

**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) 00088425 | 2 Total pages filed: 8 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Jack Ryan | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Gallagher | SUFFIX | Date Received ELECTRONICALLY FILED 01/13/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 2300 McDermott Rd. Ste. 200-113 Plano, TX 75025 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Mr. | MI | | | |
| | NICKNAME | LAST Jacob S. | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 1135 Empire Ln. Hoover, AL 35336 | | | APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (205) 767-8127 | | | | | |
| 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 09/05/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month Day Year 03/03/2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) State Representative District 70 | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Gallagher, Jack Ryan | | 14 Filer ID (Ethics Commission Filers) 00088425 |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | 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. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 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) | | \$ 3,188.81 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 1,899.55 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 793.17 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |

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.

Jack Ryan Gallagher

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 Gallagher, Jack Ryan | 19 Filer ID (Ethics Commission Filers) 00088425 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 3,188.81 | |
| 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 \$ 1,899.55 | |
| 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: 1/4 Rpt: 4/8 |
| 2 FILER NAME Gallagher, Jack Ryan | | 3 Filer ID (Ethics Commission Filers) 00088425 |
| 4 Date 11/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brim, Clayton | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Plano, TX 75025 | |
| 8 Principal occupation / Job title (See Instructions) Manager, Audits | | 9 Employer (See Instructions) Ally Financial |
| Date 09/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Geni | Amount of Contribution (\$) \$1,041.02 |
| | Contributor address; City; State; Zip Code Plano, TX 75093 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cho, Seung Joh | Amount of Contribution (\$) \$104.10 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) ADA | | Employer (See Instructions) Travis County |
| Date 11/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delfino, Mary | Amount of Contribution (\$) \$52.05 |
| | Contributor address; City; State; Zip Code Alpharetta, GA 30004 | |
| Principal occupation / Job title (See Instructions) Owner Designer | | Employer (See Instructions) BGH |
| Date 11/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delfino, Matt | Amount of Contribution (\$) \$104.10 |
| | Contributor address; City; State; Zip Code Nashville, TN 37208 | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Womble Bond Dickinson US LLP |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8 |
| 2 FILER NAME Gallagher, Jack Ryan | | | 3 Filer ID (Ethics Commission Filers) 00088425 |
| 4 Date 09/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Grey 6 Contributor address; City; State; Zip Code Austin, TX 78744 | 7 Amount of Contribution (\$) \$26.03 | |
| 8 Principal occupation / Job title (See Instructions) Research Specialist | | 9 Employer (See Instructions) Texas, Office of the Attorney General | |
| Date 11/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipford, Jacob Contributor address; City; State; Zip Code Hoover, AL 35226 | Amount of Contribution (\$) \$104.10 | |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) EY | |
| Date 12/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Alexander Contributor address; City; State; Zip Code Dallas, TX 75206 | Amount of Contribution (\$) \$104.10 | |
| Principal occupation / Job title (See Instructions) Sales Manager | | Employer (See Instructions) Southern Glazers Wine Spirits | |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, John Contributor address; City; State; Zip Code Charlotte, NC 28209 | Amount of Contribution (\$) \$52.05 | |
| Principal occupation / Job title (See Instructions) Brand Rep | | Employer (See Instructions) Kulo Management | |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Wayne Contributor address; City; State; Zip Code Meridianville, AL 35759 | Amount of Contribution (\$) \$104.10 | |
| Principal occupation / Job title (See Instructions) Insurance | | Employer (See Instructions) AiA Inc | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8 |
| 2 FILER NAME Gallagher, Jack Ryan | | 3 Filer ID (Ethics Commission Filers) 00088425 |
| 4 Date 11/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phabian, Johnny | 7 Amount of Contribution (\$) \$104.10 |
| | 6 Contributor address; City; State; Zip Code Heath, TX 75032 | |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Phabian Partners, Inc. |
| Date 10/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shippy, Walker | Amount of Contribution (\$) \$208.20 |
| | Contributor address; City; State; Zip Code Frisco, TX 75035 | |
| Principal occupation / Job title (See Instructions) Staff Assistant | | Employer (See Instructions) United States Senate |
| Date 11/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamm, Tyler | Amount of Contribution (\$) \$104.10 |
| | Contributor address; City; State; Zip Code Brentwood, TN 37027 | |
| Principal occupation / Job title (See Instructions) Land Acquisition Director | | Employer (See Instructions) Forestar Group |
| Date 11/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Chad | Amount of Contribution (\$) \$52.05 |
| | Contributor address; City; State; Zip Code Benbrook, TX 76132 | |
| Principal occupation / Job title (See Instructions) Sr. Software Adviser | | Employer (See Instructions) SmartThoughts |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Madison | Amount of Contribution (\$) \$104.10 |
| | Contributor address; City; State; Zip Code Dallas, TX 75214 | |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8 |
| 2 FILER NAME Gallagher, Jack Ryan | | 3 Filer ID (Ethics Commission Filers) 00088425 |
| 4 Date 11/21/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Tom | 7 Amount of Contribution (\$) \$520.51 |
| | 6 Contributor address; City; State; Zip Code Frisco, TX 75035 | |
| 8 Principal occupation / Job title (See Instructions) Construction | | 9 Employer (See Instructions) IConstruct |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavarro, Matthew | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code El Cajon, CA 92019 | |
| Principal occupation / Job title (See Instructions) Law Graduate | | Employer (See Instructions) Foley Lardner LLP |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmer, Zachary | Amount of Contribution (\$) \$104.10 |
| | Contributor address; City; State; Zip Code Amarillo, TX 79124 | |
| Principal occupation / Job title (See Instructions) Associate | | Employer (See Instructions) Spouse Shrader Smith |

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: 1/1 Rpt: 8/8 | 2 FILER NAME Gallagher, Jack Ryan | 3 Filer ID (Ethics Commission Filers) 00088425 | |
| 4 Date 12/31/2025 | 5 Payee name Squaresigns | | |
| 6 Amount (\$) \$1,899.55 | 7 Payee address; City; 3520 Valhalla Dr. Burbank, CA 91505-1126 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Road Signs | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |