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| CANDIDATE / OFFICEHOLDER<br>CAMPAIGN FINANCE REPORT                                      |  | FORM C/OH<br>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: 2                 |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>April  | OFFICE USE ONLY<br>Date Received<br>1-15-26            |  |
|  | NICKNAME LAST SUFFIX<br>Ryan   |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>New Braunfels, TX 78130  |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 512 ) 917-6707   |  | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Dani   | Receipt # Amount \$                                    |  |
|  | NICKNAME LAST SUFFIX<br>Hensley  | Date Processed   |  |
|  | Date Imaged  |  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>239 Schumanns Beach Rd, New Braunfels, TX 78130   |  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 512 ) 417-0780   |  |  |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><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 Day Year    Month Day Year<br>7 / 15 / 2023    THROUGH 1 / 15 / 2024   |  |  |
| 11 ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>6 / 17 / 2023 <input type="checkbox"/> General <input type="checkbox"/> Special   |  |  |
| 12 OFFICE  | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known)<br>City Council District 6 |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | 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"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | COMMITTEE TYPE    COMMITTEE NAME                       |  |
|  |  | COMMITTEE ADDRESS                                      |  |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME                      |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS                   |  |
| GO TO PAGE 2   |  |  |  |

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

16 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) \$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0
4. TOTAL POLITICAL EXPENDITURES \$ 0


CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1202.93

OUTSTANDING  
LOAN TOTALS

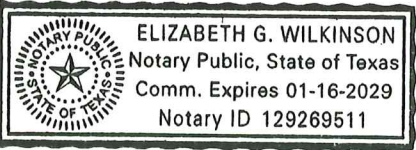
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

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 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 15 day of January, 2026, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Elizabeth G. Wilkinson  
Printed name of officer administering oath

City Secretary / Notary  
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)