

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>TAMIKO H.</i> NICKNAME LAST SUFFIX <i>TAMI RYAN</i>	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE RECEIVED</div> <p>Date Received <i>1/15/2014</i> JAN 15 2014</p> <p style="text-align: center;">Town of Flower Mound <small>Town Secretary's Office</small></p> <p>Date Hand-delivered or Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount		
Receipt #	Amount						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>3109 GREMAR ST Flower Mound, TX 75022</i>						
<input type="checkbox"/> change of address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>972) 691-3750</i>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>ALAXIE T.</i> NICKNAME LAST SUFFIX <i>RYAN</i>						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>3109 GREMAR ST Flower Mound TX 75022</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>972) 691-3750</i>						
9 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 10 / 2013 1 / 15 / 2014</i>						
11 ELECTION	ELECTION DATE Month Day Year <i> / / </i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)					
GO TO PAGE 2							

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

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

14 C/OH NAME Tamiko Ryan 15 ACCOUNT # (Ethics Commission Filers)

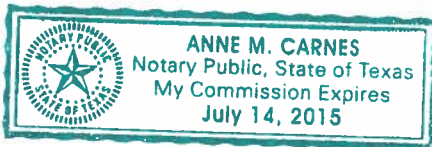
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
		COMMITTEE ADDRESS
		N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 153.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 499.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TAMIKO RYAN, this the 15th day of JANUARY, 20 14, to certify which, witness my hand and seal of office.

[Signature] ANNE M. CARNES Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2</i>		2 FILER NAME <i>TAMIKO RYAN</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/1/13</i>		5 Payee name <i>BANK of America</i>			
6 Amount (\$) <i>16.00</i>		7 Payee address; City; State; Zip Code <i>825 CrossTimbers Flower Mound TX 75028</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Bank fee</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>monthly acct fees</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/1/13</i>		Payee name <i>BANK of America</i>			
Amount (\$) <i>16.00</i>		Payee address; City; State; Zip Code <i>825 CrossTimbers Flower Mound TX 75028</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Bank fee</i>		Description (If travel outside of Texas, complete Schedule T) <i>monthly acct fee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/1/13</i>		Payee name <i>BANK of America</i>			
Amount (\$) <i>16.00</i>		Payee address; City; State; Zip Code <i>825 CrossTimbers Flower Mound TX 75028</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Bank fee</i>		Description (If travel outside of Texas, complete Schedule T) <i>monthly fee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/1/13</i>		Payee name <i>BANK of America</i>			
Amount (\$) <i>18.03</i>		Payee address; City; State; Zip Code <i>825 CrossTimbers Flower Mound TX 75028</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Bank fee</i>		Description (If travel outside of Texas, complete Schedule T) <i>Monthly acct fee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F: 2	2 FILER NAME TAMILU RYAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/1/13	5 Payee name Campaign Partners
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6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code 16 Dudley St Fitchburg, MA 01420
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) website cost
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/19/13	Payee name Campaign Partners
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Amount (\$) 59.00	Payee address; City; State; Zip Code 16 Dudley St Fitchburg, MA 01420
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) website cost
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/19/13	Payee name Campaign Partners
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Amount (\$)	Payee address; City; State; Zip Code 16 Dudley St Fitchburg, MA 01420
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) website cost
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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