

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Byron</u> MI <u>M</u> NICKNAME _____ LAST <u>Ryder</u> SUFFIX _____		OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold; color: blue;">FILED</div> <div style="font-size: 1.2em; color: blue;">JAN 29 2026</div> <div style="font-size: 0.8em; color: blue;">DONNA KOMINCZAK ELECTIONS ADMINISTRATOR LEON COUNTY, TEXAS</div> Date Hand Delivered or Mailed Postmarked _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>PO Box 277</u> APT / SUITE #: _____ CITY: <u>Buffalo, Tx</u> STATE: <u>75831</u> ZIP CODE _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(903)</u> PHONE NUMBER <u>388-0341</u> EXTENSION _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs.</u> FIRST <u>Dianne</u> MI _____ NICKNAME _____ LAST <u>Ryder</u> SUFFIX _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>218 Chatham</u> APT / SUITE #: _____ CITY: <u>Buffalo Tx</u> STATE: <u>75831</u> ZIP CODE _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(903)</u> PHONE NUMBER <u>388-1485</u> EXTENSION _____		
9 REPORT 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) <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)		
10 PERIOD COVERED	Month Day Year <u>01 / 01 / 2026</u> THROUGH <u>01 / 29 / 2026</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 03 / 26</u> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>Leon Co. Judge</u>	13 OFFICE SOUGHT (if known) <u>Leon Co. Judge</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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. 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	
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

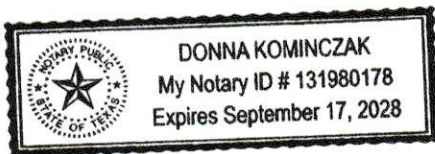
15 C/OH NAME

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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1172.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Byron Ryder
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Byron Ryder* this the *29th* day of *January*, 20*20* to certify which, witness my hand and seal of office.
Donna Kominczak *Donna Kominczak* *Notary for Texas*
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)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1172.40
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1 of 2		2 FILER NAME Byron Ryder		3 Filer ID (Ethics Commission Filers)	
4 Date 1-6-2026		5 Payee name Last Chance Designs			
6 Amount (\$) \$433.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: PO Box 1392 City: Buffalo State: Tx Zip Code: 75831 <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Signs		(b) Description Yard Signs	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:					
Date 1-16-26		Payee name KNES Texas 99.1			
Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 627 W. Commerce Fairfield, Tx - 75840 City: State: Zip Code: <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertise		Description Radio Spots	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:					
Date 1-21-26		Payee name Last Chance Designs			
Amount (\$) 346.40 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: PO Box 1392 City: Buffalo State: Tx Zip Code: 75831 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Signs		Description Yard Signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <div style="font-size: 1.5em; margin-left: 50px;">2 of 2</div>	2 FILER NAME <div style="font-size: 1.5em; margin-left: 50px;">Byron Ryder</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em; margin-left: 50px;">1-27-26</div>	5 Payee name <div style="font-size: 1.5em; margin-left: 50px;">KMVL Radio</div>	
6 Amount (\$) <div style="font-size: 1.5em; margin-left: 50px;">293.00</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 102 W. main Madisonville Tx. 77864 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Check if individual's residence address. </div>	
8 PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="flex: 1;"> (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; margin-left: 50px;">Radio Ado.</div> </div> <div style="flex: 1;"> (b) Description <div style="font-size: 1.5em; margin-left: 50px;">Radio Spots</div> </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. </div> <div> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

Date	Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
	<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</div> <div><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div> </div>			

Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
Date	Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
	<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</div> <div><input type="checkbox"/> Check if Austin, TX, officeholder living expense</div> </div>			

Complete ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED