CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086370 36 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable John W. 07/18/2023 NAME NICKNAME **LAST SUFFIX Bryant** Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff Other (specify) January 15 REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed 8th day before election Final Report (Attach C/OH-FR) ORIGINAL PERIOD Month Month Day Day Year Year Date Imaged **COVERED THROUGH** 01/01/2023 06/30/2023 **EXPLANATION OF CORRECTION** The amount of loans was incorrect. The correction has been made. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable John W. Bryant Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		1 Filer ID (Ethics Commit 00086370		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	John W.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME L	_AST		SUFFIX	07/18/2023	
	E	Bryant				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CITY	/ ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 140977				Receipt #	Amount
Change of Address	Dallac TV 75214					
Charge of Address	Dallas, TX 75214				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME		oan D.				
	NICKNAME L	AST		SUFFIX		
	S	Smotzer				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OY DI EVSE).	ΛD	Γ / SUITE #; CITY;	STA ⁻	TE; ZIP CODE
TREASURER ADDRESS	3030 McKinney Avenue	OA FLEASE),	AF	173011E#, CITT,	314	TE, ZIF CODE
(Residence or Business)						
	Dallas, TX 75204					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(214) 642-4480					
PHONE	, ,					
8 REPORT TYPE		Out to before		D"	7 45% 4 6	
'''	January 15	30th day before	election	Runoff	15th day after cam appointment (office	eholder only)
	X July 15	8th day before e	lection	Exceeded modified	Final Report (Attac	ch C/OH-FR)
				reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE		•	ELECTION TYPE	□ out	
	Month Day Year	X Pri	imary	Runoff	Other	
		Ge	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	State Representative Place	Dallas District	114 Dallas	State Representa	ative Place Dallas	District D114
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 36

13 C / OH NAME	Bryant, John W. (The	Honorable)	14 Filer ID 00086370	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 13,002.43
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 25,794.23
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 7,208.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING I TING PERIOD	OANS AS OF THE LAST DAY	\$ 48,500.00
17 AFFIDAVIT			ider penalty of perjury, that the ac includes all information required to ion Code.	
			The Honorable John W. Brya	nt
		S	ignature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of	f office.	
Signature of office	cer administering	Printed name of officer administeri	ng Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 36

					4 01 30
18 FIL	ER NAM	AE	19 Filer ID	(Ethi	cs Commission Filers)
Br	yant, Jo				
		E SUBTOTALS			SUBTOTAL AMOUNT
IN/A	ME OF	SCHEDULE		_	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,950.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,052.43
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. X SCHEDULE E: LOANS			\$	4,000.00
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	25,794.23
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	_
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/36	
2	FILER NAME Bryant, John	w. (The Honorable)		3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 06/27/2023	5 Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Austin, TX 78701 spation / Job title (See Instructions)	9 Employer (See Instructions			
	Timolpai ooda	pation 7 cos title (ecc metadotorio)	Employer (eee metrocione	,		
	Date 06/27/2023	Full name of contributor			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Dallas, TX 75235 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Timolpai ooda	pation 7 oos tillo (oos molidolono)	Employer (eee mendener	,		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Cain , Randy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78763				
	Principal occu Lobbyiest	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_Focused Advocacy PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_Gilchrist, Alfred Contributor address; City; State; Zip Code Mntrose, CO 81401			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions NA)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/36	
2	FILER NAME Bryant, John	W. (The Honorable)		3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 06/27/2023	 Full name of contributor out-of-state PAC (ID#:_ Hatch III, J Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$500.00
_	5	Buda, TX 78610				
8	requested	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/27/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ KPW Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Keffer Konsulting LLC Contributor address; City; State; Zip Code Eastland, TX 76448			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_Kelley, Rusty Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Blackridge)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/36	
2	FILER NAME Bryant, John	n W. (The Honorable)		3	Filer ID (Ethics Commission 00086370	n Filers)
4	Date 06/26/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78703				
8	Principal occu None	pation / Job title (See Instructions)	9 Employer (See Instructions None	5)		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_ Marston, Jim Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Regional Director Environmental Defense		Fu	nd		
	Date 06/27/2023	Full name of contributor x out-of-state PAC (ID#:_McGuire Woods Consulting Contributor address; City; State; Zip Code	C00225342)		Amount of Contribution (\$)	\$250.00
		Richmond, VA 23219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ Randy Lee Public Affairs Contributor address; City; State; Zip Code Austin, TX 78767			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_Seidlits, Curtis Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Focused Advocacy	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/36	
2	FILER NAME Bryant, Johr	n W. (The Honorable)		3	Filer ID (Ethics Commiss 00086370	ion Filers)
4	Date 06/22/2023	5 Full name of contributor out-of-state PAC (ID#:_Smith, Thomas 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 76746 upation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	Director		Texas Electric Directors			
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78705				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/5 Rpt: 9/36	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Bryant, Johr	n W. (The Honorable)		00086370	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 06/27/2023	Brown, Gabrina)	8 Amount of 9 In-kind contribution contribution (\$) description \$38.86 Reception cost	
	7 Contributor address; City; State; Zip Code			
10 Dringing age	Austin, TX 78701 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOD NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)	
Lobbyist		11 Employer (FOR NON		
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 contributo	or'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 In-kind contribution	
06/27/2023	Chapman, Randy		contribution (\$) description \$38.86 Reception cost	
	Contributor address; City; State; Zip Code		J	
			ŀ	
	Austin, TX 78701		Chaeleif travel outside of Toyloo Complete Schodule T	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)	
Lobbyist	,		, , ,	
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution	
06/27/2023	Danburg, Debra		contribution (\$) description \$38.86 Reception cost	
	Contributor address; City; State; Zip Code			
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
Principal occu Lobbyist	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	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)	1		

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/5 Rpt: 10/36	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	n W. (The Honorable)		00086370	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 06/27/2023			8 Amount of contribution (\$) In-kind contribution description \$38.86 Reception cost	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		
Lobbyist		Self		
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 contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Hance, Kent (The Honorable) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$38.86 Reception Cost	
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	·	
Lobbyist		Hance Scarbourou	gh, LLP	
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/27/2023	Full name of contributor out-of-state PAC (ID#: Ingersoll, Deborah Contributor address; City; State; Zip Code Austin, TX 78763)	Amount of In-kind contribution contribution (\$) description \$275.00 event coordination fee	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		
Event Coord	· · · · · · · · · · · · · · · · · · ·	Legislative Solution	,	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCH	EDL	JLE	A2

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 3/5 Rpt: 11/36
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	n W. (The Honorable)		00086370
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
5 Date 06/27/2023	 Full name of contributor out-of-state PAC (ID#:		8 Amount of contribution (\$) 9 In-kind contribution description \$350.00 email invitation distribution
10 Dringing Lago		14 Francisco (FOD NON	Check if travel outside of Texas. Complete Schedule T.
Lobbyist	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Blackridge	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
10 ii contributor	is a clinid, law little of pareful(s) (if ally) (if ON SODICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
06/27/2023	Martinez, Mario A		contribution (\$) description
	Contributor address; City; State; Zip Code		\$38.83 Reception cost
			į
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Lobbyist	,		,
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
06/27/2023	Montford, John T		contribution (\$) description
	Contributor address; City; State; Zip Code		\$38.86 Reception cost
	, , , ,		
			į
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Lobbyist		Self	
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)			orlo enques (if any) (FOR 31 DICIAL)
Contributors	employer/law firm (FOR JUDICIAL)	Law IIIII OI CONTIBUT	oi s spouse (ii aiiy) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

SCHEDULE A2

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 4/5 Rpt: 12/36
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	n W. (The Honorable)		00086370
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
06/27/2023	Schlueter, Stan		contribution (\$) description \$38.86 Reception cost
	7 Contributor address; City; State; Zip Code		I
	Austin, TX 78768		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Lobbyist		The Schlueter Gro	up
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 contribute	or'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 ! In-kind contribution
06/27/2023	Scurlock, Steve		contribution (\$) description
00/21/2020			\$38.86 Reception cost
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		marriage 1
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Lobbyist	apation, oob title (1 Ort NOIV OODIONAL) (1000 measurement)	IBAT	(Cook measurement)
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributors	principal occupation (i on ooblowle)	Contributor 3 job title	(FOR GODION LE) (Good mean action le)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
Contributors	employer/law lifti (i OK 30DICIAL)	Law IIIII of Contribute	or a spouse (ii arry) (i ort sobicial)
If contributor	is a shild law firm of parant(s) (if any) (FOR HIDICIAL)		
ii 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 In-kind contribution contribution (\$) description
06/27/2023	Seidlits, Curtis		\$38.86 Reception cost
	Contributor address; City; State; Zip Code		I
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	,
CEO		Focused Advocacy	У
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 13/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bryant, John W. (The Honorable) 00086370 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/27/2023 Spillman, Tom \$38.86 Reception cost 7 Contributor address; City; State; Zip Code Austin, TX 78701 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) Wholesale Beer Distributors of Texas Lobbyist 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)

	LOANS						SCHEDULE E
	The Instruction	on Guide explains ho	ow to c	complete this f	form. 1 Total pages Schedule E: Sch: 1/1 Rpt: 14/36		
2	FILER NAME Bryant, John W.	(The Honorable)				3 Filer ID 000863	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$
5	Date of loan 06/22/2023	7 Name of lender Bryant, John		out-of-state PA	C (ID#:		9 Loan Amount (\$) \$500.00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate
	No	Dallas, TX 75214					11 Maturity Date
12	Principal occupation Attorney	on / Job title (See Instruction	ons)		13 Employer (See Instructions Self	5)	
14	Description of Coll X None	ateral			15 Check if personal funds we	ere deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code		
20	Principal occupation	l on			21 Employer (See Instructions	5)	
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)
	05/22/2023	Bryant, John					\$3,500.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code		Interest Rate
	No	Dallas, TX 75214					Maturity Date
	Principal occupation	on / Job title (See Instruction	ns)		Employer (See Instructions	s)	
	Attorney				Self		
	Description of Coll X None	ateral			Check if personal funds were deposited into political account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code		
	Principal occupation	on			Employer (See Instructions)		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee 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: Sch: 1/22 Rpt: 15/36	2 FILER NAME Bryant, John W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086370	
	<u> </u>		_
4	Date	5 Payee name	
	01/06/2023	A Toast to the Trolley	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$160.76	715 Parkmont	
		Dallas, TX 75214	
_	DUDD005		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Tickets	
		HUNCIS	
_			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit of or		
	Date	Payee name	
	01/17/2023	Access Valet	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.00	Requested	
		Austin, TX 78701	
	DUDD005		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if to your categories of Taylor Complete Schedule T	
	EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Parking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
			_
	Date	Payee name	
	06/30/2023	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.31	P O Box 441146	
		Somerville, ME 02144	
	PURPOSE		_
	OF		
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/22 Rpt: 16/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	01/03/2023	Avis Rent a Car
6	Amount (\$) \$229.22	7 Payee address; City; State; Zip Code 1303 Commerce
		Dallas, TX 75201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin trip
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2023	Avis Rent a Car
	Amount (\$) \$582.04	Payee address; City; State; Zip Code 1303 Commerce
		Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Car rental
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2023	Buzzbrew
	Amount (\$) \$40.41	Payee address; City; State; Zip Code 5815 Live Oak Street
		Dallas, TX 75214
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee Legal Service			s/Contract Labor	Travel Out OTHER (er	of District nter a category not listed al	oove)
Ļ	T		Ction Gaiac explains now to	compi		. =:	(EIII.) - O	
1	Total pages Schedule F1:				3	3 Filer ID	(Ethics Commiss	sion Filers)
	Sch: 3/22 Rpt: 17/36	Bryant, John W. (The	e Honorable)			000863	70	
4	Date	Payee name						
	01/30/2023	Cameron Addams						
6	Amount (\$)	Payee address; Cit	y; State; Zip	Code				
ľ	\$100.00	13687 Purple Sage	y, State, Zip	Oouc				
	φ100.00	13007 Fulple Sage						
		Dallas, TX 75240						
8	PURPOSE	Category (See Categories	listed at the top of this schedule)	(b)	Description			
	OF	Salaries/Wages/Conf			_	ıtside of Texas.	Complete Schedule T.	
	EXPENDITURE	•			Check if Austin, T	TX, officeholder	living expense	
					Contract Labor	r		
9	Complete ONLY if direct	Candidate/Officeholder n	ame Office s	ought		Offic	ce held	
	expenditure to benefit C/OI							
_	Date	Dayoo nama						
	01/20/2023	Payee name	tol					
		Capitol Grille in Capit						
	Amount (\$)	Payee address; Cit	y; State; Zip	Code				
	\$6.33	Capitol Building						
		Austin, TX 78768						
	PURPOSE	Category (See Categories	listed at the ten of this schedule)	(b)	Description			
	OF	Food/Beverage Expe		`		ıtside of Texas.	Complete Schedule T.	
	EXPENDITURE	Toda/Bovorago Expe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if Austin, T	ΓX, officeholder	living expense	
					Staff Coffee			
	Complete ONLY if direct	Candidate/Officeholder n	ame Office s	ought		Offic	ce held	
	expenditure to benefit C/OI							
-	Date	Dayloo nomo						
		Payee name	tal					
	01/20/2023	Capitol Grille in Capit						
	Amount (\$)	Payee address; Cit	y; State; Zip	Code				
	\$46.55	Capitol Building						
		Austin, TX 78768						
	PURPOSE	Category (See Categories	listed at the top of this schodule)	(b)	Description			
	OF	Food/Beverage Expe		`		ıtside of Texas.	Complete Schedule T.	
	EXPENDITURE	r oour borolago Expe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if Austin, T	ΓX, officeholder	living expense	
					Lunch for Staff	f		
	Complete ONLY if direct	Candidate/Officeholder n	ame Office s	ought		Offic	ce held	
	expenditure to benefit C/OI			-				

SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Foold/Beverage Expense Polling Expense Offit/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/22 Rpt: 18/36	Bryant, John W. (The Honorable) 00086370	
4	Date	5 Payee name	
	02/01/2023	Capitol Grille in Capitol	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.48	Capitol Building	
		Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Lunch with visitors	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	01/03/2023	Capitol Grille	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$99.81	117 W 4th	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Staff Interview	
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	01/18/2023	Capitol Grille	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$123.48	117 W 4th	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Dinner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
			_

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 5/22 Rpt: 19/36	2 FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
4	Date 01/10/2023	5 Payee name Central Market	00000370
6	Amount (\$) \$1,148.53	7 Payee address; City; State; Zip Code 4477 S Lamar	
8	PURPOSE OF EXPENDITURE	Austin, TX 78745 (a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense First Day of Session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/26/2023	Payee name Chevron	
	Amount (\$) \$44.75	Payee address; City; State; Zip Code S I35	
		Hillsboro, TX 76645	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/01/2023	Payee name Chili's	
	Amount (\$) \$51.80	Payee address; City; State; Zip Code 45th and Lamar	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 7	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/22 Rpt: 20/36	Bryant, John W. (The Honorable) 00086370
4 [Date	5 Payee name
C	01/05/2023	Dallas Desk
6 <i>A</i>	Amount (\$) \$229.22	7 Payee address; City; State; Zip Code 15207 Midway Addison, TX 75001
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Furniture (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense \$229.22
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
C)1/09/2023	Dallas Desk
F	Amount (\$) \$519.44	Payee address; City; State; Zip Code 15207 Midway Addison, TX 75001
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Furniture (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Furniture
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2023	Dirty Martin's
F	Amount (\$) \$58.81	Payee address; City; State; Zip Code 2808 Guadalupe
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 7/22 Rpt: 21/36	Bryant, Joh	nn W. (The Honorable)					00086370		
4	Date	5 Payee name	?							
	01/17/2023	Doubletree	!							
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$665.34	303 W 15tl	า							
		Austin, TX	78701							
8	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Lodging				=		ide of Texas. Con , officeholder livin	nplete Schedule T.	
						Lodging	, 17	, officeriolaer livin	g expense	
						99				
9	Complete ONLY if direct		ficeholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	?							
	01/23/2023	Doubletree	!							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$1,005.06	303 W 15tl	ı							
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Lodging				=			nplete Schedule T.	
						Lodging	, 12	, officeholder livin	g expense	
						Loaging				
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	aht			Office h	eld	
	expenditure to benefit C/OI				J					
Г	Date	Payee name								
	01/27/2023	Doubletree	!							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$514.47	303 W 15tl	1							
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Lodging				므			nplete Schedule T.	
						ш	, TX	, officeholder livin	g expense	
						Lodging				
\vdash	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	aht			Office h	eld	
I	expenditure to benefit C/OI		noonolaci name	Onice 300	Aur			Onice II	OIG.	
\vdash										
L										10.0

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ott Labor OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/22 Rpt: 22/36		Bryant, John W. (The Honorable)		00086370
4	Date	5	Payee name		
	01/23/2023		EToll		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$6.63		Requested		
			Austin, TX 78701		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Parking		Check if travel outside of Texas. Complete Schedule T.
	LA LIBERONE				Check if Austin, TX, officeholder living expense Parking
					raiking
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	ıaht	Office held
3	expenditure to benefit C/OI		Sandidate/Officeriolder frame Office Soci	igiit	Office field
_	Data	_		—	
	Date 01/03/2023		Payee name		
		▙	Ebay		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$512.02		2145 Hamiton		
		L	San Jose, CA 95125		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Office Funiture		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					\$512.02
	Complete ONLY if direct	(Candidate/Officeholder name Office sou	<u>ı</u> ıght	Office held
	expenditure to benefit C/OI	Н			
	Date	Π	Payee name		
	01/03/2023		Federal Express		
	Amount (\$)	H	Payee address; City; State; Zip Co	ode	
	\$38.55		Old Town		
			Dallas, TX 75206		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	()	Fees	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Mail
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
	experientare to benefit Great				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	olete this form.
1	Total pages Schedule F1: Sch: 9/22 Rpt: 23/36	2 FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
4	Date 01/03/2023	5 Payee name Google	0000010
6	Amount (\$) \$63.96	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 02/02/2023	Payee name Google	
	Amount (\$) \$63.96	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website and Software
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 05/02/2023	Payee name Google	
	Amount (\$) \$63.96	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website and Solfware	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website and Software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/22 Rpt: 24/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	06/02/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.96	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Website and Software Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website and Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/20/2023	Jack Boles Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	8150 Brookriver
		Dallas, TX 75247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2023	Julio's Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.57	4230 Duval
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 11/22 Rpt: 25/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	01/13/2023	Kroger Fuel Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.48	10706 E NW Highway
		Dallas, TX 75218
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	06/27/2023	Kyle Manley Parking
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$17.36	Requested
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		I diking
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	04/17/2023	La Quinta
L	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	300 E 11th St
	Ψ300.00	300 E 11ti St
		Austin, TX 78701
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Lodging (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		Vages	/Contract Labor		OTHER (enter	a category not	listed above)
L				The Instruction G	uide explains	now to co	mpie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID	(Ethics Co	ommission Filers)
	Sch: 12/22 Rpt: 26/36		Bryant, Joh	n W. (The Hond	orable)					00086370)	
4	Date	5	Payee name									
	01/18/2023		Mailchimp									
<u>_</u>	Amount (¢)	7		ss; City;	Ctata	; Zip Co	do					
ľ	Amount (\$)	 ′	Payee addre		Siale,	, Zip Cu	ue					
	\$684.00		675 Ponce	de Leon								
			Atlanta, GA	30308								
8	PURPOSE	(a)	Category (s	ee Categories listed at	the ten of this cah	odulo)	(b)	Description				
	OF	``	Advertising		the top of this scri	ledule)	(- ,	Check if travel	outsi	de of Texas. Co	mplete Schedu	le T.
	EXPENDITURE		ravertising	Expense				Check if Austin,	, TX,	officeholder livi	ng expense	
								Mail				
9	Complete ONLY if direct	(Candidate/Off	iceholder name		Office sou	aht			Office	held	
ľ	expenditure to benefit C/OI			ioonolaoi namo			9			000		
⊨		_										
	Date		Payee name									
	06/20/2023		Mi Cocina's	i								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$56.43		Lakewood :	Shopping Cene	r							
			Dallas, TX	75217								
L		L										
	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				Check if travel of				le T.
								Check if Austin,			ng expense	
								Lunch for voic	un	CCIS		
L												
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght			Office	held	
L	experientare to benefit 6/01											
	Date		Payee name									
	06/26/2023		Mi Cocina's	i								
	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	nde					
	\$98.51		•	Shopping Cene		, Zip 00	uc					
	Ψ90.31		Lakewoou	Shopping Cene	ı							
			Dallas, TX	75214								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF			rage Expense		ŕ		Check if travel	outsi	de of Texas. Co	mplete Schedu	le T.
	EXPENDITURE							Check if Austin,	, TX,	officeholder livi	ng expense	
								Lunch				
1												
	Complete ONLY if direct		Candidate/Off	ceholder name	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
\vdash												
l												
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/22 Rpt: 27/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	01/18/2023	Minnis, Norma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$176.00	P.O. Box 140977
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	01/31/2023	Minnis, Norma
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$204.00	P.O. Box 140977
	7_2,332	
l		Dallas, TX 75214
⊢	PURPOSE	<u> </u>
l	OF	(a) Category (See Categories listed at the top of this schedule) Supplies (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
l	Date	Payee name
L	06/14/2023	Minnis, Norma
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$79.04	PO Box 140977
l		
		Dallas, TX 75214
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Reimbursement for lunch expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 14/22 Rpt: 28/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	01/06/2023	Paul Ridley Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5100 Victor
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/19/2023	Readyfresh
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$35.08	16420 N Interstate 35
		Austin, TX 78728
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water Supplies
		water Supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/21/2023	Readyfresh
H	Amount (\$)	Payee address; City; State; Zip Code
	\$21.74	16420 N Interstate 35
		Austin, TX 78728
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water Supply
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Expe	ense Travel Out of District pes/Contract Labor OTHER (enter a category not listed above)
1	Total pages Cabadula F1:	·	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:		, , , , , , , , , , , , , , , , , , , ,
	Sch: 15/22 Rpt: 29/36	Bryant, John W. (The Honorable)	00086370
4	Date	5 Payee name	
	05/22/2023	Readyfresh	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$42.80	16420 N Interstate 35 Austin, TX 78728	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF	Supplies	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Water Supply
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	ot Office held
	Date	Payee name	
	06/22/2023	Readyfresh	
		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.80	16420 N Interstate 35	
		Austin, TX 78728	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water Supply
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	office held
	Date	Payee name	
	01/30/2023	Reservations.com	
	Amount (\$) \$25.13	Payee address; City; State; Zip Code 390 N Orange Avenue	
		Orlando, FL 32801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF EXPENDITURE	Request Reservation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reservation Request
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	ot Office held
	rms provided by Tayas F	thics Commission www.athics state ty us	Varsion V2 5 1 31803203

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/22 Rpt: 31/36	2 FILER NAME Bryant, John W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086370
4	<u> </u>	5 Payee name Smith, Peggy
6	Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code Requested Houston, TX 77003
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lodging (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/18/2023	Payee name Smith, Peggy
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code Requested
	PURPOSE OF EXPENDITURE	Houston, TX 77003 (a) Category (See Categories listed at the top of this schedule) Lodging (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/26/2023	Payee name Smith, Peggy
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code Requested
		Houston, TX 77003
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lodging Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 18/22 Rpt: 32/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	03/20/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$266.98	2702 Love Filed
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel between Dallas and Austin
		Travel between Builds and Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/02/2023	Stan Lambert for Texas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$51.09	P.O. Box 3752
		Abilene, TX 79604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/03/2023	Sweetwaters
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$20.52	316 W 12th
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast Interview
		Dieakiasi iiileiview
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 19/22 Rpt: 33/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	01/11/2023	The Grove
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$832.20	800 W Sixth
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Party
		Campaign Lary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/03/2023	Twisted Root
H	Amount (\$)	Payee address; City; State; Zip Code
	\$32.67	801 S 2nd
		Waco, TX 76706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Meal
		Thaver mean
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/21/2023	U.S. Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.00	6200 Swiss Avenue
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Stamps for mail Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Stamps for mail
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/22 Rpt: 34/36	Bryant, John W. (The Honorable)		00086370
4	Date	5 Payee name		
	01/17/2023	Von Lane		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$129.00	3300 W Mockingbird Lane		
		Dallas, TX 75325		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Travel between Austin and Dallas
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ight	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	01/24/2023	Von Lane		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$238.00	3300 W Mockingbird Lane		
		Dallas, TX 75325		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Travel between Austin and Dallas
				Travel between Austin and Ballas
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/24/2023	Von Lane		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$129.00	3300 W Mockingbird Lane		
		Dallas, TX 75325		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Travel between Dallas and Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 21/22 Rpt: 35/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	04/17/2023	Von Lane
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.00	3300 W Mockingbird Lane
		Dallas, TX 75325
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel between Dallas and Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/31/2023	Wayfair
	Amount (\$)	Payee address; City; State; Zip Code
	\$226.22	4 Copley Place
		Bosotn, MA 02116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Furniture Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Furniture
		Cinco i dimitaro
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Power name
	01/31/2023	Payee name Wayfair
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.19	4 Copley Place
		D MA 0011C
		Bosotn, MA 02116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Funiture Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Furniture
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/22 Rpt: 36/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
l	06/02/2023	Wells Fargo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	6301 Gaston
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Bank Charge
l		Daint Shargs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Para and a second secon
	06/30/2023	Payee name
		Wells Fargo
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	6301 Gaston
l		
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Bank Charge
l		Daint Shargs
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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