CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00086370	ssion Filers)	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	LAST		SUFFIX	10/07/2024	
		Bryant				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 140977				Receipt #	Amount
Change of Address	Dallas, TX 75214					
	Dallas, TX 75214				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•	
TREASURER NAME	Ms.	Joan D.				
	NICKNAME	 LAST		SUFFIX		
		Smotzer				
C CAMBAIGN	OTDEET ADDRESS (NO DO F	20/ 0/ 5405/	A D.3	- / CLUTE // OIT/	OT A	710 0005
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO E 3030 McKinney Avenue	BOX PLEASE);	AP	/ SUITE #; CITY;	STA ⁻	TE; ZIP CODE
(Residence or Business)	Dallas, TX 75204					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(214) 642-4480					
8 REPORT TYPE	January 15 X	30th day before	election	Runoff	15th day after cam	paign treasurer
		1			appointment (office	
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attac	:h C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	09/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Place	Dallas District	: 114 Dallas	State Representa	ative Place Dallas	District 114
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME Bryant, John W. (The Honorable) 14 Filer ID (Ethics Commi 00086370					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politica 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 TREASUREI	R ADDRESS		
16 CONTRIBUTION TOTALS	HER THAN PLEDGES, LOANS, MADE ELECTRONICALLY)	\$ 0.00			
	\$ 45,558.00				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00	
		\$ 23,700.62			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 51,736.94	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 25,000.00	
17 AFFIDAVIT			der penalty of perjury, that the ac includes all information required on Code.		
			The Honorable John W. Brya	nt	
		S	ignature of Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
of	, 20, to ce	rtify which, witness my hand and seal of	office.		
Signature of office	eer administering	Printed name of officer administering	ng Title of office	r administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			CC	OVER SH	HEET PG 3 3 of 36
	LER NA ryant, J	ME ohn W. (The Honorable)	19 Filer ID 00086370	(Ethics Com	nmission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	45,208.00
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				350.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.		\$			
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				23,700.62
6.	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). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13	L. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm	n.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/36	
2	FILER NAME Bryant, John	W. (The Honorable)				3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 09/18/2024	5 Full name of contributor Ancira Strategic Partners6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$400.00
		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions	s)	9	Employer (See Instructions	s)		
	Date 08/31/2024	Full name of contributor Bagley, Ann Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$50.00
	Dringing agg	Dallas, TX 75228			Employer (See Instructions	<u></u>		
	City Planning	pation / Job title (See Instructions g Consultant	5)		Employer (See Instructions Self	5)		
	Date 09/09/2024	Full name of contributor Beer Alliance of Texas Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	s)		
	Date 09/23/2024	Full name of contributor Ben E Keith Company Te Contributor address; City; S Dallas, TX 75235)	•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	;)		Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor Bernstein, Kenneth Contributor address; City; S Dallas, TX 75218	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$100.00
	Principal occu Not	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
				<u> </u>				

	MONET	ARY POLITICAL C	NS		SCHEDUI	E A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/36	
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 09/17/2024	5 Full name of contributor Blackridge	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78701			_		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 07/15/2024	Full name of contributor Brooks, Peter Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78723			<u> </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/15/2024	Full name of contributor Brooks, Peter Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78723					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/17/2024	Full name of contributor Burns & McDonald Texas Contributor address; City; Sta Houston, TX 77024)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/18/2024	Full name of contributor CLEAT Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	NS		SCHEDUI	E A1	
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/36	
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 08/08/2024		out-of-state PAC (ID#: <u>C0</u> Zip Code	0002089)	7	Amount of Contribution (\$)	\$500.00
		Wasington, DC 20001					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor Cain, Randy Contributor address; City; State;)		Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Austin, TX 78763		Franks var (Cas krativ stiere			
	Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 09/05/2024	Full name of contributor Carl, Carlton Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Martindale, TX 78655					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Consultant)		
	Date 07/13/2024	Full name of contributor Carr, Michael Contributor address; City; State; Dallas, TX 75232	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$108.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-employed)		
	Date 09/18/2024	Full name of contributor Chapman, Randy Contributor address; City; State; Austin, TX 78701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions)		
			,				

