

# 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<br>(Ethics Commission Filers)<br>00088425 |   | 2 Total pages filed:<br>7 |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>FIRST<br>Jack Ryan  |  | MI  |                           | OFFICE USE ONLY<br><br>Date Received<br>ELECTRONICALLY FILED<br>02/02/2026 |
|   | NICKNAME<br>LAST<br>Gallagher  |  | SUFFIX  |                           |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>2300 McDermott Rd.<br>Ste. 200-113<br>Plano, TX 75025  |  | ZIP CODE  |                           | Date Hand-delivered or Date Postmarked                                     |
|   |  |  |   |                           | Receipt #  |
|   |  |  |   |                           | Amount   |
|   |  |  |   |                           | Date Processed   |
|   |  |  |   | Date Imaged               |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>FIRST<br>Mr. Jacob S.   |  | MI  |                           |  |
|   | NICKNAME<br>LAST<br>Lipford  |  | SUFFIX  |                           |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1135 Empire Ln.<br><br>Hoover, AL 35336   |  |   |                           |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(205) 767-8127   |  |   |                           |  |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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<br>COVERED   | Month Day Year      THROUGH      Month Day Year<br>01/01/2026      01/22/2026  |  |   |                           |  |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>03/03/2026  |  | ELECTION TYPE   |                           |  |
|   |  |  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                           |  |
| 11 OFFICE   | OFFICE HELD (if any)   |  | 12 OFFICE SOUGHT (if known)<br>State Representative District 70   |                           |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|  |   |
|--|---|
| <b>13 C / OH NAME</b> Gallagher, Jack Ryan | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088425 |
|--|---|

|   |  |   |  |
|---|--|---|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |  |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>                       |  |
|   |  | <b>COMMITTEE ADDRESS</b>                    |  |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |  |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |

|   |   |           |
|---|---|-----------|
| <b>16 CONTRIBUTION TOTALS</b>           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00   |
|   | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 780.76 |
| -----<br><b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00   |
|   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 747.04 |
| -----<br><b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 796.13 |
| -----<br><b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00   |

|  |  |  |
|--|--|--|
| <b>17 AFFIDAVIT</b>  |  |  |
| <p>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.</p><br><br><div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;">             Jack Ryan Gallagher<br/>             _____<br/>             Signature of Candidate or Officeholder           </div> </div><br><br><p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p><br><br><div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> <span>Signature of officer administering</span> <span>Printed name of officer administering</span> <span>Title of officer administering oath</span> </div> |  |  |

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

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|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Gallagher, Jack Ryan     |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088425 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 780.76   |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 3.   | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$ 0.00   |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 747.04   |
| 6.   | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 0.00   |
| 7.   | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$ 0.00   |
| 8.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 0.00   |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 0.00   |
| 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**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                   |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/7   |
| <b>2</b> FILER NAME<br>Gallagher, Jack Ryan  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088425 |
| <b>4</b> Date<br>01/05/2026  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beckett, Collin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75071 | <b>7</b> Amount of Contribution (\$)<br><br>\$156.15     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Consulting Manager |  | <b>9</b> Employer (See Instructions)<br>Baker Tilly      |
| Date<br>01/05/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Prince, Jessie<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093                       | Amount of Contribution (\$)<br><br>\$520.51              |
| Principal occupation / Job title (See Instructions)<br>Minister                    |  | Employer (See Instructions)<br>Grace                     |
| Date<br>01/16/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wearp, Matthew<br><hr/> Contributor address; City; State; Zip Code<br><br>Miami, FL 33143                       | Amount of Contribution (\$)<br><br>\$104.10              |
| Principal occupation / Job title (See Instructions)<br>Clerk                       |  | Employer (See Instructions)<br>Keystone                  |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 5/7

2 FILER NAME

Gallagher, Jack Ryan

3 Filer ID (Ethics Commission Filers)

00088425

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 6/7

2 FILER NAME  
Gallagher, Jack Ryan

3 Filer ID (Ethics Commission Filers)  
00088425

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a  
financial  
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
☐ None

15 Check if personal funds were deposited into political account  
(See Instructions)  
☐

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 7/7              | <b>2</b> FILER NAME<br>Gallagher, Jack Ryan  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088425   |
| <b>4</b> Date<br>01/20/2026   | <b>5</b> Payee name<br>The Home Depot  |  |
| <b>6</b> Amount (\$)<br>\$260.89                                    | <b>7</b> Payee address; City; State; Zip Code<br>252 N Custer Rd<br><br>McKinney, TX 75071     |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Zip Ties, Wood, Screws to support road signs |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/20/2026  | Payee name<br>Tractor Supply Co.   |  |
| Amount (\$)<br>\$486.15   | Payee address; City; State; Zip Code<br>3350 N Central Expy US 75<br><br>McKinney, TX 75071    |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>T-Posts for road signs                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |