APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	CTA Instruction Guide for detailed instructions.		1 Total pages filed:
2 CANDIDATE	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MR. RYAN BRANDT	P	
	MR. RYAN BRANDT		Filer ID #
	NICKNAME LAST	SUFFIX	Date Received
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE	
3 CANDIDATE MAILING	ADDRESS / FOBOX, AFT / SUITE #, CITY, STATE,	ZIP CODE	
ADDRESS	2128 IH 10		
		100. A	Date Hand-delivered or Postmarked
	WEIMAR TX	78762	
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	1	Receipt# Amount\$
PHONE	1979) 7112 9722		
	(979) 743-9588		Date Processed
5 OFFICE			Date Impact
HELD			Date Imaged
(if any)			
6 OFFICE SOUGHT	Colorado County PrecInc	- 2	Commission
(if known)	Cocorado Conty TrecInc	1 2	COMMISSIONER
7 CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME		LAST SUFFIX
TREASURER NAME	11 .	0	chter Ja
	MR. Hugo	Ki	chter Va.
	STREET ADDRESS: APT / SUITE #; CITY:		STATE; ZIP CODE
8 CAMPAIGN TREASURER	AFT/SOILE#, OTT,		STATE, ZIPCODE
STREET		T	X 78962
ADDRESS	1068 CR 218 Weimar	(10102
(residence or business)			
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	i	
TREASURER			
PHONE	(979) 732-1441		
10 CANDIDATE			
SIGNATURE	I am aware of the Nepotism Law, Chapter 573	of the Tex	xas Government Code.
0			
2 3	I am aware of my responsibility to file timely rethe Election Code.	eports as	required by title 15 of
120	the Election Code.		
2 0	I am aware of the restrictions in title 15 of the E	Election C	ode on contributions
0001	from corporations and labor organizations.		
0	D. AR-	11	5 20 0
	ryan 1. Draway	10	2-28-21
Daniel Co	Signature of Candidate		Date Signed
	GO TO PAGE 2		

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Ryan P. BRANDT
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
·	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	The modified reporting option is valid for one election cycle only, (An election cycle includes a primary election, a general election, and any related runoffs.)
	 Candidates for the office of state chair of a political party may NOT choose modified reporting. <
	I do not intend to accept more than \$930 in political contributions or make more than \$930 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

		E REPORT				FORM C/OH SHEET PG 1
The C/OH Instruction C	Suide explains how t	o complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total page	s filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	RYAN		A '		CE USE ONLY
NAME	NICKNAME	BMADT	-	SUFFIX	Date Received	A T COOR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #:	weimar 7		BY: Han	15 2022 delivere
Change of Address	1951 0005	PHONE NUMBER	EXTEN	SION		
5 CANDIDATE/ OFFICEHOLDER PHONE	(979)	143 -958		31014	Date Hand-deliv	ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MR	FIRST Huge		MI	Date Processed	
NAME	NICKNAME	Richler	*********	SUFFIX	Date Imaged	
7 CAMPAICH	STREET ADDRESS (0 110	SUITE #: CIT		STATE	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		R 218	Weina	_	7.00	
8 CAMPAIGN TREASURER PHONE	AREA CODE (479)	732-144/	EXTEN	SION		
9 REPORT TYPE	January 15 July 15	30th day before		tunoff	treasu (Office	ay after campaign rer appointment holder Only) Report (Attach C/OH - FR)
			R	Reporting Limit Month	Day	Year
10 PERIOD COVERED	Month	Day Year / 10 / 2072	THROUGH	l	/ 3 (/	
11 ELECTION	Month Day	Year Primar		Other Description	E	
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	E SOUGHT (If know	ily Con	nn Pct 2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MAD	DE WITHOUT THE CAL	MADE BY POLITICA	L COMMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

						
15 C/OH NAME R	Mr Bar	10		16 File	or ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, I	EMIZED POLITICAL (COANS, OR GUARANT TIONS MADE ELECTR		R THAN	\$	
		ITICAL CONTRIBU' N PLEDGES, LOANS,	TIONS OR GUARANTEES OF L	OANS)	\$ 3¢	2000
EXPENDITURE TOTALS	3. TOTAL UNIT	EMIZED POLITICAL E	XPENDITURE.		\$	
	4. TOTAL POL	ITICAL EXPENDITU	IRES		\$ 3	500
CONTRIBUTION BALANCE	5. TOTAL POLI OF REPORT		NS MAINTAINED AS OF T	HE LAST DAY	s	
OUTSTANDING LOAN TOTALS		CIPAL AMOUNT OF AI F THE REPORTING P	LL OUTSTANDING LOANS ERIOD	S AS OF THE	\$	
	wear, or affirm, under pequired to be reported by re			t is true and co	orrect and incl	udes all information
100	quired to be reported by it	ie dildei fille 15, Eleci				
			(1) 1/2	4		
	•		Un Per	4)		
		•	Signatura	of Candidate	or Officehold	
			Signature	or Canodate	or Onicentolo	er .
	F	lease complet	te either option b	elow:		
(1) Affidavit						
NOTARY STAMP/SEA	I.					
NOTALL CITAIN LODI	•					
Swom to and subscribed	before me by		th	is the	day of	
	-		***			······································
20, to certify	which, witness my hand a	nd seal of office.				
						i
Signature of officer administe	ring oath	Printed name of officer	administering oath		Title of office	r administering oath
		0				
(2) Unsworn Declarati	on					
ø.	Ra. a-			4		0
My name is Kyta	ISAAADT		, and my date of	birth is	-17-19	80 .
My address is 21	28 IN 10		Weimer	Ta.	78962	USA
	(street)		(city)		(zip code)	(country)
Executed in Colorad	County, State	Tu	on the 15 day of		,	(country)
EXACTION III	County, State	0	on the day of _	(month)	20 <u>22 </u> (year)	- '
			K. 1	Roa	(Jour)	
			Signature of	Candidate/Offi	iceholder (Doo	larant)
			Oignature til	Janumate/Ull	WINDOW (DAG	ioralit <i>j</i>

SUBTOTALS - C/OH

	OOVER SHEET PG 5
19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	s
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3500
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	FIONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Th	a Instruction Guide explains how	1 Total pages Schedule A1:		
FILER NAME	Ryan KRANDE			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Linda Weglergan 6 Contributor address;	7 Amount of contribution (\$)		
-20-22	I .		State; Zip Code 72 78962	300
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	Out-of-state Pa	AC (ID#:	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	Ipation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Futl name of contributor	Out-of-state Pa	AC (10#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	Out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	lions)
	ATTACH ADDITI	ONAL CODIES	S OF THIS SCHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel in District Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Contributions/Donations Made By Giff/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee **Legal Services** Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Pavee name 7 Amount (\$) City; State: Zip Code 2128 14 Woman 78962 TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories fisted at the top of this schedule) (b) Description PURPOSE News PAPER Advertising EXPENDITURE (c) Check if travel outside of Yexes. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City: State: Zip Code TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this achequie) Description PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR RYAN NICKNAME LAST BRAND	MI P SUFFIX	OFFICE USE ONLY Date Received JAN 18 7077
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER		eimar, T. 78962 Extension	12
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST HUGO NICKNAME LAST RICHTER	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU	Weimar	Ta 78962
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 732 - 144	EXTENSION	
9 REPORT TYPE	January 15 30th day before 6		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH (15 / 2022
11 ELECTION	Month Day Year Primary 3 (2021 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (II know	bunky Commission
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME PY	An BRA	10 11 11 11 11 11 11 11 11 11 11 11 11 1	Filer ID (Ethics Commission Filers)					
16 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 OF 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 TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
Additional Pages								
		COMMITTEE CAMPAIGN TREASURER ADDRESS	and the state of t					
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	N \$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 250							
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS.	\$					
, , , , , , ,	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,619 07					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	SAY \$					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	fE \$					
18 AFFIDAVIT								
			rjury, that the accompanying report is mation required to be reported by me					
		Ry P. Br	idate or Officeholder					
AFFIX NOTARY STAMI	P/SEALAROVE	, signature of Gallu						
		by the said Ryon P Breann	المام					
Sworn to and subscr	_	to certify which, witness my hand and set 1	T this the 17.7/2					
Regh			FINAL PUBLIC - SENSE OF TENNE ID # 7146864 My Countyline Replies SENSYMEN					
Signature of officer a	dministering cath	Printed name of officer administering cath	Title of officer administering oath					

SUBTOTALS - C/OH

RYAN TSRANDT 20 Filer ID (Ethics Cox	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	13,619 07
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1				
The	instruction Guide explains how to complete thi	form.	1 Total pages Schedule A1:				
2 FILER NAME	RYAN P. BRINAY		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full same of contributor		7 Amount of contribution (\$)				
1-13-22	Charles R, The Fay 8 Contributor address; City:		100				
	Winer	Tz 78762	100				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)				
Date		C (IO#:)	Amount of contribution (\$)				
1-13-22	Clament Chernosok Contributor address: City:	State; Zip Code	15000				
		74 78962	150				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State: Zip Code					
Principal occus	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor	C (3D4)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job little (Sea Instructions)	Employer (See Instruct	ions)				
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see instr						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimburgement

Solichation/Fundralsing Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Cool/Severage Expense Sift/Awards/Memorials Expense Regal Services Control Overnaed/Rental Expense Poling Expense Printing Expense Seleries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)				
		The Instruction	r Guide explai	ns how to co	mplete this form,		*** * *******************************	Ψ,
1 Total pages Schedule F4:	2 FILERN	AME RUPL	Ban	DY		3 Filter ID (Ethics	: Commission File	ers)
4 TOTAL OF UNITEM					EDIT CARD	\$ 361	9 97	
5 Date	6 Payeen	eme - Raya	-00	A. A.	AND		The second secon	
7 Amount (\$)	8 Payes a		······································	» Ч. Андесиния	City;	State;	Zip Code	
	2128	干H	10		Weings	TX	7896:	2
TYPE OF EXPENDITURE	Ø P	plitical		Non-Pol	tical			
10	(a) Category	(See Categories liste	d at the top of this	achedule)	(b) Description		and the second s	·····
PURPOSE OF EXPENDITURE	Adver	tising /	Printin	4	Compail	en Sign	·s	
	(c)	Chack if travel outside o	f Texas, Complete :	Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	date / Officehok	der name	Off	ice sought	Office	heki	
Date	Payee n	8me	The Collection of the State of	V -Marketine	MM 1000 - AND MARKET AND			Pro-serve - Pro-rese
Amount (\$)	Payee a	ddress;	entere e en en		City,	State;	Zip Code	
TYPE OF EXPENDITURE	Po	ilitical		Non-Poli	tical	A Section of Section 200 Section 200	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE	Category	(See Calegories Hatel	d at the top of this	schedule)	Description	The second secon	and the second section of the section of the second section of the section of the second section of the section of th	
		Check if travel outside o	Texas, Complete !	Schedule T.	Check if Aus	in, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officehold	ier name	Off	ice sought	Office	held	
	ATTA AL				The state of the s	Mention of the Control of		
	ALIACH	AUUITONAL	. COPIES O	f this sc	HEDULE AS NEE	DED		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX CITY: 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Warmon Tx 2128 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 743 -958R PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX Date Imaged STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE): 7 CAMPAIGN TREASURER **ADDRESS** 1068 CR 218 Woimar Tx 18962 (Residence or Business) 8 CAMPAIGN TREASURER 1441 PHONE (479) 732 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 COVERED 1022 2 20 THROUGH ELECTION DATE 11 ELECTION Other Description Primary General Special 22 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAIVIFAIGI	4 1. 114	NCE REPU	/ I \				
15 C/OH NAME	MAR B	RINDA			16	Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	P	OTAL UNITEMIZED PO LEDGES, LOANS, OR ONTRIBUTIONS MADE	GUARANTEES C	F LOANS, OR	R THAN	\$	
	1	TAL POLITICAL CO			OANS)	\$	
EXPENDITURE TOTALS	3. то	OTAL UNITEMIZED PO	LITICAL EXPEN	DITURE.		\$	
	4. TO	OTAL POLITICAL EX	PENDITURES			\$ //	56 28
CONTRIBUTION BALANCE		OTAL POLITICAL CONT F REPORTING PERIOR		INTAINED AS OF T	THE LAST (, ,	
OUTSTANDING LOAN TOTALS		OTAL PRINCIPAL AMO ST DAY OF THE REP			S AS OF T	HE \$	
		Please o	omplete e	/ Signatur		idate or Office	eholder
(1) Affidavit							
NOTARY STAMP/SE. Sworn to and subscribe		v		1	this the	day	of,
j		s my hand and seal of c	office.				
Signature of officer adminis	tering oath	Printed nar	me of officer admi	nistering cath		Title of	officer administering oath
(2) Unsworn Declara	_		OR			-7-17-	1900
My name is RYAN	BRAN			_, and my date o	f birth is _	7-17-	
My address is	dr -	(street) Tourty, State of	, on 1	(Weim an (city) he 24 day of		7896. ate) (zip co	de) (country)
EXECUTED III		Sing, oldle of	, 0// (Onk	(month)		year)

SUBTOTALS - C/OH

19 F	FILER NAME 20 Filer ID (Ethics Corr		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	S	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	S	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 820 88 \$ 336 °	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 336 °	
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	48 \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	RNED \$	

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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Glft/Awards/Memorials Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form, 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 7 Amount (\$) City; State: Zip Code Weiman TYPE OF EXPENDITURE Non-Political (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Loen Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME RAA BAL	n'04	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Ryn Brei		
6 Amount (\$) 336 A	7 Payee address; 2 1 2 8 TH 10	City:	State; Zip Code
political contributions intended	(a) Category (See Categories listed at the top of this sch	Weimer (b) Description	Tr 18962
PURPOSE OF EXPENDITURE	Advertising	Radio	add
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin.	, TX. officeholder kving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office saught	Office held
Date	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas, Complete Sche	duleT. Check if Austin	. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas. Complete Sche	dule 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 NEED	ED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.				
		Complete only if "Report Type" on page 1 is marked "Final Report"				
1	C/OH N	RYAN BRANDY 2 Filer ID (Ethics Commission Filers)				
3	SIGNA					
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS				
	Check	only one:				
	Ø	do not have unexpended contributions or unexpended interest or income earned from political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code. § 254,204.					
	В.	ASSETS				
	Check	only one:				
I do not retain assets purchased with political contributions or interest or other income from political contributions.						
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate				
5		HOLDER lete this section <i>only</i> if you are an officeholder ••				
		am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder. I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Signature of Officeholder				

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages fied: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received 4 CANDIDATE / ADDRESS / PO BOX: STATE ZIP CODE **OFFICEHOLDER** MAILING IN 10 Wrings ta 78962 **ADDRESS** 2128 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (979)743 - 9588 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 7 CAMPAIGN ZIP CODE **TREASURER ADDRESS** 1068 CR 2-18 Weimar, Ta 78962 (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE TREASURER PHONE 732 - 1441(979)9 REPORT TYPE 15th day after campaign January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 10 PERIOD COVERED 2022 2022 THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Other Description 2022 12 OFFICE OFFICE HELD (if any) 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME RYA	in Bainot	***************************************	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES CF LOANS, OR	\$	
	2. TOTAL POLITICAL CONTRIBUTE (OTHER THAN PLEDGES, LOANS, C		\$ 800 00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ 123 88	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	S MAINTAINED AS OF THE LA	ST DAY \$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		F THE \$	
	wear, or affirm, under penalty of perjury, that the	· · · · · · · · · · · · · · · · · · ·	e and correct and includes all information	
	· •	ρ R .		
	_	Signature of Ca	andidate 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 administe	ring oath Printed name of officer a	dministering oath	Title of officer administering oath	
OR				
(2) Unsworn Declaration	Pa. at		7-17-1980	
My name is KyAK	PRIMIO	, and my date of birth is	T2 78962 USA	
My address is	(street)	-' '	state) (zip code) (country)	
Executed in Colorse	County, State of To	on the <u>\$2</u> day of <u>Fr</u>	b .20 <u>2 2 .</u> h) (year)	
		Signature of Candi	date/Officeholder (Declarant)	
		2.3.1010.0 0. 0010		

SUBTOTALS - C/OH

19 FILERNAME Ryn BAINST	mission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		S
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		S
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		S
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s 133 88
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	5
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

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 th	nis form.	1 Total pages Schedule A1:
2 FILER NAME	Ryn BALLOT		3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor out-of-state P Linda Weckerpron 6 Contributor address; City;	State: Zip Code 7. 78762 9 Employer (See Instruct	7 Amount of contribution (\$) 300
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
2-3-22	Contributor address; City;	State; Zip Code	500 ~~
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of contributor out-of-state F	PAC (ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	PAC (IC#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	REEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

a the requested inform	nation is not applicable, bo NOT includ	e uns page in the rep		
Advertising Expense	EXPENDITURE CATEGOR	RIES FOR BOX 10(a)	Solicitation/Fundraising Expense	
Accounting/Banking Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Politica	Fees O Food/Beverage Expense Pi y Glift/Awards/Memorials Expense Pi	fice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Transportation Equipment & Related E Travel In District Travel Out Of District Other (enter a category not listed abov	
1 Total pages Schedule F4:	2 FILER NAME BOLL AT		3 Filer ID (Ethics Commission File	ers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 133 88	
5 Date	6 Payee name Ryn Barnsy	-		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
	2128 IH 10	Weiman	Ta 78962)
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this sche			•
PURPOSE OF Expenditure	Adverticy Priving	News 1	pape Add	
	(C) Check if travel outside of Texas. Complete Sche	duleT. Check if Au	stin, TX, officeholder living expense	
11 Complete QNLY 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		
DUBBOOF	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF Expenditure				
	Check if travel outside of Texas. Complete Sch		ustin, TX, officeholder tiving 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	EDED	