	MONET	ARY POLITICAL CON	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/36	
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 09/26/2024	5 Full name of contributor o)	7	Amount of Contribution (\$)	\$200.00
8		Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/17/2024	Full name of contributor ochob Fendley PAC Contributor address; City; State; Z	out-of-state PAC (ID#:	Self		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/01/2024	Crooker, B Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	College Station, TX 77840 pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 08/27/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Officer Clerk	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			<u>'</u>				

	MONET	ARY POLITICAL C	IS		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/36	
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 09/18/2024	5 Full name of contributor [Forbes, Tom	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Date 08/17/2024	Full name of contributor [Freese and Nichols PAC Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	Self		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/14/2024	Full name of contributor [Friends of Baylor Med Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77010 pation / Job title (See Instructions)		Employer (See Instructions) 5)		
	Date 08/09/2024	Full name of contributor [Goodman, Susan Contributor address; City; Sta Dallas, TX 75218	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/17/2024	Full name of contributor [Health Care Service Corpo Contributor address; City; Sta Austin, TX 78701		on Emp		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL (ONS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/36	
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 07/31/2024	5 Full name of contributor Helton, Linda6 Contributor address; City; St			7	Amount of Contribution (\$)	\$150.00
		Dallas, TX 75214					
8	Principal occu NA	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 09/12/2024	Full name of contributor Hillco Contributor address; City; Si Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	Date 07/24/2024	Full name of contributor Hines, David Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75206 pation / Job title (See Instructions	()	Employer (See Instruction:	s)		
	Not Employe	,	,	, , , , , , , , , , , , , , , , , , , ,	-,		
	Date 08/22/2024	Full name of contributor Hines, David Contributor address; City; Si Dallas, TX 75206)	<u>.</u>	Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 09/18/2024	Full name of contributor Holleman, Virginia Contributor address; City; Si Dallas, TX 75206	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/36		
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)	
	Bryant, Johr	n W. (The Honorable)			00086370		
4	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ HomePAC of Texas Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00	
		Austin, TX 78701					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	09/09/2024	Hunt, McRoberts				\$25.00	
		Contributor address; City; State; Zip Code					
	Delivering Lance	Dallas, TX 75214	Faralassa (Caralastastica				
	Independent	pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date	Full name of contributor out-of-state PAC (ID#:_		_	Amount of Contribution (\$)		
	08/25/2024	Jobe, Clark Contributor address; City; State; Zip Code			(,	\$500.00	
		Austin, TX 78703					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Not Employe	ed	NA				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	09/20/2024	Jones, Neal Thomas				\$1,000.00	
		Contributor address; City; State; Zip Code					
	Dringing! agg	Austin, TX 78701	Franks von (Coo Instructions				
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	09/18/2024	LAW-PAC				\$500.00	
		Contributor address; City; State; Zip Code					
	Dringing! oog	Austin, TX 78701 spation / Job title (See Instructions)	Employer (See Instructions	, 			
	rincipal occi	panon / Job line (See Instructions)	Employer (See Instructions	,			

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/36	
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 08/17/2024	5 Full name of contributor Lamb, John	out-of-state PAC (ID#:; z; Zip Code)	7	Amount of Contribution (\$)	\$500.00
		Plano, TX 75093					
8	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/12/2024	Full name of contributor McCreery, Roxanne Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Dallas, TX 75214		Franks von (Cook kantus stiere	_		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions McCreery Inc	5)		
	Date 09/18/2024	Full name of contributor McElvaney Public Affairs LL Contributor address; City; State)		Amount of Contribution (\$)	\$150.00
		Austin, TX 78763					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/06/2024	Full name of contributor NASW Texas PACE Contributor address; City; State Austin, TX 78705	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/23/2024	Full name of contributor x NRG Energy Contributor address; City; State Princeton, NJ 77002-7854	out-of-state PAC (ID#: C00:	366559		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/36
2	FILER NAME Bryant, John	W. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00086370
4	Date 09/16/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
8	Principal occu	Dallas, TX 75218 pation / Job title (See Instructions)	Employer (See Instructions))	
_	Not Employe			_	Amount of Contribution (\$)
	08/17/2024	Parsons Corporation PAC Contributor address; City; State; Zip Code			\$500.00
	Deinsinal assu	Sacramento, CA 95816	Faralayar (Cas Instruction)		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: Patricia A Shipton Governmental Affairs Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#: Poinsett PAC 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 08/17/2024	Full name of contributor out-of-state PAC (ID#: RS&H PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$500.00
		Austin, TX 78759			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
		·			

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A				
	The Instru	ction Guide explains how to complete	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/36			
2	FILER NAME Bryant, John W. (The Honorable)				3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 09/10/2024			7	Amount of Contribution (\$)	\$250.00	
8	Princinal occu	Dallas, TX 75218 pation / Job title (See Instructions)	l q	Employer (See Instructions	;) 		
Ü	Producer	odition / Job title (See mandellons)		Bybee Photography	,,		
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Rogers, William Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$5,000.00
	Deinainal assu	Dallas, TX 75240		Franks von (Cookstant)	<u></u>		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 09/17/2024 Ron Lewis & Associates Contributor address; City; State; Zip Code		AC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:_ 09/20/2024 Shuttee, Anne Contributor address; City; State; Zip Code Dallas, TX 75214					Amount of Contribution (\$)	\$10.00
	Principal occu Attorney-Med	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDU	LE A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/36		
2	FILER NAME Bryant, John W. (The Honorable)				Filer ID (Ethics Commission 00086370	on Filers)
4	Date 09/22/2024	te			Amount of Contribution (\$)	\$0.00
_		Austin, TX 78705		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/28/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See instructions)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Family Physicians Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78727				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/17/2024				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 12/13 Rpt: 15/36	
2	FILER NAME Bryant, John	FILER NAME Bryant, John W. (The Honorable)				Filer ID (Ethics Commission 00086370	on Filers)
4	Date 09/02/2024	5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$)	\$1,000.00
0	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	ام	Employer (See Instructions	.)		
0	Fillicipal occu	pation / Job title (See Instructions)		Employer (See Instructions	')		
	Date 08/19/2024					Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		,		. , ,			
	Date Full name of contributor out-of-state PAC (ID#:) 09/11/2024 Titus, Ann Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
	Dringing agg	Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Not Employe			Employer (See Instructions Not Employed	')		
	Date Full name of contributor					Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/18/2024					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/36		
	FILER NAME Bryant, John	n W. (The Honorable)		3	Filer ID (Ethics Commission 00086370	n Filers)
				7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Dallas, TX 75206 upation / Job title (See Instructions)	9 Employer (See Instructions	 		
	·	•	Not Employed	•		
	Date 08/10/2024	Full name of contributor out-of-state PAC (ID#:_ Woodward, Ruth Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75206				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	S)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Woodward, Ruth Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00
		Dallas, TX 75206				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/36 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 09/18/2024 Kelley, Rusty \$350.00 i Emails 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Blackridge 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 18/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	07/29/2024	Action Network
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1900 L Street
		Washington, DC 20036
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2024	Action Network
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 1900 L Street
		Washington, DC 20036
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	Adams, Susan
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 4850 Connecticut Ave
		Washington DC, WA 20008
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Material
	Complete ONLY if direct expenditure to benefit C/OI	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/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: 2/19 Rpt: 19/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	08/13/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	PO Box 619616
		DFW Airport, TX 75261
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	07/10/2024	Angie's Mexian Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.09	7th Street
		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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Campaign business breakfast
		Campaign business breaklast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/19/2024	Bob's Steak and Chop
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.24	301 Lavaca
		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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Business Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y

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	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: 3/19 Rpt: 20/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	07/03/2024	Bryant, John
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 140152
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense partial repayment of campaign loan
		partial repayment of earlpaightean
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	08/09/2024	Bryant, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	P.O. Box 140152
	, , , , , , , , , , , , , , , , , , , ,	
		Dallas, TX 75214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for Austin lodging
		remisuration / dashir loaging
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/12/2024	Bryant, John
_	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	P.O. Box 140152
	φ3,500.00	F.O. BOX 140132
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement for Austin lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	7

