

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:

8

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

FIRST

George

MI

B

NICKNAME

Brint

LAST

Ryan

SUFFIX

OFFICE USE ONLY

Date Received

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS
C Change of Address

Address/PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box: 670929
Dallas TX 75367

Date Hand-delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr

FIRST

Thomas

MI

O

NICKNAME

Tom

LAST

Hicks

SUFFIX

Date Processed

Date Imaged

7. CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10000 Hollow Way

Dallas TX 75229

8. CAMPAIGN TREASURER PHONE

AREA CODE

(214)

PHONE NUMBER

615 2222

EXTENSION

9. REPORT TYPE

January 15

10. PERIOD COVERED

12/9/2008 THROUGH

12/31/2008

11. ELECTION

ELECTION DATE

5/9/2009

ELECTION TYPE

General

12. OFFICE

OFFICE HELD (if any)

13. OFFICE SOUGHT (if known)

Council District 13

14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
C additional pages

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

NAME

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr George B Ryan	16 ACCOUNT #(Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) C additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate/officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.**	
	COMMITTEE TYPE	COMMITTEE NAME
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)	\$ 985.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 45411.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50000.00

19 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.

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr George B Ryan, this the 15th day of January, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 3	
2 FILER NAME Mr George B Ryan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/17/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances B Morgan 6 Contributor address; City; State; Zip Code 7537 Centenary Dallas, TX 75225	7 Amount of Contribution (\$) 10.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H.Hays Lindsley Contributor address; City; State; Zip Code 5525 Stonegate Rd Dallas, TX 75209	Amount of Contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy Finley Contributor address; City; State; Zip Code 4306 Gloster Road Dallas, TX 75220	Amount of Contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary H Baker Contributor address; City; State; Zip Code 4035 Rochelle Dr. Dallas, TX 75220-1815	Amount of Contribution (\$) 10.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry A Jobe Contributor address; City; State; Zip Code 2 Glenchester Ct. Dallas, TX 75225	Amount of Contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 2 of 3	
2 FILER NAME Mr George B Ryan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. J McLendon	7 Amount of Contribution (\$) 10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1200 Dallas Trade Mart Dallas, TX 75207		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert & Rose Hrubetz	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5330 Meaders Lane Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard & Geraldine Titley	Amount of Contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5859 Glendora Avenue Dallas, TX 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. M Hornberger	Amount of Contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5919 Williamstown Road Dallas, TX 75230-2135		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin T. & Barbara G. Thorman	Amount of Contribution (\$) 10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4206 Irvin Simmons Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 3 of 3	
2 FILER NAME Mr George B Ryan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/19/2008	5 Full name of contributor C out-of-state PAC (ID#: _____) R. Steven & Deborah K. Paulson 6 Contributor address; City; State; Zip Code 9831 Meadowbrook Dr. Dallas, TX 75220	7 Amount of Contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form

1 Total pages Schedule E:
1 of 1

2 FILER NAME
Mr George B Ryan

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: -> -> -> -> -> -> -> ->

\$

5 Date of loan
12/15/2008

7 Name of lender C out-of-state PAC (ID#: _____)
Mr George B Ryan

9 Loan Amount (\$)
50000.00

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code
P.O. Box 670929 Dallas, TX 75367

10 Interest rate
%

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Managing Principal

13 Employer (See Instructions)
Ryan, Inc.

14 Description of Collateral
 none

15 GUARANTOR INFORMATION
 not applicable

16 Name of guarantor
.....
17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender C out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
C none

GUARANTOR INFORMATION
C not applicable

Name of guarantor
.....
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
1 of 2

2 FILER NAME

Mr George B Ryan

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/17/2008

5 Payee name

Allyn & Company

7 Amount
(\$)

4239.75

6 Payee address; City; State; Zip Code

3232 McKinney Avenue Dallas, TX 75204

8 Purpose of payment (See instructions regarding type of information required.)

creative services

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12/16/2008

Payee name

Bank of America

Amount
(\$)

25.00

Payee address; City; State; Zip Code

5500 Preston Road Dallas, TX 75205

Purpose of payment (See instructions regarding type of information required.)

wire transfer bank fee

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

George Brinton "Brint" Ryan Council District 13

Date

12/24/2008

Payee name

Bank of America

Amount
(\$)

50.00

Payee address; City; State; Zip Code

5500 Preston Road Dallas, TX 75205

Purpose of payment (See instructions regarding type of information required.)

Check order

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

George Brinton "Brint" Ryan Council District 13

Date

12/16/2008

Payee name

Allyn & Company

Amount
(\$)

4620.67

Payee address; City; State; Zip Code

3232 McKinney Avenue Suite 660
Dallas, TX 75204

Purpose of payment (See instructions regarding type of information required.)

postage

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
2 of 2

2 FILER NAME

Mr George B Ryan

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/15/2008

5 Payee name

Allyn & Company

7 Amount (\$)

8858.44

6 Payee address; City; State; Zip Code

3232 McKinney Avenue Suite 660

Dallas, TX 75204

8 Purpose of payment (See instructions regarding type of information required.)
advertising

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/09/2008

Payee name

Allyn & Company

Amount (\$)

10217.08

Payee address; City; State; Zip Code

3232 McKinney Avenue Suite 660

Dallas, TX 75204

Purpose of payment (See instructions regarding type of information required.)
consulting fee

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/22/2008

Payee name

Allyn & Company

Amount (\$)

17400.61

Payee address; City; State; Zip Code

3232 McKinney Avenue Suite 660

Dallas, TX 75204

Purpose of payment (See instructions regarding type of information required.)
direct mail

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED