

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID 00089837		2 Total pages filed: 34		OFFICE USE ONLY				
				Date Received ELECTRONICALLY FILED 01/15/2026				
3 CANDIDATE / OFFICEHOLDER NAME		FIRST Mr. Ryan C. NICKNAME Ayala		Date Hand-delivered or Date Postmarked				
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____				
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit					
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)					
5 ORIGINAL PERIOD COVERED		Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year	Date Processed
		THROUGH						Date Imaged

6 EXPLANATION OF CORRECTION

This correction is filed to revise the classification of previously reported activity.

7 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.

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 filed was made in good faith.

Mr. Ryan C. Ayala

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 oath

Printed name of officer administering oath

Title of officer administering oath

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

**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) 00089837	2 Total pages filed: 34		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Ryan C.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Ayala	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3822 Blue Oak Pass			Date Hand-delivered or Date Postmarked		
	San Antonio, TX 78223			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ramon G.	MI			
	NICKNAME	LAST Ayala	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3822 Blue Oak Pass		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Antonio, TX 78223					
7 CAMPAIGN TREASURER PHONE	AREA CODE (210) 233-1456	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 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 119		

GO TO PAGE 2

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

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

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13 C / OH NAME	Ayala, Ryan C. (Mr.)		14 Filer ID (Ethics Commission Filers) 00089837
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)		\$ 18,465.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 21,300.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 35,951.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 57,216.52

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.

Mr. Ryan C. Ayala

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	19 Filer ID	(Ethics Commission Filers)
Ayala, Ryan C. (Mr.)	00089837	
20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,973.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	12,492.38
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	57,216.52
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	21,300.98
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	2.85

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 5/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acuna, Willie (Mr.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code San Antonio, TX	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acuna, Willie (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acuna, Yolanda (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcala, Julian (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code San Antonio, TX 78231	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Hahn (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 6/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayala, Dolores (Ms.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Converse , TX 78109	
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayala, Efren (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borrego, Cathie (Mrs.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Elise (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Hoyos, Joann (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 7/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada-Vega, Patricia (Mrs.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78223	
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Gerald (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Castle Hills, TX 78213	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Christine (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code San Antonio, TX 78223	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Francisco (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Elmendorf, TX 78112	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Eleanor (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 8/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gres, Anthony	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Cibolo, TX 78108	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez , Leticia (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marck, Eugene (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Mandy (Ms.)	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Marleigh (Ms.)	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 9/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Chrystin (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75214	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Jessica (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintanilla, Gabe (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78213	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Jennifer (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78222	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Josephine (Mrs.)	Amount of Contribution (\$) \$170.00
	Contributor address; City; State; Zip Code San Antonio, TX 78223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 10/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Viviano (Mr.)	7 Amount of Contribution (\$) \$94.00
	6 Contributor address; City; State; Zip Code San Antonio, TX	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon-Ayala, Heather (Mrs.)	Amount of Contribution (\$) \$230.00
	Contributor address; City; State; Zip Code San Antonio, TX 78223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Jennifer (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78223	
Principal occupation / Job title (See Instructions) Client Advisor		Employer (See Instructions) Halff Associates
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, Laura (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78213	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unitemized Individual Contributions- BBQ Plate,	Amount of Contribution (\$) \$3,287.00
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 11/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Angela (Ms.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78222	
8 Principal occupation / Job title (See Instructions) IT Financial Mgr		9 Employer (See Instructions)
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Michael (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78210	
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Caroline	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Alamogordo, NM 88310	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 08/09/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Gerald (Mr.) 7 Contributor address; City; State; Zip Code Castle Hills, TX 78213	8 Amount of contribution (\$) \$492.38 9 In-kind contribution description Campaign Kick-Off Tacos <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon, Josephine (Mrs.) Contributor address; City; State; Zip Code San Antonio, TX 78223	Amount of contribution (\$) \$12,000.00 In-kind contribution description VBM <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Self
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/5 Rpt: 13/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/31/2025	7 Name of lender Ayala, Ryan (Mr.)	8 <input type="checkbox"/> out-of-state PAC (ID#:)
6 Is lender a financial institution? No	9 Loan Amount (\$) \$2,200.00	10 Interest Rate 0.00
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Law Clerk		13 Employer (See Instructions) Cordell & Cordell
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 07/03/2025	Name of lender Ayala, Ryan (Mr.)	<input type="checkbox"/> out-of-state PAC (ID#:) Loan Amount (\$) \$100.00
Is lender a financial institution? No	Lender address; City; State; Zip Code	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cordell & Cordell
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/5 Rpt: 14/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/28/2025	7 Name of lender Ayala, Ryan (Mr.)	8 <input type="checkbox"/> out-of-state PAC (ID#:)
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code San Antonio, TX 78223	9 Loan Amount (\$) \$443.72
		10 Interest Rate
12 Principal occupation / Job title (See Instructions) Attorney	13 Employer (See Instructions) Cordell & Cordell	11 Maturity Date
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor
		18 Guarantor address; City; State; Zip Code
		19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)
Date of loan 11/05/2025	Name of lender Ayala, Ryan (Mr.)	Loan Amount (\$) \$2,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code San Antonio, TX 78223	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cordell & Cordell
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		Name of guarantor
		Amount Guaranteed (\$)
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/5 Rpt: 15/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/01/2025	7 Name of lender Ayala, Ryan (Mr.)	8 <input type="checkbox"/> out-of-state PAC (ID#: _____)
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code San Antonio, TX 78223	9 Loan Amount (\$) \$1,939.92
		10 Interest Rate
12 Principal occupation / Job title (See Instructions) Attorney	13 Employer (See Instructions) Cordell & Cordell	11 Maturity Date
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor
		18 Guarantor address; City; State; Zip Code
		19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)
Date of loan 11/14/2025	Name of lender Ayala, Ryan (Mr.)	Loan Amount (\$) \$45,270.00
Is lender a financial institution? No	Lender address; City; State; Zip Code San Antonio, TX 78223	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cordell & Cordell
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		Name of guarantor
		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 4/5 Rpt: 16/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/29/2025	7 Name of lender Ramon, Josephine (Mrs.)	9 out-of-state PAC (ID#: \$983.36
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code San Antonio, TX 78223	10 Interest Rate 11 Maturity Date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 11/10/2025	Name of lender Ramon, Josephine (Mrs.)	out-of-state PAC (ID#: \$2,576.48
Is lender a financial institution? No	Lender address; City; State; Zip Code San Antonio, TX 78223	Interest Rate Maturity Date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 5/5 Rpt: 17/34
2 FILER NAME Ayala, Ryan C. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089837
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/28/2025	7 Name of lender Ramon-Ayala, Heather (Mrs.)	9 Loan Amount (\$) \$1,703.04
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code San Antonio, TX 78223	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Director		13 Employer (See Instructions) Yates
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

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: 1/16 Rpt: 18/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 08/03/2025	5 Payee name Ayala, Holly (Ms.)	
6 Amount (\$) \$408.75	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Social Media/Comms
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Ayala, Holly (Ms.)	
Amount (\$) \$157.50	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Social Media/Comms
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	Payee name Ayala, Holly (Ms.)	
Amount (\$) \$135.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Social Media/Comms
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/16 Rpt: 19/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 12/14/2025	5 Payee name Ayala, Holly (Ms.)	
6 Amount (\$) \$307.50	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Social Media/Comms
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/20/2025	Payee name Ayala, Holly (Ms.)	
Amount (\$) \$277.50	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Social Media/Comms
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/16/2025	Payee name Ayala, Leo (Mr.)	
Amount (\$) \$60.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/16 Rpt: 20/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 11/26/2025	5 Payee name BCDP	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1844 Fredericksburg Rd. San Antonio, TX 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Best Buy	
Amount (\$) \$157.92	Payee address; City; State; Zip Code 3142 SE Military Dr Ste. 110 San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Bexar County Elections Dept	
Amount (\$) \$90.00	Payee address; City; State; Zip Code San Antonio, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Mail List
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/16 Rpt: 21/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 08/07/2025	5 Payee name Boston Media	
6 Amount (\$) \$405.94	7 Payee address; City; State; Zip Code San Antonio, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Boston Media	
Amount (\$) \$2,602.16	Payee address; City; State; Zip Code 510 Northtrail Dr San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Boston Media	
Amount (\$) \$3,234.59	Payee address; City; State; Zip Code 510 Northtrail Dr. San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/16 Rpt: 22/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 12/03/2025	5 Payee name Boston Media	
6 Amount (\$) \$389.70	7 Payee address; City; 510 Northtrail Dr San Antonio, TX 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Boston Media	
Amount (\$) \$790.22	Payee address; City; 510 Northtrial Dr. San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/12/2025	Payee name Chick Fil La	
Amount (\$) \$115.51	Payee address; City; 4100 S. New Braunfels San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Giftcards- Volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/16 Rpt: 23/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 09/20/2025	5 Payee name Curve Drive In	
6 Amount (\$) \$325.55	7 Payee address; City; 4379 SE Military Dr. San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Breakfast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/13/2025	Payee name Curve Drive In	
Amount (\$) \$342.38	Payee address; City; 4379 SE Military Dr. San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Santa Breakfast
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name FedEx	
Amount (\$) \$98.10	Payee address; City; 3103 SE Military Dr San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/16 Rpt: 24/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 11/04/2025	5 Payee name GoDaddy	
6 Amount (\$) \$57.36	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name HEB	
Amount (\$) \$55.84	Payee address; City; State; Zip Code 3323 SE Military Dr San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Popcorn
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/06/2025	Payee name HEB	
Amount (\$) \$28.20	Payee address; City; State; Zip Code 3323 SE Military Dr San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water/Snacks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/16 Rpt: 25/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 10/02/2025	5 Payee name Highland Park NA	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code San Antonio, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation- National Night Out
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Home Depot	
Amount (\$) \$22.67	Payee address; City; State; Zip Code 3111 SE Military Dr. San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Home Depot	
Amount (\$) \$416.79	Payee address; City; State; Zip Code 3111 SE Military Dr San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Supplies for Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/16 Rpt: 26/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 11/07/2025	5 Payee name Home Depot	
6 Amount (\$) \$53.17	7 Payee address; City; 3111 SE Military Dr. San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Supplies for Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/06/2025	Payee name JVC Media	
Amount (\$) \$649.50	Payee address; City; San Antonio, TX	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/06/2025	Payee name JVC Media	Office held
Amount (\$) \$1,353.13	Payee address; City; San Antonio, TX	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/16 Rpt: 27/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 08/03/2025	5 Payee name JVC Media	
6 Amount (\$) \$1,533.98	7 Payee address; City; State; Zip Code San Antonio, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name JVC Media	
