

**APPOINTMENT OF A CAMPAIGN TREASURER
BY A CANDIDATE**

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed: <i>1 Page</i>	
2 CANDIDATE NAME	MS / MRS / MR	FIRST <i>MS</i> <i>APRIL</i>		MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>RYAN</i>		SUFFIX	Filer ID #		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Date Received <i>2-9-2023</i>	
	<i>NEW BRAUNFELS, TX 78130</i>					Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER <i>(830) 743-9003</i>		EXTENSION	Receipt #	Amount \$	
						Date Processed	
5 OFFICE HELD (if any)							Date Imaged
6 OFFICE SOUGHT (if known)	<i>CITY COUNCIL DIST. 6</i>						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST <i>DANI</i>	MI	NICKNAME	LAST	SUFFIX <i>HENSLEY</i>	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT / SUITE #; CITY; STATE; ZIP CODE <i>239 SCHUMANNS BEACH RD, NEW BRAUNFELS, TX 78130</i>						
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER <i>(512) 417-0780</i>		EXTENSION			
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.						
	 <i>April Ryan</i> Signature of Candidate						
						<i>2/9/2023</i> 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: 13	
3 CANDIDATE / OFFICEHOLDER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR	FIRST April		MI	OFFICE USE ONLY	
	NICKNAME	LAST Ryan	SUFFIX	Date Received 4/6/2023 12:11pm		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	[REDACTED] New Braunfels, TX 78130					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512) 917-6707					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dani		MI	Receipt #	
	NICKNAME	LAST Hensley	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;				STATE; ZIP CODE	
	239 Schumanns Beach Rd, New Braunfels TX 78130					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(512) 417-0780					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 2 / 9	Day / 23	Year / 23	Month 3 / 27	Day / 23	
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City Council District 6		
14 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 / 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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

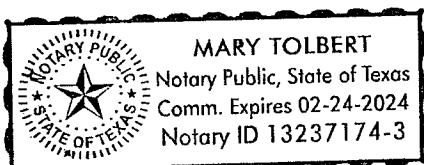
GO TO PAGE 2

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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4595.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 125.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 3961.38
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 319.17
	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 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 5th day of April,
20 23, to certify which, witness my hand and seal of office.

Mary Tolbert 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	20 Filer ID (Ethics Commission Filers)
April Ryan	
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 Cordell Bunch 6 Contributor address; [REDACTED] New Braunfels, TX 78130	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]) 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 Rachel Cunningham Contributor address; [REDACTED] Dayton, OH 45405	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/3/2023	Full name of contributor Kathryn Balmos Contributor address; [REDACTED] New Braunfels, TX 78130	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/2023	Full name of contributor Marta Hinkle Contributor address; [REDACTED] TX 76854	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	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 Justin Meadows 6 Contributor address; [REDACTED] New Braunfels, TX 78130	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code	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 James Williams Contributor address; [REDACTED] New Braunfels, TX 78130	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2023	Full name of contributor Wanda Stanley Contributor address; [REDACTED] New Braunfels, TX 78130	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2023	Full name of contributor Crystal Kinnman Contributor address; [REDACTED] New Braunfels, TX 78130	<input type="checkbox"/> out-of-state PAC (ID#: City; State; Zip Code	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 AGW Properties LLC	<input type="checkbox"/> out-of-state PAC (ID#:)		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 Danette Hensley	<input type="checkbox"/> out-of-state PAC (ID#:)		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 Raba Kistner PAC INC	<input type="checkbox"/> out-of-state PAC (ID#:)		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	<input type="checkbox"/> 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.				

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

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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 Jan Kingsbury	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) \$100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX 78132	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 3/10/2023	Full name of contributor Sandi Shahan	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$25.00
	Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/2023	Full name of contributor John Coker	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$50.00
	Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/2023	Full name of contributor 2Tarts Catering LLC	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$100.00
	Contributor address; 139 N Casteel Ave Ste 300, New Braunfels, TX 78130	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**

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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 Pat and Becky Wiggins 6 Contributor address; [REDACTED] New Braunfels, TX 78130	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2023	Full name of contributor Barron and Michele Castell Contributor address; [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor Atanacio Campos Contributor address; [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor Sarah Lynn Dixon Contributor address; [REDACTED] New Braunfels, TX 78130	Amount of contribution (\$) \$200.00
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

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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 Michael Meek	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) \$100.00
6 Contributor address; [REDACTED]		City; State; Zip Code [REDACTED] New Braunfels, TX 78130	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 3/9/2023	Full name of contributor Gary Gannon	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$25.00
Contributor address; [REDACTED]		City; State; Zip Code [REDACTED] New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2023	Full name of contributor Jennifer Singleterry	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$50.00
Contributor address; [REDACTED]		City; State; Zip Code [REDACTED] New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2023	Full name of contributor Melissa Welch	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$50.00
Contributor address; [REDACTED]		City; State; Zip Code [REDACTED] New Braunfels, TX 78130	
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**

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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 Linnea Toney	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$200.00
	6 Contributor address;	City; State; Zip Code [REDACTED] Las Angeles, CA 90041	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 3/8/2023	Full name of contributor Ashliegh White	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;	City; State; Zip Code [REDACTED] New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/2023	Full name of contributor Hanna Neel	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$20.00
	Contributor address;	City; State; Zip Code [REDACTED] San Marcos, TX 78666	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2023	Full name of contributor Charlie Moreno	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;	City; State; Zip Code [REDACTED] San Antonio, TX 78260	
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

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<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
<p>2 FILER NAME April Ryan</p>			3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Full name of contributor Jenny Wilson	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) \$150.00
	6 Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX 78130	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
Date 3/9/2023	Full name of contributor Jonathan Gomez	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$20.00
	Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX 78132	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
Date 3/9/2023	Full name of contributor Robin Jeffers	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$100.00
	Contributor address; [REDACTED]	City; State; Zip Code St, New Braunfels, TX 78130	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
Date 3/9/2023	Full name of contributor Matt Gandrud	<input type="checkbox"/> out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) \$100.00
	Contributor address; [REDACTED]	City; State; Zip Code New Braunfels, TX 78130	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME April Ryan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 3/7/2023	6 Full name of contributor NB Sign & Design 7 Contributor address; City; State; Zip Code 1229 Industrial Dr Ste F, New Braunfels, TX 78130	8 Amount of Contribution \$ \$500 9 In-kind contribution description Signs <input type="checkbox"/> 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 Contributor address; City; State; Zip Code	Amount of Contribution \$ <input type="checkbox"/> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME April Ryan	3 Filer ID (Ethics Commission Filers)	
4 Date 3/23/2023	5 Payee name NB Sign & Design		
6 Amount (\$) \$1322.40	7 Payee address; 1229 Industrial Dr Ste F, New Braunfels, TX 78130	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Signs and T-shirts	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/22/2023	Payee name McAdoos Seafood Company		
Amount (\$) \$2469.45	Payee address; 196 N Castell Ave, New Braunfels, TX 78130	City; State; Zip Code	
PURPOSE OF EXPENDITURE	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; 354 Oyster Point Blvd, San Francisco, CA 94080	City; State; Zip Code	
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED