CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | 4 51 32 61 3 | 2 Trial Sledi | | |
|---|---|--|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission File) | | 1 Filer (D (Ethics Commission Filers) | 2 Total pages filed: | | |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST Mr John | R | OFFICE USE ONLY | | |
| NAME | | | Date Received | | |
| | NICKNAME LAST | SUFFIX | RECEIVED | | |
| | Ryan | | KLOLIVIS | | |
| 4 CANDIDATE / OFFICEHOLDER | | CITY; STATE; ZIP CODE | JUL 1 5 2020 | | |
| MAILING ADDRESS | P.O. Box 97 Denton TX 76202 City Manager's / City | | | | |
| Change of Address | | Secretary's Office | | | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | | | |
| OFFICEHOLDER PHONE | (940) 206-7213 | | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN | MS / MRS / MR FIRST | MI | Receipt # Amount \$ | | |
| TREASURER NAME | NICKNAME Bette | | Date Processed | | |
| 9.5 | Sherman | 00.1. | Date Imaged | | |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / S | | STATE; ZIP CODE | | |
| TREASURER ADDRESS | 3411 Shadow Brook | Ct Venton | TX 76210 | | |
| (Residence or Business) | | • | • | | |
| | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (940) 380 - 9026 | EXTENSION | | | |
| 9 REPORT TYPE | January 15 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | July 15 8th day before ele | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | | |
| 10 PERIOD | Month Day Year | Month | Day Year | | |
| COVERED | 1/1/20 | THROUGH 6 | 30/20 | | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | | | |
| | Month Day Year Primary | Runoff Other Description | | | |
| | General | Special | Address of the second of the s | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known | 1) | | |
| | Denton City Council, | | | | |
| | Denton City Council, District 4 | | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | lohn 1 | R Ryan | 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 I SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER 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 | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | PLEDG | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY) | \$ -0 - | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | s - O - | | |
| 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 | | \$ 325.13 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$7200.00 | | \$ 7200,00 | | |
| 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. STATE OF TEXAS ID#125830537 | | | | | |
| My Comm. Exp. Sept. 7, 2022 Signature of Candidate or Officeholder | | | | | |
| AFFIX NOTARY STAMP / SEALABOVE | | | | | |
| Sworn to and subscribed before me, by the said John R. Byan , this the 15th | | | | | |
| day of July, 20_20, to certify which, witness my hand and seal of office. | | | | | |
| 1. P. Blaina R. Parker Deputy CitySec. / Nothing | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |