# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00086370		2 Total pages filed: 19	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE O	NLY
OFFICEHOLDER NAME	The Honorable	John W.			Date Received	
IVAIVIL					ELECTRONICALLY F	III ED
						ILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Bryant				
4 CANDIDATE /	ADDRESS / PO BOX; AI	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Pos	stmarked
OFFICEHOLDER MAILING	P.O. Box 140152					
ADDRESS					Receipt # Amour	nt
Change of Address	Dallas, TX 75214					
Grange or real cost	Dallas, TX 75214				Date Processed	
					Date Imaged	
<b>5</b> 04454104	140 / 1400 / 140	FIDOT				
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Joan D.				
	NICKNAME	LAST		SUFFIX		
		Smotzer				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY	/; STATE;	ZIP CODE
TREASURER ADDRESS	3030 McKinney Avenue	•				
(Residence or Business)	Dallas, TX 75204					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(214) 642-4480					
8 REPORT	_	_	_	•	_	
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign tr appointment (officeholder	
	July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH	
			ш	reporting limit		,
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	10/27/2024		IROUGH	12/31/20		
	10/11/101					
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
	Month Day Yea	r	rimary	Runoff	Other	
	11/05/2024		-			
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative D	istrict 114		State Represer	ntative Place Dallas Distri	ct D114
	•			•		
		GO T	O PAGE 2			
			<del>-</del> -			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Bryant, John W. (The	Honorable)	<b>14</b> Filer ID (100086370	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a dofficeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 24,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 20,212.20
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 51,323.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 3,500.00
17 AFFIDAVIT		I swear, or affirm, under penalty		
		true and correct and includes a under Title 15, Election Code.	ii iniormation required to	o be reported by file
		The Hono	orable John W. Bryan	ıt
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

			C	JVLK SHLLI	3 of 19
l -	ER NAN yant, Jo	(Ethics Commission	n Filers)		
l		E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	24,725.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	20,212.20
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/19		
2	FILER NAME Bryant, John	W. (The Honorable)		3	Filer ID (Ethics Commission 00086370	n Filers)	
4	Date 10/28/2024	<ul> <li>Full name of contributor</li></ul>	000235739	7	Amount of Contribution (\$)	\$1,000.00	
_	Deignigal	Ft. Worth, TX 76161	O Franksian (Cas Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_ Bank PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/12/2024	Full name of contributor x out-of-state PAC (ID#: C00395947  Barnes & Thoronburg LLC PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Dringinal occu	Indianapolis, IN 46204 pation / Job title (See Instructions)	Employer (See Instructions				
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See instructions	')			
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:)  Brooks, Peter  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)	Employer (See Instructions Retired	5)			
	Date 11/03/2024	Full name of contributor out-of-state PAC (ID#:)  Florence, Kristin  Contributor address; City; State; Zip Code  Dallas, TX 75214			Amount of Contribution (\$)	\$250.00	
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Children's Center	5)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/19		
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)	
4	Date 10/28/2024	<ul><li>5 Full name of contributor General Motors Co</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$1,000.00	
		Washington, DC 20001						
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)			
	Date 10/28/2024	Full name of contributor Hines, David Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00	
	Dringing! goog	Dallas, TX 75206	s)	Employer (See Instruction	<u>,,</u>			
	Principal occupation / Job title (See Instructions) Employer (See Instruction Not Employed			5)				
	Date 12/06/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$250.00	
		Houston, TX 77219						
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)			
	Date 11/19/2024			000424382 )		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>1</u> S)			
	Date 12/14/2024			Amount of Contribution (\$)	\$250.00			
	Principal occu None	pation / Job title (See Instructions	5)	Employer (See Instructions None	5)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/19	
2	FILER NAME Bryant, John	w. (The Honorable)		3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 11/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
_	Daine in all account	Eagle Pass, TX 78852				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 Linebarger Attorneys  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Austin, TX 78760  Principal occupation / Job title (See Instructions)  Employer (See Instruction					
	Date 10/29/2024	10/29/2024 Longbow Consulting Partners  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 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Mathis, Maryam Contributor address; City; State; Zip Code Dallas, TX 75204			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions	)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Morgan, Camille Contributor address; City; State; Zip Code  Dallas, TX 75218			Amount of Contribution (\$)	\$25.00
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NIN 5		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/19	
2	FILER NAME Bryant, John	W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	on Filers)
4	Date 11/04/2024	<ul><li>5 Full name of contributor</li><li>Olson, Lyndon</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,000.00
		Waco, TX 76710					
8	Principal occu Not Employe	pation / Job title (See Instruction ed	s)	9 Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/28/2024 Patterson, Dan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
	Principal occu	Dallas, TX 75214 pation / Job title (See Instruction	s)	Employer (See Instructions	 s)		
	Not Employed						
	Date 10/28/2024	Full name of contributor PharmPAC Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78757					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 12/11/2024	12/11/2024 Prime Therapeutics LLC Employee State PAC  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Eagan, MN 55212 pation / Job title (See Instruction	s)	Employer (See Instructions	<u>l</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Rydman, John  Contributor address; City; State; Zip Code  Houston, TX 77007		•	Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions Self	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to com	olete 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 00086370	on Filers)	
4	Date 10/28/2024	Stobaugh, Jennifer  6 Contributor address; City; State; Zip C	de	7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Dallas, TX 75214 Dation / Job title (See Instructions)	9 Employer (See Ir	structions)			
	Not Employe						
	Date 12/06/2024	Full name of contributor X out-of- Tenet Healthcare  Contributor address; City; State; Zip C	tate PAC (ID#: <u>C00119354</u>	)	Amount of Contribution (\$)	\$500.00	
		Dallas, TX 75254					
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	structions)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:)  TexPAC-Statewide  Contributor address; City; State; Zip Code		)	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	structions)			
Date Full name of contributor out-of-state PAC (ID#:) Amoun  12/11/2024 Texas Beverage Alliance  Contributor address; City; State; Zip Code  Austin, TX 78701		Amount of Contribution (\$)	\$2,000.00				
	Principal occu	oation / Job title (See Instructions)	Employer (See Ir	structions)			
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  12/06/2024 Texas Dental Assoc \$500  Contributor address; City; State; Zip Code  Austin, TX 78704		\$500.00				
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	structions)			
			<u>'</u>				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/19		
2	FILER NAME Bryant, John	ı W. (The Honorable)		3	Filer ID (Ethics Commission 00086370	on Filers)	
4	Date 10/28/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00	
_		Athens, TX 75751	Ta - 1 (2 1 1 1 1	Ĺ			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/28/2024 Texas State Assoc of Firefighters PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00		
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Assoc PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78701		L			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Tx Mortgage Bankers  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	,)			
	Date 11/14/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
	Principal occu	Dallas, TX 75001  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
			<u> </u>				

#### SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fees Consulting Expense Food Contributions/ Donations Made By - Gift/

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: 1/10 Rpt: 10/19	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	11/29/2024	Action Network
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1900 L Street
		Washington, DC 20036
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	12/30/2024	Action Network
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1900 L Street
		Washington, DC 20036
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		Casconpact
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	10/30/2024	Armadilla Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$637.21	1533 Abrams
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Media Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Media Media
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> 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 -

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: 2/10 Rpt: 11/19	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	12/04/2024	Capitol Grille in Capitol
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.39	Capitol Building
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Refreshments
		Refresiments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	12/23/2024	Capitol Grille in Capitol
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.98	Capitol Building
		Austin, TX 78768
	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 Office Meeting
		Office Meeting
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Davida marra
	Date 12/19/2024	Payee name  Dream Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.96	6465 E Mockingbird
		Dallas, TX 75214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting
		The curry
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting 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: 3/10 Rpt: 12/19	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	11/21/2024	Exxon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.74	5748 Live Oak
		Dallas, TX 75214
8	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.
	LAFENDITORE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	12/11/2024	Former Dancers Instagram.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	2700 Ann Williams Way
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Dallas Black Dancers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/04/2024	Google
		2
	Amount (\$)	Payee address; City; State; Zip Code
	\$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	Website Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Candidate/Officehold Credit Card Payment			
4 7 1 2 1	1		
1 Total pages Schedu Sch: 4/10 Rpt: 1		2 FILER NAME Bryant, John W. (The Honorable) 3 Filer ID (Ethics Commission File 00086370	ers)
•		7	
4 Date		5 Payee name	
12/02/2024		Google	
6 Amount (\$)		7 Payee address; City; State; Zip Code	
\$7	76.76	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
8 PURPOSE OF		(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE		Website Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Website	
		VVCDSILC	
	<u> </u>		
9 Complete ONLY if of expenditure to bene		Candidate/Officeholder name Office sought Office held	
S., portation to botto			
Date		Payee name	
11/04/2024		Hernandez, Cassandra	
Amount (\$)		Payee address; City; State; Zip Code	
\$1,00	00.00	PO Box 1289	
		Addison, TX 75001	
DI IDDOST			
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toxas, Complete Schedule Toxas, Comp	
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/Officeroide//Political Committee Contribution	
		Contribution	
Complete ONLY if a	direct	Candidate/Officeholder name Office sought Office held	
Complete ONLY if on expenditure to bene			
-	-		
Date		Payee name	
11/12/2024		Hilton Banquets	
Amount (\$)		Payee address; City; State; Zip Code	
\$1	17.00	500 East 4th Street	
		Austin, TX 78701	
PURPOSE			
OF			
EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Equity Texas event	
Complete ONLY if o	direct	Candidate/Officeholder name Office sought Office held	
expenditure to bene			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u>_</u>	T-t-1	
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	5 Payee name
	12/06/2024	Hopfields
6	Amount (\$) \$250.96	7 Payee address; City; State; Zip Code 3110 Guadalupe
		Austin, TX 78705
8	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  Volunteer gifts
		volunteer gints
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/OI	
F	Date	Payee name
	11/27/2024	House Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1100 Congress
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	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
		Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/26/2024	House Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,400.00	1100 Congress
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	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/Officeriolder/Political Committee Contribution
	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	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: 6/10 Rpt: 15/19	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	12/16/2024	House Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1100 Congress
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	11/22/2024	Kabobzi
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.86	2909 Guadalupe
		Austin , TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Member meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	11/12/2024	Lakewood Landing
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.82	5818 Live Oak
		Dallas, TX 75214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Volunteer Meeting
		Tolanco moung
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Exper Accounting/Bank Consulting Exper Contributions/ Do Candidate/Off Credit Card Payn	ing nse onations Made By ïceholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Se	chedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 7/10 R		Bryant, John W. (The Honorable)		00086370
4 Date		5 Payee name		•
12/20/2024		Legislative Solutions		
6 Amount (\$)	\$550.00	7 Payee address; City; State PO Box 5643  Austin, TX 78763	e; Zip Code	
8 PURPOSE OF EXPENDITU		(a) Category (See Categories listed at the top of this so Solicitation/Fundraising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONL expenditure to			Office sought	Office held
Date		Payee name		
10/27/2024		Minnis, Norma		
Amount (\$)		Payee address; City; State	e; Zip Code	
:	\$1,000.00	P.O. Box 140977		
		Dallas, TX 75214		
PURPOSE OF EXPENDITU		(a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONI</u> expenditure to			Office sought	Office held
Date		Payee name		
11/26/2024		Minnis, Norma		
Amount (\$)	\$1,000.00	Payee address; City; State P.O. Box 140977	e; Zip Code	
		Dallas, TX 75214		
PURPOSE OF EXPENDITU		(a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONL expenditure to			Office sought	Office held

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### 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)

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

#### 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	
1	Total pages Schedule F1:	
	Sch: 9/10 Rpt: 18/19	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	12/17/2024	Smith, Peggy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,000.00	14 Greenway Plaza
		Unit 18M
L		Houston, TX 77046
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2024	Stonewall Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 192305
		Dallas, TX 75219
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  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	1
F	Date	Payee name
	12/27/2024	Tejano Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 226534
		Dallas, TX 75222
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ENDITORE	Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
		Continuation
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to com	_	e this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	Sch: 10/10 Rpt: 19/19	Bryant, John W. (The Honorable)		00086370
4	Date	5 Payee name		·
	11/22/2024	Worthington Renaissance		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$27.06	200 Main St		
		Ft Worth, TX 76102		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related	ļ	Check if travel outside of Texas. Complete Schedule T.
		Expense	I	Check if Austin, TX, officeholder living expense  Parking
				arking
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
9	expenditure to benefit C/OI		Jiic	Office field
_				
	Date	Payee name		
	11/18/2024	Wu Chow		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$144.18	500 West 5th		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Į	Check if travel outside of Texas. Complete Schedule T.
			I	Check if Austin, TX, officeholder living expense
			1	member meeting
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ub+	Office held
	Complete ONLY if direct expenditure to benefit C/OI	9	JIIL	Office field