

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>DR</b> NICKNAME <b>MIKE</b>	FIRST <b>JAMES</b> LAST <b>RYAN</b>	MI <b>M</b> SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; <b>5248 ALVAE WAY FULBROOK TX 76126</b>		CITY; STATE; ZIP CODE
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(361)</b>		PHONE NUMBER <b>550-2220</b>
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>MR</b> NICKNAME <b>KAL</b>	FIRST <b>KALMAN</b> LAST <b>SILVERBERG</b>	MI <b>G</b> SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>4212 JOSHUA CT FULBROOK TX 76109-4920</b>		CITY; STATE; ZIP CODE
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(817)</b>		PHONE NUMBER <b>921-6491</b>
<b>9 REPORT TYPE</b>	<input 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) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year <b>04 / 05 / 2017</b>		Month    Day    Year <b>04 / 27 / 2017</b>
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>05 / 06 / 2017</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>MAY 6TH, 2017 ELECTIONS</b>	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>FWISD, DISTRICT 7</b>	
<b>GO TO PAGE 2</b>			

OFFICE USE ONLY

Date Received  
**RECEIVED**  
**APR 28 2017**  
**Board of Education**

Date Hand-delivered or Date Postmarked  
**4-28-17**

Receipt #    Amount \$

Date Processed  
**4-28-17**

Date Imaged  
**4-28-17**

by [Signature]

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Dr. James M. Ryan 15 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 / 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.

GENERAL  
 SPECIFIC

COMMITTEE TYPE:  GENERAL

COMMITTEE NAME: UNITED EDUCATORS ASSOCIATION GOOD SCHOOLS PAC

COMMITTEE ADDRESS: 4900 SE Loop 820 #200, Fort Worth, TX 76140

COMMITTEE CAMPAIGN TREASURER NAME: Rose Elliot

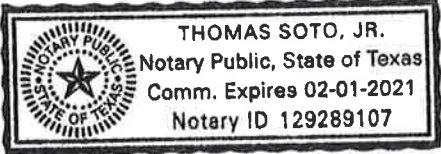
COMMITTEE CAMPAIGN TREASURER ADDRESS: 4900 SE Loop 820 #200, Fort Worth, TX 76140

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,350.00 (TOTAL)
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 122.92
	4. TOTAL POLITICAL EXPENDITURES	\$ 2943.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 406.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

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.



James M Ryan  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James M. Ryan, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

Thomas Soto Jr.  
Signature of officer administering oath

Thomas Soto Jr.  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 350.00 (SINCE LAST RPT)
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2821.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>DR JAMES M. RYAN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-4-2017</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAMELA RYAN EHLU</i>	7 Amount of contribution (\$)  <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>524 ST THOMAS CT. IOWA CITY, IA 52245</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>4-5-2017</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LIZ GRANT</i>	Amount of contribution (\$)  <i>100.00</i>
Contributor address; City; State; Zip Code <i>431 DA VINCI LANE WYLLIE, TX 75098</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4-10-2017</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MAT ROLAND E. ANDERSEN</i>	Amount of contribution (\$)  <i>200.00</i>
Contributor address; City; State; Zip Code <i>6817 GREEN MEADOW DR FT WORTH, TX 76132</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>DR JAMES M. RUAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4-7-2017</b>	<b>5</b> Payee name <b>T3 PRINT</b>	
<b>6</b> Amount (\$) <b>\$2,821.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>7370 DOGWOOD PARK DR RICHLAND HILLS, TX 76118</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	<b>(b)</b> Description <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	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <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	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Payee address; City; State; Zip Code	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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