

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 # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Tamiko H.	OFFICE USE ONLY RECEIVED 5/1/13 MAY - 3 2013 11:52 AM Town of Flower Mound Date Hand Delivered or Deposited TOWN SECRETARY Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Tami RYAN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 3109 GREMAR ST Flower Mound TX 75022		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 691-3700		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Alayie T.	Date Hand Delivered or Deposited TOWN SECRETARY Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX RYAN		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 3109 GREMAR ST Flower Mound TX 75022		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 691-3750		
9 REPORT TYPE	<input 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 checked="" 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 4 / 10 / 2013 5 / 1 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 2013	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) Town Council Place 5	

GOTO 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)
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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	COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS N/A COMMITTEE CAMPAIGN TREASURER NAME N/A COMMITTEE CAMPAIGN TREASURER ADDRESS N/A
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additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1236.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 508.20
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 3 day of May, 2013, to certify which, witness my hand and seal of office.

<i>[Signature]</i>	<u>Dorothy Choate</u>	<u>Notary</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME TAMILO RYAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIA MASEY	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3608 Polo Run Dr. Flower Mound, TX 75022		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TAMMI VAJDA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2828 Lakeville Ln Flower Mound TX 75022		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINDSEY MCCUTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3105 Greenhall St Flower Mound, TX 75022		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELANIE KAMB	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5109 Pine Edward Ct Flower Mound TX 75022		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME TAMIKO RYAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/12/13	5 Payee name BANK of America
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6 Amount (\$) 22.00	7 Payee address; City; State; Zip Code 825 CROSS TIMBERS FLOWER MOUND TX 75028
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Bank fees	(b) Description (If travel outside of Texas, complete Schedule T) monthly acct. charge.
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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 4/11/13	Payee name Campaign Partners I
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Amount (\$) 29.00	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 mth 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 4/19/13	Payee name Wix Web Pages - online
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Amount (\$) 40.80	Payee address; City; State; Zip Code P.O. Box 40190 SAN FRANCISCO, CA 94140
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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.com fee
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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 4/09/13	Payee name Signia Signs
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Amount (\$) 115.00	Payee address; City; State; Zip Code 3634 Long Prairie Rd, #108 FLOWER MOUND TX 75022
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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) yard signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Tamiko Ryan	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/17/13	5 Payee name Sigma Signs
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6 Amount (\$) 1,030.00	7 Payee address; City: State: Zip Code 3034 LONG PRAIRIE Rd, #108 Flower Mound TX 75022
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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) yard / large signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name [Signature]	Office sought yard	Office held large signs
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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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