CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086370 24 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable John W. 07/17/2025 NAME NICKNAME **LAST SUFFIX Bryant** Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff Other (specify) January 15 REPORT TYPE X July 15 Exceeded modified reporting limit Receipt # Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** Two expenditure entries were incorrectly shown as made to ActBlue \$1000 and ActBlueTexas \$250. Both of the these expenditures should have been entered as contributions to Texas Democratic Party \$1000 and Texas Democratic Party \$250. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath

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

Printed name of officer administering oath

Title of officer administering oath

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally

> The Honorable John W. Bryant Signature of Candidate or Officeholder

filed was made in good faith.

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	sion 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	
					07/17/2025	
	NICKNAME	LAST Bryant		SUFFIX	07/17/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 140152				Receipt #	Amount
Change of Address	Dallas, TX 75214					
Onlinge of Audicess	Dallas, 17, 73214				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Ms.	Joan D.				
	NICKNAME	 LAST		SUFFIX		
		Smotzer		301117		
		Sinotzei				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	AP1	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3030 McKinney Avenue					
(Residence or Business)	Dallas, TX 75204					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(214) 642-4480					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cam	paign treasurer
		1			appointment (office	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attac	cn C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPr	rimary	Runoff	Other	
	03/03/2025	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Place	e Dallas District	114 Dallas	State Represent	ative Place Dallas	District D114
	•			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 24

13 C / OH NAME	Bryant, John W. (The	Honorable)	14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been made officeholders are required to report this in	e without 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	ADDRESS	
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS (OTH		<u> </u>
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MA	ADE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 8,325.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 32,933.67
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	\$ 23,451.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			er penalty of perjury, that the acc ncludes all information required to n Code.	
		Т	he Honorable John W. Bryan	nt
			nature of Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of c		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVER	4 of 24
I	ER NAN	ne hn W. (The Honorable)	19 Filer ID 00086370	(Ethics C	ommission Filers)
I	NAME OF SCHEDULE				BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,325.00
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	\$	32,933.67
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.	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	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				E A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 5/24	
2	FILER NAME Bryant, John W. (The Honorable)			3	Filer ID (Ethics Commission 00086370	n Filers)	
4	Date 06/30/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Dallas, TX 75206 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Burnam, Lon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
		Employer (See Instructions	<u> </u> ;)				
	Date 06/24/2025	Full name of contributor [Grant, Kathy Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/24/2025	Full name of contributor Meachum, Kurt Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$500.00
Austin, TX 78711 Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions Philips Uresti Meachum		urtners		
	Date 06/24/2025	Full name of contributor Moak Casey PAC Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/24		
2	FILER NAME Bryant, John	FILER NAME Bryant, John W. (The Honorable)			Filer ID (Ethics Commission 00086370	on Filers)
4	Date 06/29/2025	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
	Dringing agg	Waco, TX 76710 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
8	Not Employe	ed	Not Employed	·)		
	Date 06/24/2025				Amount of Contribution (\$)	\$5,000.00
	Dringing Logg	Austin, TX 78701	Employer (Coo Instructions	<u></u>		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	»)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 1/18 Rpt: 7/24	2 FILER NAME Bryant, John W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086370
4	Date	5 Payee name
	04/28/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P O Box 441146
		Somerville, ME 02144
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
		Candidate
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/28/2025	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P O Box 441146
		Somerville, ME 02144
	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.
	LAFLINDITORL	Candidate/Officeholder/Political Committee
		Candidate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Pavee name
	01/28/2025	Action Network
	01/20/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1900 L Street
		Washington, DC 20036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	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: 2/18 Rpt: 8/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	02/28/2025	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	Advertising Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	03/28/2025	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/28/2025	Action Network
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1900 L Street
		Washington, DC 20036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		<u>Emails</u>
	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 9/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	05/28/2025	Action Network
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	1900 L Street
		Washington, DC 20036
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Emails
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	03/07/2025	Armadilla Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1533 Abrams
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Consulting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	y
⊨		
	Date	Payee name
	03/19/2025	Bryant, John (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	PO Box 140152
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Loan Repayment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
\vdash		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/18 Rpt: 10/24	Bryant, John W. (The Honorable)	00086370
4 Date 02/28/2025	5 Payee name Capitol Grille in Capitol	·
6 Amount (\$) \$7.58	7 Payee address; City; State; Zip Co Capitol Building Austin, TX 78768	de
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
01/14/2025	Central Market	
Amount (\$) \$344.23	Payee address; City; State; Zip Co 4477 S Lamar	de
	Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reception
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
04/07/2025	Dallas County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Co Dallas County Democratic Party 1414 N Washington Dallas, TX 75204	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Contribution

Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel
Salaries/Wages/Contract Labor OTHE

	Credit Card Payment	The Instruction Guide explains how to com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/18 Rpt: 11/24	Bryant, John W. (The Honorable)		00086370
4	Date	5 Payee name		'
	03/17/2025	Dream Cafe		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$50.68	6465 E Mockingbird		
		Dallas, TX 75214		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense
				Sonsulatin landii
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			
⊨	Date	Payee name		
	01/02/2025	Google		
-	Amount (\$)	Payee address; City; State; Zip Code		
	\$76.75	1600 Amphitheatre Parkway		
	Ψ10.10	1000 / implimited to 1 animaly		
l		Mountain View, CA 94043		
⊢	PURPOSE		h) D	
l	OF	(a) Category (See Categories listed at the top of this schedule) Computer service	ט, ט ר	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Computer service	Ē	Check if Austin, TX, officeholder living expense
l			C	Computer service
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
L				
	Date	Payee name		
L	02/03/2025	Google		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$76.75	1600 Amphitheatre Parkway		
		Mountain View, CA 94043		
l	PURPOSE OF	,	b) D	Description
	EXPENDITURE	Computer services	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			C	Computer services
l				·
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
L				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 7	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 12/24	Bryant, John W. (The Honorable) 00086370
4 [Date	5 Payee name
(03/03/2025	Google
6 <i>A</i>	Amount (\$) \$76.75	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) Computer Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computer Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
(04/02/2025	Google
F	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) Computer services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computer services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
(05/02/2025	Google
F	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) Computer Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computer Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to com	-	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 13/24	Bryant, John W. (The Honorable)		00086370
4	Date	5 Payee name		<u> </u>
	06/02/2025	Google		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	e	
	\$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	Į	Check if Avetin TV, officeholder hings evenes
			L	Check if Austin, TX, officeholder living expense Computer services
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/27/2025	Great Big Canvas		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$327.43	120 9th Ave		
		Longmont, CO 80501		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Office Expense	<u>[</u>	Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ		Ļ	Check if Austin, TX, officeholder living expense
			ı	Furnishing
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Since riold
	Date	Payee name		
	06/20/2025	Harwood Tavern		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$35.43	333 S Harwood		
		Dallas, 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. Check if Austin, TX, officeholder living expense
			L	Constituents beverages
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/18 Rpt: 14/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	01/24/2025	Hillside Farmacy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.97	1209 E 11th
		Austin, TX 78702
8	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 Lunch
		Lunch
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	Hillside Farmacy
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.34	1209 E 11th
		Austin, TX 78702
	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 Dinner
		Billiei
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/22/2025	Hopfields
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.65	3110 Guadalupe
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Dinner
	0 1. 5	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 0/01	•

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

Travel in Travel Ou

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1: Sch: 9/18 Rpt: 15/24	FILER NAME Bryant, John W. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086370
4	Date 06/30/2025	5 Payee name Jack Boles Parking	I
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 8150 Brookriver Dallas, TX 75247	
8	PURPOSE OF EXPENDITURE	Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/10/2025	Payee name Jesse Moreno Campaign	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4809 Victor	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/28/2025	Payee name Justines	
	Amount (\$) \$187.23	Payee address; City; State; Zip Code 4710 E 5th	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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: 10/18 Rpt: 16/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	04/11/2025	Justines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$306.47	4710 E 5th
		Austin, TX 78703
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 Dinner
		Billio
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/04/2025	LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	State of Texas Capitol
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Dues
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/17/2025	Laura Cadena Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1010 Singleton
		Dallas, TX 75212
	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
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 11/18 Rpt: 17/24	1	nn W. (The Honorab	le)				00086370		
4	Date	5 Payee name)							
	06/26/2025	Legislative	Solutions							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$325.00	PO Box 56	43							
		Austin, TX	78763							
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			=			plete Schedule T.	
						Emails		officeholder living	j expense	
						Linais				
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office so	l ught			Office he	eld	
	expenditure to benefit C/OI	H 								
	Date	Payee name	•							
	03/14/2025	Legislative	Study Group							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$1,030.00	Texas Cap	itol							
		Austin, TX	78768							
	PURPOSE OF	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Printing Ex	pense			<u></u>		de of Texas. Com officeholder living	plete Schedule T.	
						Floor reports	17,	onicendidei iiving	у схренас	
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office so	uaht			Office he	ald	
	expenditure to benefit C/O		necholder hame	Office 30	agrit			Office the	Siu	
	Date	Payee name	<u> </u>							
	06/18/2025	Mi Cocina's	5							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$78.44	l í	Shopping Cener	этт, цр						
	4.6		enopping conti							
		Dallas, TX	75214							
	PURPOSE	(a) Category (s	See Categories listed at the to	o of this schedule)	(b)	Description				
	OF		rage Expense	,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							officeholder living	g expense	
						Constituent d	inn	er		
	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	п								
	<u>-</u>									

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

	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: 12/18 Rpt: 18/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	01/27/2025	Minnis, Norma
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	6219 Prospect Avenue
		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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary
		Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/21/2025	Minnis, Norma
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	6219 Prospect Avenue
	Ψ1,000.00	ozzo i respestitivendo
		Dallas, TX 75214
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	04/22/2025	Minnis, Norma
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.00	6219 Prospect
		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
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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: 13/18 Rpt: 19/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	04/07/2025	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.69	5111 Greenville Ae
		Dallas, TX 75206
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Paul Ridley Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5100 Victor
	\$1,000.00	STOO VICIOI
		Dallas, TX 75214
	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
		Contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	05/19/2025	Phoebe's Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.65	533 W Oltorf
	·	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Constituent breakfast
	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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 14/18 Rpt: 20/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	03/12/2025	Scholz Garten
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ŭ	\$102.23	1607 San Jacinto
	Ψ10Z.Z0	1001 Gan Gaonto
		Austin TV 70701
_		Austin, TX 78701
8	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
		Staff lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davies name
	02/05/2025	Payee name Smith Doggy
		Smith, Peggy
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	14 Greenway Plaza
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/17/2025	Smith, Peggy
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	14 Greenway Plaza
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	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: 15/18 Rpt: 21/24	Bryant, John W. (The Honorable)	00086370
4	Date	5 Payee name	
	05/12/2025	Smith, Peggy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,500.00	14 Greenway Plaza	
		Houston, TX 77046	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Lodging	un, 17, onicenoider living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
_	Date	Payee name	
	06/09/2025	Smith, Peggy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,500.00	14 Greenway Plaza	
	, , , , , , ,		
		Houston, TX 77046	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense
		Lodging	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/06/2025	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$294.22	225 Varick St	
		New York, NY 10014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Website	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Website	in, 17, oniceroder iving expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

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: 16/18 Rpt: 22/24	Bryant, John W. (The Honorable) 00086370
4	Date	5 Payee name
	04/10/2025	Sweetwaters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.49	316 W 12th
		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 Constituent breakfast
		Consuluent bleaklast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name Toguaria Le) (antono
	05/20/2025	Taqueria LaVentana
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	3847 Cedar Springs
		Dallas, TX 75219
	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
		Берозіі
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	01/29/2025	Payee name Texas Capitol Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	State of Texas Capitol
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	parking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense parking
		parking
_	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
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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission F	Filers)
	Sch: 17/18 Rpt: 23/24	Bryant, John W. (The Honorable)	00086370	
4	Date	5 Payee name	<u>'</u>	
	02/04/2025	Texas Legislative Progressive Caucus		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$200.00	Texas Capitol		
		Austin, TX 75032		
8	PURPOSE	<u> </u>	Description	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Dues (b)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Jues	Check if Austin, TX, officeholder living expense	
			Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
L	expenditure to benefit C/Ol	1		
	Date	Payee name		_
	05/30/2025	Texas Legislative Progressive Caucus		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,000.00	Texas Capitol		
		Austin, TX 75032		
	PURPOSE		Description	
	OF	Contribution	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	
			Contribution	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	06/02/2025	The Grove		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$608.96	800 W Sixth		
		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.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense	
			Staff dinner	
			200	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Superiord to borient 0/01	•		

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1		2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
Ļ	Sch: 18/18 Rpt: 24/24	Bryant, John W. (The Honorable) 00086370	
4	Date 04/16/2025	5 Payee name U.S. Postal Service	
6	Amount (\$) \$210.00	7 Payee address; City; State; Zip Code 6200 Swiss Avenue	
8	PURPOSE OF EXPENDITURE	Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) PO Box rental (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PO Box rental	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date 06/25/2025	Payee name Vinaigrette	
	Amount (\$) \$83.28	Payee address; City; State; Zip Code 2201 College	
	PURPOSE OF EXPENDITURE	Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff lunch	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 01/21/2025	Payee name YO Ranch Restauant	
	Amount (\$) \$19.20	Payee address; City; State; Zip Code 702 Ross Avenue	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constituent meeting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	