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. MS / MRS / MR М CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Monica NAME NICKNAME SUFFIX Ryan APT / SUITE # received 4 CANDIDATE / ADDRESS / PO BOX: STATE: ZIP CODE OFFICEHOLDER Rattler Pass 6431 MAILING **ADDRESS** 1821do an Antonio TX Change of Address AREA CODE EXTENSION CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (808) PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Mr. Jarid Date Processed NAME NICKNAME SUFFIX Date Imaged Schaff STREET ADDRESS (NO PO BOX PLEASE): CITY STATE ZIP CODE CAMPAIGN TREASURER 23356 Wells Point SanAntonio **ADDRESS** TX (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE (a10) 535 - 2769 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month Day COVERED THROUGH 2023 **ELECTION DATE** ELECTION TYPE 11 ELECTION Primary Other Runoff Month Day Year Description General Special 2023 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Judson ISD School Board District 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 14 NOTICE FROM **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 COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	cam Ryan	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 110.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$7738.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 105.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	2 and solded differentiation
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed		day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declarati		
My address is <u>64</u> Executed in Bexa	County, State of TEXQS on the 38th day of Momentum County (mont County). Signature of Candi	state) (zip code) (country) mch 20 23 h) (year) m Ryan idate/Officeholder (Declarant)
Forms provided by Texas Et	thics Commission www.ethics.state.tx.us	Revised 11/15/2022

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 110.00
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 CONTRIBUTIONS	\$ 4.66
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3761.97
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3971.97
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, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) Esperanza Garcia 11/23 6 Contributor address; City: State: Zip Code	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Esperanza Garcia 6 Contributor address; City: State, Zip Code 9 COO7 Valhalla Selma TX 7815Y Principal occupation / Job title (See Instructions) Date Full name of contributor Paul Molter Contributor address: City: State; Zip Code 1623Y HorseBridge Selma TX 7815Y Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Stephanie Tennis Contributor address: City: State: Zip Code 133Y3 Deneter University TX 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) State: Zip Code 133Y3 Deneter University TX 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) Amount of contribution (S)	FILER NAME	Monica m Ryan	3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor cut-of-state PAC (ID# Amount of contribution (\$) Paul Molter Contributor address: City: State: Zip Code (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor cut-of-state PAC (ID# Amount of contribution (\$) Stephanie Tennis 3/3/3/3 Demeter Universal Tx 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor cut-of-state PAC (ID# Amount of contribution (\$) Contributor address: City: State: Zip Code 13343 Demeter Universal Tx 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$)	Date 2 11 23	Esperanza Garcia 6 Contributor address; City; State; Zip	50.00
Paul Molter State: Zip Code 30.00	Principal occu		
Date Full name of contributor Stephanie Tennis Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code Tennis Contributor address: City: Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address: City: State: Zip Code Amount of contribution (\$) Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code	Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Date Full name of contributor Stephanie Tennis Contributor address: City: State: Zip Code 13343 Demeter Universal TX 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) State: Zip Code TX 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Amount of contribution (\$)	3/11/23	Contributor address: City: State: Zig 16234 HorseBridge SelmaTX 7	30.00 8154
Stephanie Tennis Contributor address: City: State: Zip Code 13343 Demeter Universal TX 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Contributor address: City: State: Zip Code	Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Contributor address: City; State: Zip Code 13343 Demeter Universal TX 78148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Date	Stephanie Tennis	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#	3/26/23	Contributor address: City; State; Zip	Code 30 CO
Contributor address; City: State; Zip Code	Principal occup		
	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip	Code
	Principal occu	pation / 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense es/Wages/Contract Labor o complete this form.	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1:	monica m Ryan)	3 Filer ID (Eti	nics Commission Filers)
aliila3	PayPal, Inc.			
6 Amount (\$)	7 Payee address:	SanJose	State,	95131
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee5	(b) Description Paypalt	-ee	
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austr	n, TX, officeholder li	ring expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/11/23	Paypal, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.36	2211 N. 15+ St	SanJuse	CA	9513)
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Paypas	Fee	
	Check if travel outside of Texas Complete Schedule T.	Check if Austi	n TX officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/26/23	Paypal, Ihc.			
Amount (\$)	Payee address;	City;	State:	Zip Code
1.36	2211 N. 1st St	SanJose	CA	95131
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Pay pul	Fee	
	Check if travel outside of Texas Complete Schedule T	Check if Austii	n. TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED	

SCHEDULE F4

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

FILENTAIRI	IDE O	ATEGORIES	FOD	DOV	4011
F X P F NI II I I	IRF C.A	71-(4())(1)-5	FUR	HILL	THE

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense 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

Candidate/Officeholder/Politica -	al Committee 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 F4.	2 FILER NAME MONICA MRYAN 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 1 118123	GoDaddy. com, LLC
7 Amount (\$)	8 Payee address; City; State; Zip Code
18.11	2155 E. GoDaddy Way Tempe AZ 85284
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Website
	(c) Check if travel outside of Texas Camplete Schedule T 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 30 / 23	Signsonthecheap.com
Amount (\$)	Payee address; City; State; Zip Code
692.37	11525A Stonehollow Dr Austin TX 78758
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Expense Signs
2/1 2/12/1	Check if travel outside of Texas. Complete Schedule T. Check if Austin TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equ Travel In District Travel Out Of Distri	ipment & Related Expense
		ns how to complete this form.		g,,
1 Total pages Schedule F4.	2 FILER NAME MONICAMR	van	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	•	\$	
5 Date 1130/23	Vista Print			
7 Amount (\$)	8 Payee address;	City;	State:	Zip Code
79.29	275 Wyman St.	Waltham	MA	02451
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	e Busin	ess Car	92
	(c) Check if travel outside of Texas. Complete	Schedule T Check if	Austin TX officeholder liv	ing expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
a 17 1 a 3	Payee name Amazon			
Amount (\$)	Payee address:	City:	State	Zip Code
25.95	410 Terry Aue	N. Seatth	e WA	98109
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of thi	s schedule) Description		
PURPOSE OF EXPENDITURE	Advertising Exp	bense Lette	er to Vot	ers
EXTENSIONE	Check if travel outside of Texas Complete	e Schedule T. Check if	Austin TX officeholder In	ving 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 N	NEEDED	
	ATTACTI ADDITIONAL COTTES	0		

SCHEDULE F4

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

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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)
	,	ns how to complete this form.	1
1 Total pages Schedule F4:	2 Monica m	Zyan	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$
3 11 23	Payee name Amazon		
7 Amount (\$)	8 Payee address;	City:	State: Zip Code
210.65	410 Terry Ave N) Seattle	WA 98109
9 TYPE OF EXPENDITURE	Political [Non-Political	
10	(a) Category (See Categories listed at the top of this		
PURPOSE OF EXPENDITURE	Advertising Exper	ise Letter	to Voters
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	istin TX officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ali4la3	Payee name Amazon		
Amount (\$)	Payee address;	City;	State: Zip Code
a 6.95	410 Terry Ave	LN Seattl	e WA 98109
TYPE OF EXPENDITURE	N Political	Non-Political	
	Category (See Categories listed at the top of thi		
PURPOSE OF EXPENDITURE	Advertising Expe	nse Letter	- to Voters
	Check if travel outside of Texas Complete	Schedule T. Check if A	ustin, 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 NE	EEDED
Forms provided by Texas Ethic	s Commission www.ethics	state tx us	Revised 11/15/2022

Forms provided by Texas Ethics Commission

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/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officenoide//Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME MONICA MRYAN 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
a 114/a3	6 Payee name Acme Reprographics LLC
7 Amount (\$)	8 Pavee address: City: State: Zin Code
644.09	9330 Corporate Dr Ste. 105 Selma TX 78154
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Signs
	(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
a 118/a3	Vista Print
Amount (\$)	Payee address; City; State: Zip Code
214.97	275 Wyman St Waltham MA 02451
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Printing Expense Business Cards & Labels
	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/OH	Candidate / Officeholder name Office sought Office held

SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ient & Related Expense
	The Instruction Guide expla	ains how to complete this form.		
1 Total pages Schedule F4:	² FILER NAME MONICA MR	van	3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	•	\$	
5 Date 2/20/33	6 Payee name Amazon			
7 Amount (\$)	8 Payee address:	City;	State:	Zip Code
170.70	410 Terry Ave 1	u Seatte	WA	98109
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Description		
PURPOSE OF EXPENDITURE	AdvertisingExpe	ense Letter	to voter	2:
	(c) Check if travel outside of Texas. Comple	te Schedule T Check if Au	astin TX officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	ıld
alaola3	Payee name Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
26.95	410 Terry Ave	N Seattle	WA	98109
TYPE OF EXPENDITURE	M Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Category (See Categories listed at the top of the Category (See Ca	ense Letter	to Uote	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	eld
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED	

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/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (epiter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		Expense Wages/Contract Labor	Travel Out Of Disi Other (enter a cate	rict egory not listed above)
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F4:	Monica M Ryan		3 Filer ID (Ethic	s Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$	
5 Date	6 Payee name			
a a 0 a 3	Amazon			
7 Amount (\$)	8 Payee address:	City:	State;	Zip Code
26.74	410 TerryAveN	Seattle	WA	98109
9 TYPE OF EXPENDITURE	Political Non-F	Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Letter	to no.	ters
	(c) Check if travel outside of Texas Complete Schedule T	Check if Aust	in TX. officeholder li	ving expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held
alao/a3	Payee name Amazon			
Amount (\$)	Payee address;	City;	State:	Zip Code
177.85	410 Terry Ave N	Seattle	WA	98109
TYPE OF EXPENDITURE	Political Non-	Political		
	Category (See Categories listed at the top of this schedule)	Description	1.1	
PURPOSE OF EXPENDITURE	AdvertisingExpense	Letter	to Vo	ters
	Check if travel outside of Texas Complete Schedule T	Check if Aus	tin. TX officeholder I	iving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held
***************************************	ATTACH ADDITIONAL COPIES OF THIS			

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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)

Candidate/Officeholder/Politica	Committee Legal Services Salaries Committee Legal Services Salaries Committee Committee	ages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F4:	Monica m Ryan		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$	
5 Date 3/7/23	6 Payee name Vista Print			
7 Amount (S)	8 Payee address;	City:	State:	Zip Code
95.47	275 Wyman St	Walth	an MA	02451
9 TYPE OF EXPENDITURE	Political Non-Pol	litical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_ 1	
PURPOSE OF EXPENDITURE	Printing Expenses	Business	Cards/L	abels
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aus	stin. TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office h	eld
3/12/23	Payee name Amazon			
Amount (\$)	Payee address;	City;	State:	Zip Code
145.00	410 Terry Ave N	Seatth	e WA	98109
TYPE OF EXPENDITURE	Political Non-Po	litical		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expenses	Letter	s to Vot	ecs
	Check if travel outside of Texas Complete Schedule T	Check if Au	stin TX officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NE	EDED	

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
Conditate/Officebolder/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/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politic	
1 Total pages Schedule F4.	2 FILER NAME Ryan 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
3/12/2023	6 Payee name VistaPrint
7 Amount (\$)	8 Payee address: City: State; Zip Code
442.72	275 Wyman St Waltham MA 02451
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Printing Expenses Doorhangers
	(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
3 11a 1a3	Payee name GoDaddy.com LLC Rayee address: Zin Code
Amount (\$)	rayee address, City, State, Zip Code
18.11	2155 E. GoDaddy Way Tempe AZ 85284
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Expense Website
	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/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)
4 Tatal Cabadula Edi		s now to complete this form.	2 51- 12 (51)
1 Total pages Schedule F4:	2 FILER NAME Monica MR	yan	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 3 13/23	6 Payee name Amazon		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
26.95	410 Terry Ave 1) Seattle	WA 98109
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Advertising Exper	1 ptp	r to Voters
OF EXPENDITURE	moder it strig 2 kpe	ise Lenc	10 00145
	(c) Check if travel outside of Texas. Complete S	Schedule T Check if Au	stin. TX. officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
3/13/23	Payee name Repogra Payee address;	aphics LLC	
Amount (\$)	Payee address;	City;	State: Zip Code
644.09	9330 CorporateD	r Stelo5 Seln	na TX 7815Y
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expe	nse Sign	5
	Check if travel outside of Texas Complete	Schedule T Check if Au	ustin, 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 O	F THIS SCHEDULE AS NE	EDED

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Monica MR	yan	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$
5 Date 3 20 23	Vista Print	,	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
75.01	275 Wyman St	Waltham	MA 02451
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	e Busin.	ess CardS
	(c) Check if travel outside of Texas Complete S	Schedule T Check if Au	stin, 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 Au	stin. TX officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising E Transportation Equipmen Travel In District Travel Out Of District Other (enter a category n	it & Related Expense
	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule G:	Monica m Ryc	in	3 Filer ID (Ethics Co	ommission Filers)
4 Date 1/24/23	5 Payee name	llerk		
6 Amount (\$) ALO.OO Reimbursement from political contributions intended	7 Payee address: 1103 S. Frio St Suite 2	City;	State;	Zip Code 78307
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertsing Expense (c) Check if travel outside of Texas Complete Schedule T	e Voter f	leports	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX officeholder living experior	fice held
a 117/a3	USAA Credit Car	d Payment	-S	
Amount (\$) 1697. 41 Reimbursement from political contributions intended	Payee address; 10750 McDermott	Dkwy Sanf	State: AntonioTX	78 388
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Credit Card Payment Check if travel outside of Texas Complete Schedule Texas	5 for adve	of credit (rtising/print) TX officeholder living expe	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Of	fice held
2/23/23	USAA Credit Card P	ayment.S		
Amount (\$) O 17 . A 1 Reimbursement from political contributions intended	Payee address: 10750 McDermott F	Pkwy Sanf	tntonio TX	78288
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Credit Card Payments Check if travel outside of Texas Complete Schedule T	for adver	f credit ca tising print	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		fice held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
Total pages Schedule G:	Monica m Ryan	1	3 Filer ID (Ethics	Commission Filers)
3/13/23	US AA Credit Card Po	ayments		
Amount (\$) 70\.30 Reimbursement from political contributions intended	7 Payee address; 10750 McDermo#Pl	cuy SanA	state:	78a88
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payments (c) Check if travel outside of Texas. Complete Schedule T	foraquer	of credit of thising Iprinion TX officenoider living a	ting expen
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	T TX Officeroods living 6	Office held
3/26/23	USAA Credit Card	Damas	•	
SIDUIDS	USAA SEON CON	ruyment)	
Amount (\$) 746.05 Reimbursement from political contributions intended	Payee address: 10750 McDermott Pkwy	City	State:	Zip Code 78288
Amount (\$) 746.05 Reimbursement from political contributions	Pavee address:	Sa4Anto	nio TX of credit	78288 Card bill
Amount (\$) 746.05 Reimbursement from political contributions intended PURPOSE OF	Payee address; 10750 McDermott Pkwy Category (See Categories listed at the top of this schedule)	Description Payment For adver	nio TX of credit	78288 Card bill
Amount (\$) 746.05 Reimbursement from political contributions intended PURPOSE OF	Payee address; 10750 McDermott Pkwy Category (See Categories listed at the top of this schedule) Credit Card Payment S Check if travel cutside of Texas Complete Schedule T Candidate / Officeholder name	Description Payment For adver	nic TX of credit	78288 Card bill
Amount (\$) 746.05 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; 10750 McDermott Pkwy Category (See Categories listed at the top of this schedule) Credit Card Payment S Check if travel cutside of Texas Complete Schedule T Candidate / Officeholder name	Description Payment Scradver Check if Austr	nic TX of credit	78288 Cand bill thing expens
Amount (\$) 746.05 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Payee address; 10750 McDermott Pkwy Category (See Categories listed at the top of this schedule) Credit Card Payments Check if travel cutside of Texas Complete Schedule T Candidate / Officeholder name OH	Description Payment Scradver Check if Austr	nic TX of credit	78288 Card bill thing expens
Amount (\$) 746.05 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete.	Payee address; 10750 McDermott Pkwy Category (See Categories listed at the top of this schedule) Credit Card Payments Check if travel cutside of Texas Complete Schedule T Candidate / Officeholder name OH Payee name	Description Payment For adver Check if Austi	State. nic TX of credit tising prin	78288 Card bill Sting Expense Office held
Amount (\$) 710.05 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete on the contributions of th	Payee address; 10750 McDermott Pkwy Category (See Categories listed at the top of this schedule) Credit Card Payments Check if travel cutside of Texas Complete Schedule T Candidate / Officeholder name OH Payee name	Description Payment For adver Check if Austi	State. nic TX of credit tising prin	78288 Card bill Sting Expense Office held
Amount (\$) 7-16.05 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete of the	Payee address; 10750 McDermott Pkwy Category (See Categories listed at the top of this schedule) Credit Card Payment S Check if travel cutside of Texas Complete Schedule T Candidate / Officeholder name OH Payee name Payee address;	Description Payment For adver Check if Austr Office sought City: Description	State. nic TX of credit tising prin	78288 Cand bill Liting Expense Office held Zip Code