

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086370	2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST John W.	MI 	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME	LAST Bryant	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 140152 Dallas, TX 75214		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Joan D.	MI 	
	NICKNAME	LAST Smotzer	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3030 McKinney Avenue Dallas, TX 75204			
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 642-4480	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 10/27/2024	THROUGH		Month Day Year 12/31/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 114		12 OFFICE SOUGHT (if known) State Representative Place Dallas District D114	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Bryant, John W. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00086370
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	20,212.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	51,323.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,500.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 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 _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Bryant, John W. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00086370
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,725.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,212.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/19
2 FILER NAME Bryant, John W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086370
4 Date 10/28/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00235739) BNSF Rail <hr/> 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76161	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bank PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00395947) Barnes & Thoronburg LLC PAC <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46204	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Peter <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Teacher		Retired
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florence, Kristin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Teacher		Children's Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/19
2 FILER NAME Bryant, John W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086370
4 Date 10/28/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00076810) General Motors Co <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Retired Officers <hr/> Contributor address; City; State; Zip Code Houston, TX 77219	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00424382) Hursch Blackwell <hr/> Contributor address; City; State; Zip Code St Louis, MO 63105	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Karen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/19
2 FILER NAME Bryant, John W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086370
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kickapoo Traditional Tribe	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Eagle Pass, TX 78852		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Attorneys	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting Partners	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Maryam	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Camille	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75218		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) VA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/19
2 FILER NAME Bryant, John W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086370
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Lyndon	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Waco, TX 76710		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Dan	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00498105) Prime Therapeutics LLC Employee State PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Eagan, MN 55212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rydman, John	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/19
2 FILER NAME Bryant, John W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086370
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stobaugh, Jennifer	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75214	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00119354</u>) Tenet Healthcare	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75254	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TexPAC-Statewide	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Beverage Alliance	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Assoc	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/19
2 FILER NAME Bryant, John W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086370
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas McDonald's Operators <hr/> 6 Contributor address; City; State; Zip Code Athens, TX 75751	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Assoc of Firefighters PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Assoc PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tx Mortgage Bankers <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TxCPA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75001	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 10/19	2 FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
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4 Date 11/29/2024	5 Payee name Action Network
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1900 L Street Washington, DC 20036
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name Action Network
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Amount (\$) \$10.00	Payee address; City; State; Zip Code 1900 L Street Washington, DC 20036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2024	Payee name Armadilla Strategies
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Amount (\$) \$637.21	Payee address; City; State; Zip Code 1533 Abrams Dallas, TX 75214
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/10 Rpt: 11/19	2	FILER NAME Bryant, John W. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086370
4	Date 12/04/2024	5	Payee name Capitol Grille in Capitol		
6	Amount (\$) \$8.39	7	Payee address; City; State; Zip Code Capitol Building Austin, TX 78768		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/23/2024		Payee name Capitol Grille in Capitol		
	Amount (\$) \$65.98		Payee address; City; State; Zip Code Capitol Building Austin, TX 78768		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/19/2024		Payee name Dream Cafe		
	Amount (\$) \$31.96		Payee address; City; State; Zip Code 6465 E Mockingbird Dallas, TX 75214		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/10 Rpt: 12/19	2	FILER NAME Bryant, John W. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086370
4	Date 11/21/2024	5	Payee name Exxon		
6	Amount (\$) \$38.74	7	Payee address; City; State; Zip Code 5748 Live Oak Dallas, TX 75214		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/11/2024		Payee name Former Dancers Instagram.com		
	Amount (\$) \$75.00		Payee address; City; State; Zip Code 2700 Ann Williams Way Dallas, TX 75201		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dallas Black Dancers		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/04/2024		Payee name Google		
	Amount (\$) \$76.75		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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 13/19	2 FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
4 Date 12/02/2024	5 Payee name Google	
6 Amount (\$) \$76.76	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) Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Hernandez, Cassandra	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 1289 Addison, TX 75001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Hilton Banquets	
Amount (\$) \$17.00	Payee address; City; State; Zip Code 500 East 4th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equity Texas event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/10 Rpt: 14/19	2	FILER NAME Bryant, John W. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086370
4	Date 12/06/2024	5	Payee name Hopfields		
6	Amount (\$) \$250.96	7	Payee address; City; State; Zip Code 3110 Guadalupe Austin, TX 78705		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer gifts		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/27/2024		Payee name House Democratic Caucus		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 1100 Congress Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/26/2024		Payee name House Democratic Caucus		
	Amount (\$) \$1,400.00		Payee address; City; State; Zip Code 1100 Congress Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/10 Rpt: 15/19	2	FILER NAME Bryant, John W. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086370
4	Date 12/16/2024	5	Payee name House Democratic Caucus		
6	Amount (\$) \$1,000.00	7	Payee address; City; State; Zip Code 1100 Congress Austin, TX 78701		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/22/2024		Payee name Kabobzi		
	Amount (\$) \$93.86		Payee address; City; State; Zip Code 2909 Guadalupe Austin , TX 78705		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Member meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/12/2024		Payee name Lakewood Landing		
	Amount (\$) \$85.82		Payee address; City; State; Zip Code 5818 Live Oak Dallas, TX 75214		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 16/19	2 FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
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4 Date 12/20/2024	5 Payee name Legislative Solutions
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6 Amount (\$) \$550.00	7 Payee address; City; State; Zip Code PO Box 5643 Austin, TX 78763
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/27/2024	Payee name Minnis, Norma
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 140977 Dallas, TX 75214
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2024	Payee name Minnis, Norma
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 140977 Dallas, TX 75214
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/10 Rpt: 17/19	2	FILER NAME Bryant, John W. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086370
4	Date 12/27/2024	5	Payee name Minnis, Norma		
6	Amount (\$) \$1,000.00	7	Payee address; City; State; Zip Code 6219 Prospect Avenue Dallas, TX 75214		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/15/2024		Payee name Shake Shack		
	Amount (\$) \$55.13		Payee address; City; State; Zip Code 2599 N Pearl Dallas, TX 75201		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting w/constituent		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/04/2024		Payee name Smith, Peggy		
	Amount (\$) \$4,322.40		Payee address; City; State; Zip Code 14 Greenway Plaza Unit 18M Houston, TX 77046		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lodging	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 18/19	2 FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
4 Date 12/17/2024	5 Payee name Smith, Peggy	
6 Amount (\$) \$7,000.00	7 Payee address; City; State; Zip Code 14 Greenway Plaza Unit 18M Houston, TX 77046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lodging	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2024	Payee name Stonewall Democrats	
Amount (\$) \$35.00	Payee address; City; State; Zip Code P.O. Box 192305 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2024	Payee name Tejano Democrats	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 226534 Dallas, TX 75222	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 19/19	2 FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
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4 Date 11/22/2024	5 Payee name Worthington Renaissance
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6 Amount (\$) \$27.06	7 Payee address; City; State; Zip Code 200 Main St Ft Worth, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2024	Payee name Wu Chow
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Amount (\$) \$144.18	Payee address; City; State; Zip Code 500 West 5th Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense member meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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