

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)

2 Total pages filed: 10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Ryan
NICKNAME LAST SUFFIX
Echols

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
212 Patricia Lane, Highland Village TX 75077

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 583-1143

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Ryan
NICKNAME LAST SUFFIX
Echols

OFFICE USE ONLY

Date Received
Received
APR 25 2025
LISD / Supt Ofc

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
212 Patricia Lane, Highland Village TX 75077

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 583-1143

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 25 / 25 THROUGH 4 / 23 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
5 / 3 / 25 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Lewisville ISD Board of Trustees, Place 7

14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME
☐ GENERAL COMMITTEE ADDRESS
☐ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|------------------------------------|---|---|
| 15 C/OH NAME RYAN ECHOLS | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,992.87 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,132.04 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,235.83 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

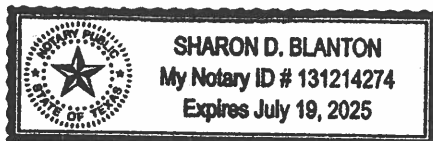
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ryan Echols

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ryan Echols this the 25th day of April.

20 25, to certify which, witness my hand and seal of office.

Sharon D. Blanton

Sharon D. Blanton

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****RYAN ECHOLS****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | |
|-----|--|-------------|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,992.87 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,132.04 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME RYAN ECHOLS | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/22/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) ISAAC GIAN 6 Contributor address; City; State; Zip Code 3640 Cimarron Drive, Carrollton, TX 75007 | 7 Amount of contribution (\$) 104.48 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/10/2025 | Full name of contributor out-of-state PAC (ID#: _____) SUSAN CORDRE Contributor address; City; State; Zip Code 4686B Dozier Road, Carrollton, TX 75010 | Amount of contribution (\$) 104.48 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/09/2025 | Full name of contributor out-of-state PAC (ID#: _____) MAKAYLA MITCHELL Contributor address; City; State; Zip Code 15650 Witt Place, 4151, Addison, TX 75001 | Amount of contribution (\$) 208.65 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/08/2025 | Full name of contributor out-of-state PAC (ID#: _____) ANDREW HARRIS Contributor address; City; State; Zip Code 1626 Yorktown Boulevard, Corpus Christi, TX 78418 | Amount of contribution (\$) 208.65 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME RYAN ECHOLS | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/06/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) RICHARD HAYES 6 Contributor address; City; State; Zip Code 1225 Sycamore Bend Road, Hickory Creek, TX 75065 | 7 Amount of contribution (\$) 521.15 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/06/2025 | Full name of contributor out-of-state PAC (ID#: _____) RONALD ECHOLS Contributor address; City; State; Zip Code 6506 Shiloh Lane, Denton, TX 76208 | Amount of contribution (\$) 26.35 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/05/2025 | Full name of contributor out-of-state PAC (ID#: _____) SUSAN BORELLA Contributor address; City; State; Zip Code 4109 Hide A Way Lane, Flower Mound, TX 75022 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/04/2025 | Full name of contributor out-of-state PAC (ID#: _____) JOHN FRITZ Contributor address; City; State; Zip Code 9175 S Yale Ave, Set 140, Tulsa, OK 74137 | Amount of contribution (\$) 260.73 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
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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: 4 |
| 2 FILER NAME RYAN ECHOLS | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/03/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) GARETT HUEFFED 6 Contributor address; City; State; Zip Code 2820 Devils Tower Circle, El Paso, TX 79904 | 7 Amount of contribution (\$) 208.65 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/25/2025 | Full name of contributor out-of-state PAC (ID#: _____) CYNTHIA BORKER Contributor address; City; State; Zip Code 2941 Oyster Bay Drive, Frisco, TX 75036 | Amount of contribution (\$) 26.35 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/07/2025 | Full name of contributor out-of-state PAC (ID#: _____) CARMEN PRINCE Contributor address; City; State; Zip Code 139 Fallkirk Drive, Coppell, TX 75019 | Amount of contribution (\$) 35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/27/2025 | Full name of contributor out-of-state PAC (ID#: _____) CAROL ECHOLS Contributor address; City; State; Zip Code 110 Redwood Place, Lewisville TX 75067 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 4 |
| 2 FILER NAME RYAN ECHOLS | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/14/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) RYAN ECHOLS 6 Contributor address; City; State; Zip Code 212 Patricia Lane, Highland Village, TX 75077 | 7 Amount of contribution (\$) 38.38 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: 3 | | 2 FILER NAME RYAN ECHOLS | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 03/25/2025 | | 5 Payee name The UPS Store | | | |
| 6 Amount (\$) 368.05 | | 7 Payee address; City; State; Zip Code 5017 Teasley Lane, Suite 145, Denton, TX 76210 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Pushcards | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 04/02/2022 | | Payee name Talarian | | | |
| Amount (\$) 36.32 | | Payee address; City; State; Zip Code 1043 North Shoreline Boulevard, Suite 201, Mountain View, CA 94043 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Email Merge Program | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 04/04/2025 | | Payee name Texas Trade Graphics | | | |
| Amount (\$) 1,515.50 | | Payee address; City; State; Zip Code 2935 Irving Boulevard, # 201, Dallas, TX 75247 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description 18x24 inch signs w/stakes & 4x6 foot signs | | |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME RYAN ECHOLS | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/14/2025 | 5 Payee name Campaign Verify | |
| 6 Amount (\$) 95.00 | 7 Payee address; City; State; Zip Code 1215 31st Street NW, PO Box 3554, Washington, DC 20007-9998 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Campaign Authentication Token Fee |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/23/2025 | Payee name Anedot | |
| Amount (\$) 71.79 | Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770, New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Digital Donation Processing Fees, 03/25/2025 - 04/23/2025 |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/14/2025 | Payee name Squarespace, Inc. | |
| Amount (\$) 38.38 | Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Web Hosting & Design Interface |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
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SCHEDULE F1

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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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME RYAN ECHOLS | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/03/2025 | 5 Payee name Point Bank | |
| 6 Amount (\$) 7.00 | 7 Payee address; City; State; Zip Code 400 Westway Street, Denton, TX 76201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fee | (b) Description Wire Transfer Fee |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED