

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

1 Page

OFFICE USE ONLY

Filer ID #

Date Received

2-9-2023

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

MS

APRIL

NICKNAME

LAST

SUFFIX

RYAN

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

NEW  
BRAUNFELS, TX  
78130

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

743-9003

5 OFFICE  
HELD  
(if any)

6 OFFICE  
SOUGHT  
(if known)

CITY COUNCIL DIST. 6

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DANI

HENSLEY

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

239 SCHUMANN'S BEACH RD, NEW BRAUNFELS, TX  
78130

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

417-0780

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
Signature of Candidate

2/9/2023  
Date Signed

GO TO PAGE 2

# 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: <span style="font-size: 1.5em; margin-left: 10px;">13</span>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; margin-top: 5px;">April</div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; margin-top: 5px;">Ryan</div>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.2em; margin-top: 10px;">4/6/2023 12:11pm</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="margin-top: 5px;"> <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <div style="margin-left: 10px;">New Braunfels, TX 78130</div> </div>	Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-top: 5px;">Date Processed</div> <div style="margin-top: 5px;">Date Imaged</div>									
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 5px;">( 512 ) 917-6707</div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; margin-top: 5px;">Dani</div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; margin-top: 5px;">Hensley</div>	Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-top: 5px;">Date Processed</div> <div style="margin-top: 5px;">Date Imaged</div>									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="margin-top: 5px; text-align: center;">239 Schumanns Beach Rd, New Braunfels TX 78130</div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="margin-top: 5px;">( 512 ) 417-0780</div>	Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-top: 5px;">Date Processed</div> <div style="margin-top: 5px;">Date Imaged</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> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.2em;">2 / 9 / 23</div> </div> <div>THROUGH</div> <div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.2em;">3 / 27 / 23</div> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-size: 1.2em;">5 / 6 / 2023</div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div> <input type="checkbox"/> Primary           <input type="checkbox"/> Runoff           <input type="checkbox"/> Other Description         </div> </div> <div> <input checked="" type="checkbox"/> General           <input type="checkbox"/> Special         </div> </div> </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.1em;">City Council District 6</div>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="font-size: 0.8em;">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.</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			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										

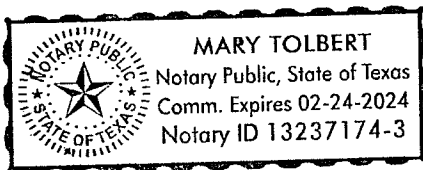
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME April Ryan		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)	\$ 80.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4595.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 125.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3961.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 319.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 April Ryan this the 5<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.  
*[Signature]* Mary Tolbert Notary  
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**

April Ryan

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4015.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3961.38
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME April Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordell Bunch 6 Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Cunningham Contributor address; City; State; Zip Code [REDACTED] Dayton, OH 45405	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Balmos Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marta Hinkle Contributor address; City; State; Zip Code [REDACTED] TX 76854	Amount of contribution (\$) \$50.00
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:
2 FILER NAME April Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Meadows 6 Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Williams Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wanda Stanley Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal Kinnman Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$30.00
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:

2 FILER NAME

April Ryan

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

AGW Properties LLC

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

New Braunfels, TX 78130

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/10/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Danette Hensley

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

New Braunfels, TX 78130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Raba Kistner PAC INC

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

PO BOX 690287, San Antonio, TX 78269

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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:
2 FILER NAME <b>April Ryan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/2023</b>	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jan Kingsburry</b></div><div>7 Amount of contribution (\$) <b>\$100.00</b></div></div> <div style="display: flex; justify-content: space-between;"><div>6 Contributor address; City; State; Zip Code <b>[REDACTED] New Braunfels, TX 78132</b></div></div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/10/2023</b>	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandi Shahan</b></div><div>Amount of contribution (\$) <b>\$25.00</b></div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; City; State; Zip Code <b>[REDACTED] New Braunfels, TX 78130</b></div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/2023</b>	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Coker</b></div><div>Amount of contribution (\$) <b>\$50.00</b></div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; City; State; Zip Code <b>[REDACTED] New Braunfels, TX 78130</b></div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/17/2023</b>	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>2Tarts Catering LLC</b></div><div>Amount of contribution (\$) <b>\$100.00</b></div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; City; State; Zip Code <b>139 N Casteel Ave Ste 300, New Braunfels, TX 78130</b></div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME <b>April Ryan</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pat and Becky Wiggins</b> 6 Contributor address; City; State; Zip Code <b>[REDACTED] New Braunfels, TX 78130</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/10/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barron and Michele Castell</b> Contributor address; City; State; Zip Code <b>[REDACTED] New Braunfels, TX 78130</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Atanacio Campos</b> Contributor address; City; State; Zip Code <b>[REDACTED] New Braunfels, TX 78130</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Lynn Dixon</b> Contributor address; City; State; Zip Code <b>[REDACTED] New Braunfels, TX 78130</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME April Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Meek 6 Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Gannon Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Singleterry Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Welch Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$50.00
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:
2 FILER NAME April Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linnea Toney 6 Contributor address; City; State; Zip Code [REDACTED] Las Angeles, CA 90041	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashliegh White Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna Neel Contributor address; City; State; Zip Code [REDACTED] San Marcos, TX 78666	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Moreno Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78260	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME April Ryan		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Wilson 6 Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Gomez Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78132	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Jeffers Contributor address; City; State; Zip Code [REDACTED] St, New Braunfels, TX 78130	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Gandrud Contributor address; City; State; Zip Code [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$100.00
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 A2

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A2:

## 2 FILER NAME

April Ryan

### 3 Filer ID (Ethics Commission Filers)

#### 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

**5 Date**

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

## NB Sign & Design

**8** Amount of Contribution \$

### 9 In-kind contribution description

3/7/2023

**7** Contributor address; City; State; Zip Code

\$500

## Signs

1229 Industrial Dr Ste F, New Braunfels, TX 78130

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

**In-kind contribution description**

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME April Ryan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/23/2023	<b>5</b> Payee name NB Sign & Design		
<b>6</b> Amount (\$) \$1322.40	<b>7</b> Payee address; City; State; Zip Code 1229 Industrial Dr Ste F, New Braunfels, TX 78130		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expenses		<b>(b)</b> Description Signs and T-shirts
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 3/22/2023	Payee name McAdoos Seafood Company		
Amount (\$) \$2469.45	Payee address; City; State; Zip Code 196 N Castell Ave, New Braunfels, TX 78130		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description City council kickoff 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			
Date 3/2023	Payee name Stripe		
Amount (\$) \$169.53	Payee address; City; State; Zip Code 354 Oyster Point Blvd, San Francisco, CA 94080		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Credit card processing
	<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			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			