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

Mourage and the control of the contr

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 21/36	Bryant, John W. (The Honorable)		00086370
4	Date	5 Payee name		<u>'</u>
	08/08/2024	COA Parking Meter		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$2.25	1100 Congress Ave		
		Austin, TX 78701		
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 Parking
				T driving
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		,	
-	Date	Payee name		
	08/19/2024	CTN Livery		
_	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$50.00	417 W Winneconna Pkwy		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Chicago, IL 60611		
-	PURPOSE		(b)	Description
	OF	Transportation Equipment And Related	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
				Taxi
	Complete ONII V if direct	Condidate/Officeholder regre	. la 4	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	mı	Office held
_	Data			
	Date 08/09/2024	Payee name Capitol Grille in Capitol		
			1-	
	Amount (\$) \$29.29	Payee address; City; State; Zip Cod Capitol Building	ie	
	Φ29.29	Capitor Building		
		Augtin TV 70760		
		Austin, TX 78768		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Staff refreshments
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
L	expenditure to benefit C/Ol			
_				

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	Al 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: 5/19 Rpt: 22/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	08/26/2024	Curb Chicago
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.56	171 W Randolph
		Chicago, IL 60611
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
		Taxi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	09/10/2024	Dallas County Young Democratis
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1414 N Washington
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	08/15/2024	Dallas Desk
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$787.99	15207 Midway
	Ψ101.33	15207 Wildway
		Addison, TX 75001
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Furniture
\vdash	Complete ONII V if allows	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 6/19 Rpt: 23/36	Bryant, John W. (The Honorable) 00086370						
4	Date	5 Payee name						
	09/06/2024	Dallas Desk						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
l	\$99.99	15207 Midway Road						
		Dallas, TX 75001						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Furniture Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Furniture						
		T diffical C						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
	07/03/2024	Dallasite Club						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$16.00	4322 Bryan						
	¥	·						
		Dallas, TX 75204						
	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 Business						
		Campaign Business						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
	08/20/2024	Democratic Convention						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$220.00	171 W Randolph						
		·						
		Chicago, IL 60611						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Campaign Material						
		Campaign material						
\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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			pense ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:			1.1.3					Filer ID	(Ethics Commission Filers))
	Sch: 7/19 Rpt: 24/36	,	nn W. (The Honora	able)					00086370		
4	Date	5 Payee name									
	07/02/2024	Dream Ca									
6	Amount (\$)	7 Payee addr	. ,	State;	Zip Coo	de					
	\$33.87	6465 E Mc	скіпдыга								
		Dallas, TX	75214								
8	PURPOSE	(a) Category (See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense						de of Texas. Com officeholder living	plete Schedule T.	
							Campaign Bu				
							. 3				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	0	Office souç	ght			Office he	eld	
H	Date	Payee name									
	07/02/2024	Dream Ca									
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	de					
	\$38.12	6465 E Mc	ockingbird								
		Dallas, TX	75214								
	PURPOSE	(a) Category (See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		erage Expense						de of Texas. Com officeholder living	plete Schedule T.	
							Campaign Bu			ן באףפווטפ	
							3 20	J			
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	0	Office souç	ght			Office he	eld	
	Date	Payee name	9								
	07/22/2024	Dream Ca									
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	de					
	\$35.23	6465 E Mc	ockingbird								
L		Dallas, TX	75214								
	PURPOSE OF		See Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense				—		de of Texas. Com officeholder living	plete Schedule T.	
							Campaign me			, , , .	
							-				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	0	Office souç	ght			Office he	eld	

SCHEDULE F1

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

Fees
Fees
Gift/Awards/Memorials Expense
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
Ļ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:)
L	Sch: 8/19 Rpt: 25/36	Bryant, John W. (The Honorable) 00086370	
4	Date	5 Payee name	
	08/02/2024	Dream Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.35	6465 E Mockingbird	
		Dallas, TX 75214	
8	PURPOSE		
ľ	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign business meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	PH	
H	Date	Payee name	
	09/03/2024	Federal Express	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.70	Old Town	
	Ψ20.70		
		D-II TV 75000	
		Dallas, TX 75206	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Delivery expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Delivery expense	
		Bonvery expenses	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Data		
	Date	Payee name Funky Fact Dallas Domocrats	
	08/20/2024	Funky East Dallas Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	Requested	
		Dallas, TX 75218	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Contribution	
	0 1: 0		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	- Farmana to bonont of of		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverag
Contributions/ Donations Made By - Gift/Awards/M
Candidate/Officeholder/Political Committee Legal Services

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Legal Services 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 co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 9/19 Rpt: 26/36	Bryant, John W. (The Honorable)		00086370				
4	Date	5 Payee name		-				
	08/20/2024	Gibsons Restaurant						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$170.30	1028 N Rush						
		Chicago, IL 60611						
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.				
	ZAI ZABITORZ			Check if Austin, TX, officeholder living expense Meal with Contributors				
				Medi With Contributors				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held				
9	expenditure to benefit C/OI		igiit	Office field				
	Date	Daviss same						
	07/08/2024	Payee name GoDaddy						
		•						
	Amount (\$)	Payee address; City; State; Zip Co	oae					
	\$22.17	2155 E GoDaddy Way						
		T A.7 05004						
		Tempe, AZ 85284						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Taxon Complete School le T				
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				Domains				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held				
	expenditure to benefit C/OI	1						
	Date	Payee name						
	07/02/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$76.75	1600 Amphitheatre Parkway						
		Mountain View, CA 94043						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE			Check if Austin, TX, officeholder living expense				
				Internet Expense				
	Complete ONII V if allow	Condidate/Officeholder as		Office hald				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held				
	•							

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/19 Rpt: 27/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	08/02/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.75	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Computer services Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Computer services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.75	
	\$10.15	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Computer Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Computer Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	07/09/2024	John Bryant
	Amount (\$)	Payee address; City; State; Zip Code
	\$226.96	PO Box 140152
	Ψ220.00	1 O BOX 14010E
		Dollar, TV 75214
		Dallas, TX 75214
	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
		Reimbursement for American Airlines travel to
		National Democratic Convention
_	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 -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: 11/19 Rpt: 28/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	08/02/2024	K & R Screen Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.84	3915 Main
		Dallas, TX 75226
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing
		1 mung
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/05/2024	K & R Screen Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,165.00	3915 Main
		Dallas, TX 75226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing
		T Tillung
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	07/09/2024	Payee name La Quinta
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.12	300 E 11th St
		Austin, TX 78701
	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
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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: 12/19 Rpt: 29/36	Bryant, John W. (The Honorable) 00086370						
4	Date	5 Payee name						
	07/18/2024	La Quinta						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$81.14	300 E 11th St						
		Austin, TX 78701						
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						
		Lodging						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
	07/29/2024	La Quinta						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$161.46	300 E 11th St						
		Austin, TX 78701						
	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 Lodging						
		Loughig						
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
	08/13/2024	La Quinta						
Н	Amount (\$)	Payee address; City; State; Zip Code						
	\$277.29	300 E 11th St						
		Austin, TX 78701						
	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						
		Lodging						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
\vdash								
ı								

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

	Candidate/Officeholder/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: 13/19 Rpt: 30/36	Bryant, John W. (The Honorable) 00086370						
4	Date	5 Payee name						
	09/20/2024	La Quinta						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$12.66	300 E 11th St						
		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						
		Meal						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
_	Date	Payee name						
	09/23/2024	La Quinta						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$293.44	300 E 11th St						
		Austin, TX 78701						
	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 Lodging						
		Loughig						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
	Date	Payee name						
	09/04/2024	LaVentana						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$6.32	3847 Cedar Spring						
		Dallas, TX 75219						
	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.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Fundraising Meeting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Bit
Contributions/ Donations Made By Contributions/ Officebuddes/(Ostitical 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

ense Travel in Dist ense Travel Out of ges/Contract Labor OTHER (ente

	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: 14/19 Rpt: 31/36	Bryant, John W. (The Honorable) 00086370					
4	Date	5 Payee name					
	09/10/2024	LaVentana					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$150.00	3847 Cedar Spring					
		Dallas, TX 75219					
8	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 Deposit					
		Берози					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
F	Date	Payee name					
	07/22/2024	Lee, Michael (Officer)					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$390.00	City of Dallas					
		Police Department					
		Dallas, TX 75201					
⊢	PURPOSE	T					
	OF	(a) Category (See Categories listed at the top of this schedule) Security (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Town Hall Meetings					
L							
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
L	experialture to benefit C/O						
	Date	Payee name					
	08/01/2024	Lulu's Restaurant					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$167.49	2518 Kirby					
		Houston, TX 77019					
	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 travel meal					
		Campaign travel meat					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
\vdash							
l							

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 15/19 Rpt: 32/36	Bryant, John W. (The Honorable) 00086370						
4	Date	5 Payee name						
	09/13/2024	Mihaela Plesa Campaign						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,000.00	PO Box 796311						
		Dallas, TX 75248						
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 Contribution						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
	07/16/2024	Minnis, Norma						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	P.O. Box 140977						
		Dallas, TX 75214						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Wages						
		vvayes						
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
	08/16/2024	Minnis, Norma						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	P.O. Box 140977						
		Dallas, TX 75214						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
	LXI LINDITORL	Check if Austin, TX, officeholder living expense						
		Wages						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
\vdash								
I								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
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	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: 16/19 Rpt: 33/36	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	08/19/2024	Minnis, Norma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 140977
		Dallas, TX 75214
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Wages
		wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	09/24/2024	Minnis, Norma
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 140977
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense
		Wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 08/23/2024	Payee name Rabanitos Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$334.49	1758 W 18th
		Chicaog, IL 60608
	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 for legislators
		Eurich for legislators
	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 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 C	Commission Filers)
	Sch: 17/19 Rpt: 34/36	Bryant, John W. (The Honorable) 00086370	
4	Date	5 Payee name	
l	07/31/2024	Reilly Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$560.74	1710 S Harwood	
l			
		Dallas, TX 75215	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
l	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Sched	ule T.
l		Printing	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/Ol	OH .	
Г	Date	Payee name	
	08/19/2024	Salum Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$125.57	4152 Cole Avenue	
l			
L		Dallas, TX 75204	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Sched	ule I.
l		Staff Lunch	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	experialitate to beliefit C/O		
l	Date	Payee name	
	08/09/2024	Sonesta Allegro Royal	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1,498.04	171 W Randolph	
l		Objects II COCO4	
L	DUDDOS-	Chicago, IL 60601	
l	PURPOSE OF	(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	ule T.
l	EXPENDITURE	Travel Out of District Check if Austin, TX, officeholder living expense	
l		Lodging	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	S.pondidio to bondin 0/01		

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:								
	Sch: 18/19 Rpt: 35/36	Bryant, John W. (The Honorable) 00086370							
4	Date	5 Payee name							
	08/23/2024	Sonesta Allegro Royal							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$8.00	171 W Randolph							
		Chicago, IL 60601							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Tip							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	H							
	Date	Payee name							
	08/26/2024	Sonesta Allegro Royal							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$388.84	171 W Randolph							
		Chicago, IL 60601							
	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							
		Lodging							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	H							
	Date	Payee name							
	08/19/2024	Therria, Edward							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$15.00	Requested							
		Chicago, IL 60601							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.							
		Expense Check if Austin, TX, officeholder living expense Taxi							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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 File	ers)
L	Sch: 19/19 Rpt: 36/36		nn W. (The Honorable)					00086370		
4	Date	5 Payee name)							
	07/22/2024	Wells, G.L.	(Officer)							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$180.00	City of Dall	as							
		Police Dep	artment							
		Dallas, TX	75201							
8	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Security						ide of Texas. Com , officeholder living	plete Schedule T.	
						Town Hall Me			g expense	
								3-		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office h	eld	
	Date	Payee name	<u> </u>							
	07/22/2024	White Rocl	k Alehouse							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$98.39	7331 Gast	on							
		Dallas, TX	75214							
	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			=			plete Schedule T.	
Check if Austin, TX, officeholder living expense Campaign event						у схрепас				
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ught			Office he	eld	
	Date	Payee name	9							
	08/16/2024	YO Steakh	ouse							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$65.43	702 Ross /	Avenue							
		Dallas, TX	75202							
	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.	
Check if Austin, TX, officeholder list							g expense			
						-ampaign Mi	J-01	ອ		
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI									
H										