

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: 11 | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST John</div> <div>MI R</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Ryan</div> <div>SUFFIX</div> </div> | | | | OFFICE USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px;"> RECEIVED APR - 1 2021 City Manager's / City Secretary's Office </div> | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; P.O. Box 97</div> <div>APT / SUITE #;</div> <div>CITY; Denton</div> <div>STATE; TX</div> <div>ZIP CODE 76202</div> </div> | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | <input type="checkbox"/> Change of Address | | | | Date Hand-delivered or Date Postmarked | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (940)</div> <div>PHONE NUMBER 206-7213</div> <div>EXTENSION</div> </div> | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs.</div> <div>FIRST Nanci</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Kimme</div> <div>SUFFIX</div> </div> | | | | Receipt # Amount \$ | | | | | | | | |
| | Date Processed | | | | Date Imaged | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 300 Matthews Ave</div> <div>APT / SUITE #;</div> <div>CITY; Denton</div> <div>STATE; TX</div> <div>ZIP CODE 76210</div> </div> | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE (940)</div> <div>PHONE NUMBER 231-6577</div> <div>EXTENSION</div> </div> | | | | | | | | | | | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | | | | | | | | | | | |
| 10 PERIOD COVERED | <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 1 / 2021 </div> <div>THROUGH</div> <div> Month Day Year 3 / 22 / 2021 </div> </div> | | | | | | | | | | | | |
| 11 ELECTION | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 1 / 2021 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Denton City Council, District 4 | | 13 OFFICE SOUGHT (if known) Denton City Council, District 4 | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | <div style="border: 1px solid black; padding: 5px;"> <p><small>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.</small></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> | | | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | |
| GO TO PAGE 2 | | | | | | | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 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)

\$ 120.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9820.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 65.76

4. TOTAL POLITICAL EXPENDITURES

\$ 4944.47

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 5200.66

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 7200.00

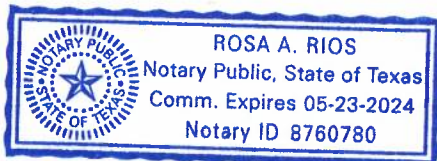
18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John Ryan this the 1st day of April,
20 21, 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 _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|-------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 9700.00 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 4878.71 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ \$793.71 |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

SCHEDULE A1

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

Revised 8/17/2020

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: 5 |
| 2 FILER NAME John Ryan | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/25/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Benny and Barbara Russell 6 Contributor address; City; State; Zip Code 1324 Heather Lane Denton TX 76209 | 7 Amount of contribution (\$) \$100 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1/25/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Griffin Contributor address; City; State; Zip Code 8912 Crestview Drive Denton TX 76207 | Amount of contribution (\$) \$1000 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/25/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Roy Contributor address; City; State; Zip Code 8045 Airfield Rd Sanger TX 76266 | Amount of contribution (\$) \$100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/25/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ryan Griffin Contributor address; City; State; Zip Code 9550 John W Elliott Drive Suite 106 Frisco TX 75033 | Amount of contribution (\$) \$1000 |
| 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. | | |

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: 5 |
| 2 FILER NAME John Ryan | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/25/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Hayes 6 Contributor address; City; State; Zip Code 1225 Sycamore Bend Rd Hickory Creek TX 75065 | 7 Amount of contribution (\$) \$500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1/25/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wesley Marshall Contributor address; City; State; Zip Code 4894 Oakhurst Ln Frisco TX 75034 | Amount of contribution (\$) \$1000 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/25/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Alexander Contributor address; City; State; Zip Code 13391 George Foster Rd Ponder TX 76259 | Amount of contribution (\$) \$1000 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/25/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dena Meek Contributor address; City; State; Zip Code 560 Diamond Point Dr Oak Point TX 75068 | Amount of contribution (\$) \$200 |
| 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. | | |

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: 5 |
| 2 FILER NAME John Ryan | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/28/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Burgess for Congress 6 Contributor address; City; State; Zip Code P.O. Box 2334 Denton TX 76202 | 7 Amount of contribution (\$) \$250 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2/1/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee Shanklin Contributor address; City; State; Zip Code 4000 Thistle Hill Denton TX 76210 | Amount of contribution (\$) \$100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/7/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Smith Contributor address; City; State; Zip Code 1417 Cambridge Ln Denton TX 76209 | Amount of contribution (\$) \$300 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/11/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Forrest Beadle Contributor address; City; State; Zip Code 6 Royal Oaks Cir Denton TX 76210 | Amount of contribution (\$) \$150 |
| 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. | | |

SCHEDULE A1

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME John Ryan | 3 Filer ID (Ethics Commission Filers) |
|--|----------------------------------|---------------------------------------|

| | |
|-------------------------|-----------------------------------|
| 4 Date 2/1/21 | 5 Payee name 1836 Group |
|-------------------------|-----------------------------------|

| | | | | |
|-----------------------------------|---|------------------------------|---------------------|--------------------------|
| 6 Amount (\$) \$1895.00 | 7 Payee address; 1011 Surrey Lane, Building 200 | City; Flower Mound | State; TX | Zip Code 75022 |
|-----------------------------------|---|------------------------------|---------------------|--------------------------|

| | | |
|---------------------------------------|---|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description Consulting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|---------------------------------|
| Date 3/1/21 | Payee name 1836 Group |
|-----------------------|---------------------------------|

| | | | | |
|---------------------------------|---|------------------------------|---------------------|--------------------------|
| Amount (\$) \$2190.00 | Payee address; 1011 Surrey Lane, Building 200 | City; Flower Mound | State; TX | Zip Code 75022 |
|---------------------------------|---|------------------------------|---------------------|--------------------------|

| | | |
|------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | Description Consulting and Software |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date 2/22/21 | Payee name Best Buy Credit Card |
|------------------------|---|

| | | | | |
|--------------------------------|--|---------------------------|---------------------|--------------------------|
| Amount (\$) \$793.71 | Payee address; PO Box 790441 | City; St. Louis | State; MO | Zip Code 63179 |
|--------------------------------|--|---------------------------|---------------------|--------------------------|

| | | |
|------------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description See F4 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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
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)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F4: 2 | 2 FILER NAME John Ryan | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT 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 | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fundraising Expense | (b) Description Rental of Fair Hall |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | | Office held |
| 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 | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraising Expense | Description Beverages for fundraiser |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **2** 2 FILER NAME **John Ryan** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **-0-**

5 Date **1/25/21** 6 Payee name **Rudy's Country Store and Bar-B-Q**

7 Amount (\$) **\$454.28** 8 Payee address; City; State; Zip Code
520 S I-35 Frontage Rd E Denton TX 76205

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Fundraising Expense** (b) Description **BBQ for Fundraiser**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 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

TYPE OF EXPENDITURE ☐ Political ☐ Non-Political

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