Amount (\$) \$2,570.94	Payee address; City; State; Zip Code San Antonio, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Jaramillo, Leo (Mr.)	
Amount (\$) \$1,044.50	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Labor-Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/16 Rpt: 28/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 11/14/2025	5 Payee name La Parilla	
6 Amount (\$) \$721.32	7 Payee address; City; 3719 SE Military San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BBQ Plate Sale
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Longoria, Jenn (Ms.)	
Amount (\$) \$218.59	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78213	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Text
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Lowes	
Amount (\$) \$27.86	Payee address; City; State; Zip Code 3302 Goliad Rd. San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Supplies for Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/16 Rpt: 29/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 11/23/2025	5 Payee name Makestickers.com	
6 Amount (\$) \$125.61	7 Payee address; City; State; Zip Code San Antonio,	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Stickers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Perez, Angel (Ms.)	
Amount (\$) \$406.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Adkins, TX 78101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Perez, Angel (Ms.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Adkins, TX 78101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts & Ballons
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/16 Rpt: 30/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 12/19/2025	5 Payee name Peter Piper Pizza	
6 Amount (\$) \$304.78	7 Payee address; City; 3131 SE Military Dr. San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gen Z Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name SSFCU	
Amount (\$) \$20.00	Payee address; City; 1507 Goliad Rd San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase Checks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name SSFCU	
Amount (\$) \$20.00	Payee address; City; 1507 Goliad Rd San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Maintenance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/16 Rpt: 31/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 08/30/2025	5 Payee name SSFCU	
6 Amount (\$) \$20.00	7 Payee address; City; 1507 Goliad Rd San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Maintenance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SSFCU	Office sought Office held
Date 09/30/2025	Payee name SSFCU	
Amount (\$) \$20.00	Payee address; City; 1507 Goliad Rd. San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Maintenance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SSFCU	Office sought Office held
Date 10/31/2025	Payee name SSFCU	
Amount (\$) \$20.00	Payee address; City; 1507 Goliad Rd San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Maintenance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SSFCU	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/16 Rpt: 32/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837
4 Date 11/29/2025	5 Payee name SSFCU	
6 Amount (\$) \$20.00	7 Payee address; City; 1507 Goliad Rd San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SSFCU	Office sought Office held
Date 12/31/2025	Payee name SSFCU	
Amount (\$) \$20.00	Payee address; City; 1507 Goliad Rd San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Maintenance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Sams Club	Office sought Office held
Date 10/25/2025	Payee name Sams Club	
Amount (\$) \$88.08	Payee address; City; 3239 Goliad Rd San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Halloween Snacks Trunk or Treat
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SSFCU	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/16 Rpt: 33/34	2 FILER NAME Ayala, Ryan C. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089837	
4 Date 11/17/2025	5 Payee name Walmart		
6 Amount (\$) \$134.34	7 Payee address; City; 3302 SE Military Dr San Antonio, TX 78223		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for BBQ Plate Sale	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/1 Rpt: 34/34</p>
<p>2 FILER NAME Ayala, Ryan C. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089837</p>
<p>4 Date 11/29/2025</p>	<p>5 Name of person from whom amount is received SSFCU</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX</p>	<p>8 Amount (\$) \$1.10</p>
	<p>7 Purpose for which amount is received IOD Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/31/2025</p>	<p>Name of person from whom amount is received SSFCU</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code San Antonio, TX</p>	<p>Amount (\$) \$1.62</p>
	<p>Purpose for which amount is received IOD Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/30/2025</p>	<p>Name of person from whom amount is received SSFCU</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code TX</p>	<p>Amount (\$) \$0.08</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received SSFCU</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code TX</p>	<p>Amount (\$) \$0.04</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/31/2025</p>	<p>Name of person from whom amount is received SSFCU</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code TX</p>	<p>Amount (\$) \$0.01</p>
	<p>Purpose for which amount is received</p>	<input type="checkbox"/> Check if political contribution returned to filer