID#:)	Amount of contribution (\$) \$100
	Contributor address;	City;	State;	Zip Code	
	4 Wellington Oaks Cir	Denton	TX	76210	
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
1/25/21	Nancy Cole				\$1000
	Contributor address;	City;	State;	Zip Code	
	4109 Hampton Rd Dente	on TX 76207			
Principal occu	pation / Job title (See Instructions)		Emp	loyer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	Instruction Guide explains how	•		5
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
John Ryan 4 Date	5 Full name of contributor	r		
1/25/21			C (ID#:	7 Amount of contribution (\$) \$100
	Benny and Barbara Ru			
	6 Contributor address;	City;	State; Zip Code	
	1324 Heather Lane	Denton	TX 76209	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
1/25/21	Amy Griffin	Griffin		\$1000
	Contributor address;	City;	State; Zip Code	•
	8912 Crestview Drive	Denton	TX 76207	
Principal occur	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date 4 10 5 10 4	Full name of contributor		Amount of contribution (\$)	
1/25/21	Mark Roy			\$100
	Contributor address;	City;	State; Zip Code	•
	8045 Airfield Rd	Sanger	TX 76266	
Principal occuj	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
1/25/21	Ryan Griffin			\$1000
	Contributor address;	City;	State; Zip Code	
	9550 John W Elliott Driv	e Suite 106	Frisco TX 75033	
	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Principal occup				

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	:				3 Filer ID (Ethics Commission Filers)
John Ryan					
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
1/25/21	Richard Hayes			\$500	
	6 Contributor address;	City;	State;	Zip Code	
	1225 Sycamore Bend R	d Hickory Cr	eek TX	75065	
8 Principal occi	upation / Job title (See Instructions)		9 Empl	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
1/25/21	Wesley Marshall				\$1000
	Contributor address;	City;	State;	Zip Code	
	4894 Oakhurst Ln	Frisco	TX	75034	
Principal occupation / Job title (See Instructions)			Empl	oyer (See Instru	ctions)
Date	Full name of contributor	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
1/25/21	Jennifer Alexander				\$1000
	Contributor address;	Cíty;	State;	Zip Code	
	13391 George Foster R	d Ponder TX	76259		
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	· /I/D#-)	Amount of contribution (\$)
1/25/21	Dena Meek		(10#	/	\$200
	Contributor address;	City;	State;	Zip Code	
	560 Diamond Point Dr	Oak Point	TX	75068	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instru	ctions)
	ATTACH ADDIT	IONAL COPIES	OF THIS S	CHEDULE AS I	NEEDED

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

SCHEDULE A1

7	The Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAI John Ryan		page and a second		3 Filer ID (Ethics Commission Filers)	
4 Date 1/28/21	5 Full name of contributor Michael Burgess for Co		PAC (ID#:	7 Amount of contribution (\$) \$250	
	6 Contributor address;	City;	State; Zip Code		
	P.O. Box 2334	Denton	TX 76202		
8 Principal o	eccupation / Job title (See Instructions)		9 Employer (See Instr	uctions)	
Date 2/1/21	Full name of contributor Lee Shanklin	out-of-state P/	AC (ID#	Amount of contribution (\$) \$100	
	Contributor address;	City;	State; Zip Code		
	4000 Thistle Hill	Denton	TX 76210		
Principal oc	ccupation / Job title (See Instructions)		Employer (See Instru	uctions)	
Date 2/7/21	Full name of contributor □ out-of-state PAI		AC (ID#:	Amount of contribution (\$) \$300	
	Contributor address;	City;	State; Zip Code		
	1417 Cambridge Ln	Denton	TX 76209		
Principal oc	eccupation / Job title (See Instructions)		Employer (See Instru	uctions)	
Date 2/11/21	Full name of contributor Forrest Beadle	out-of-state PA	AC (ID#:	Amount of contribution (\$) \$150	
	Contributor address;	City;	State; Zip Code		
	6 Royal Oaks Cir	Denton	TX 76210		
,2rincipal oc	ecupation / Job title (See Instructions)		Employer (See Instru	uctions)	
	Activity of the control of the contr				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

John Ryan 4 Date 5 Fu B/15/21 Leah 6 Co 2405 8 Principal occupation /	It name of contributor On Johnson Ontributor address; O Winthrop Hill Rd Job title (See Instructions)		form. (ID#:) State; Zip Code TX 76226 9 Employer (See Instruc	1 Total pages Schedule A1: 5 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$2000
Date 5 Fu Leah 6 Co 2405 B Principal occupation / Date B 18/21 Den	n Johnson ontributor address; 5 Winthrop Hill Rd Job title (See Instructions)	City;	State; Zip Code TX 76226	7 Amount of contribution (\$)
5 Fu 2405 3 Principal occupation / Date Fu 3/18/21 Den	n Johnson ontributor address; 5 Winthrop Hill Rd Job title (See Instructions)	City;	State; Zip Code TX 76226	
Leah 6 Co 2405 8 Principal occupation / Date 8/18/21 Published Full Den	n Johnson ontributor address; 5 Winthrop Hill Rd Job title (See Instructions)	City;	State; Zip Code TX 76226	
2405 3 Principal occupation / Date Fu 3/18/21 Den	5 Winthrop Hill Rd Job title (See Instructions)		TX 76226	
Principal occupation / Date Fu 3/18/21 Den	Job title (See Instructions)	Argyle		
Date Fu 3/18/21 Den			9 Employer (See Instruc	<u> </u>
3/18/21 Den	Ill name of contributor			ctions)
		out-of-state PAC	(ID#:)	Amount of contribution (\$)
Co	na Meek			\$500
i	ontributor address;	City;	State; Zip Code	
560	Diamond Point Dr	Oak Point	TX 75068	
Principal occupation /	Job title (See Instructions)		Employer (See Instru	ctions)
Date Fu	ıll name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)
Co	ontributor address;	City;	State; Zip Code	
Principal occupation /	Job title (See Instructions)		Employer (See Instru	ctions)
Date Fu	ull name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	ontributor address;	City;	State; Zip Code	
Principal occupation /	Job title (See Instructions)		Employer (See Instru	lictions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

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
Others of the section and lighted above.

Candidate/Officeholder/Politica			el Out Of Distri er (enter a categ	ct ory not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME John Ryan	3 F	iler ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
2/1/21	1836 Group			
6 Amount (\$) \$1895.00	7 Payee address; 1011 Surrey Lane, Building 200	city: Flower Mour	State; nd TX	Zip Code 75022
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	kkinatali kuman di kinada saka di kabana kadi kini 3-4888 (K. S.		
3/1/21	1836 Group			
Amount (\$) \$2190.00	Payee address; 1011 Surrey Lane, Building 200	city; Flower Mour	State; nd TX	Zip Code 75022
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting and So	oftware	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
2/22/21	Best Buy Credit Card			
Amount (\$) \$793.71	Payee address;	City;	State;	Zip Code
	PO Box 790441	St. Louis	MO	63179
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description See F4		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED)	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Solicitation/Fundraising Expense

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out Of District Other (enter a categ	
	The Instruction Guide explains	how to co	mplete this form.	_	·
1 Total pages Schedule F4:	² FILER NAME John Ryan	·············		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	OACRE	EDIT CARD	*-0-	
5 Date 1/25/21	6 Payee name North Texas Fair & Rodeo				
7 Amount (\$) \$100.00	8 Payee address; 2217 N Carroll Blvd		city; Denton	State; TX	Zip Code 76201
9 TYPE OF EXPENDITURE	✓ Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this see Fundraising Expense	chedule)	(b) Description Rental of Fai	r Hall	
	(c) Check if travel outside of Texas. Complete So	hedule T.	Check if Au	stin, TX, officeholder livir	ig expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	fice sought	Office I	neld
Date 1/25/21	Payee name Total Wine and More				
Amount (\$) \$239.43	Payee address; 1800 S Loop 288 Suite 370		city; Denton	State; TX	Zip Code 76205
TYPE OF EXPENDITURE	Political	Non-Pol	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Fundraising Expense	chedule)	Description Beverages fo	or fundraiser	
	Check if travel outside of Texas. Complete S	chedule T.	Check if Au	ustin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office	neld
	ATTACH ADDITIONAL COPIES OF	THIS SO	CHEDULE AS NE	EDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested inform	nation is n	ot applicable, DO NO	Γ include this	page in the rep	oort.	
		EXPENDITURE CA	ATEGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Ove Polling Exp se Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
		The Instruction Guide e	xplains how to c	omplete this form.		
1 Total pages Schedule F4:	2 FILER John Ry				3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	GEDTOACF	REDIT CARD	\$-0-	
5 Date 1/25/21	6 Payee Rudy's (_{name} Country Store and	Bar-B-Q			
7 Amount (\$) \$454.28	8 Payee 520 S I-	^{address;} 35 Frontage Rd E		City: Denton	State; TX	Zip Code 76205
9 TYPE OF EXPENDITURE	V	Political	Non-Pe	plitical		
10 PURPOSE OF EXPENDITURE		y (See Categories listed at the top sing Expense	o of this schedule)	(b) Description BBQ for Fun	ndraiser	
	(c)	Check if travel outside of Texas. Co	omplete Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Саг	ndidate / Officeholder nan	ne (Office sought	Office	held
Date	Payee	name				
Amount (\$)	Payee	address;	and the second s	City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-F	Political		
PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at the to	op of this schedule)	Description		
		Check if travel outside of Texas. C	Complete Schedule T.	Check if	Austin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder nar	me (Office sought	Office	held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED