

# 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: **7**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

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

OFFICE USE ONLY

Date Received

**Received**

**APR 3 2025**

**LISD / Supt Ofc**

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**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

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

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

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

(Residence or Business)

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  
**2 / 14 / 25 THROUGH 3 / 24 / 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)	\$ 1,543.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 168.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,375.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

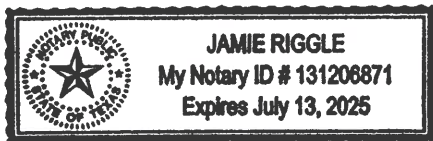
18 SIGNATURE

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.

  
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 3rd day of April.

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

  
Signature of officer administering oath

Jamie Riggles  
Printed name of officer administering oath

Najm Publi/ Sec  
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 RYAN ECHOLS		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,543.45
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	\$ 168.45
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:**2****2** FILER NAME**RYAN ECHOLS****3** Filer ID (Ethics Commission Filers)**4** Date**03/21/2025****5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Caroline and Benjamin Bumgarner****6** Contributor address;

City;

State;

Zip Code

**5150 Kensington Court, Flower Mound, TX 75022****7** Amount of contribution (\$)**1,000.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**03/20/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Brandon Swearengin**

Contributor address;

City;

State;

Zip Code

**1204 North 10th Place, Renton, WA 98057**

Amount of contribution (\$)

**52.40**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/20/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Jack Martin**

Contributor address;

City;

State;

Zip Code

**3451 Chapel Oaks Drive, Coppell, TX 75019**

Amount of contribution (\$)

**52.40**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/20/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Nathan Barnett**

Contributor address;

City;

State;

Zip Code

**4401 South Quinoa Avenue, Broken Arrow, OK 74011**

Amount of contribution (\$)

**26.35**

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: **2****2** FILER NAME**RYAN ECHOLS****3** Filer ID (Ethics Commission Filers)**4** Date**03/20/2025****5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Tara Lynn Nelson****6** Contributor address;

City;

State;

Zip Code

**2313 Carlisle Court, Flower Mound, TX 75028****7** Amount of contribution (\$)**52.40****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

**03/20/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Chris Volkmer**

Contributor address;

City;

State;

Zip Code

**8822 Plano Parkway, Dallas, TX 75238**

Amount of contribution (\$)

**104.48**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**02/14/2025**

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

**Ryan Echols**

Contributor address;

City;

State;

Zip Code

**212 Patricia Lane, Highland Village, TX 75077**

Amount of contribution (\$)

**255.42**

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: <b>2</b>	2 FILER NAME <b>RYAN ECHOLS</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/21/2025</b>	5 Payee name <b>Anedot Inc.</b>	
6 Amount (\$) <b>13.03</b>	7 Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770, New Orleans, LA 70112</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Digital donation processing fees, 3/20-3/21</b>
	(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 <b>03/19/2025</b>	Payee name <b>LoneStar Badge &amp; Sign, Inc.</b>	
Amount (\$) <b>21.87</b>	Payee address; City; State; Zip Code <b>301 Quail Run Road, Martindale, TX 78655</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Candidate Name Tag</b>
	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 <b>03/19/2025</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>36.79</b>	Payee address; City; State; Zip Code <b>6060 LONG PRAIRIE ROAD, SUITE 300, FLOWER MOUND, TX 75028</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business Cards</b>
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <div style="font-size: 1.5em; margin-left: 20px;">2</div>	<b>2</b> FILER NAME RYAN ECHOLS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/14/2025	<b>5</b> Payee name Squarespace, Inc.	
<b>6</b> Amount (\$) <div style="font-size: 1.5em;">38.38</div>	<b>7</b> Payee address; City; State; Zip Code 225 Varick Street, 12th Floor, New York, NY 10014	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Web Hosting, & Design Interface
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/14/2025	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		
Date 02/14/2025	Payee name Squarespace, Inc.	
Amount (\$) 20.00	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 Website Domain
	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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