

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME M. Ryan Thomason 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S) **** This box is for notice of political expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	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	\$ 50.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1900.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2974.14
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	\$ 0

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.

M. Ryan Thomason
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. Ryan Thomason, this the 18th day of January, 2007, to certify which, witness my hand and seal of office.

Cynthia K. Knox
Signature of officer administering oath

CYNTHIA K. KNOX
Printed name of officer administering oath

SECRETARY
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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/2/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JA Whitaker 6 Contributor address; City; State; Zip Code 616 Dale San Marcos Tx 78666	7 Amount of contribution (\$) \$ 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/2/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Corridor Village Co. LLC Contributor address; City; State; Zip Code PO Box 291589 Kerrville TX 78029	Amount of contribution (\$) \$ 1500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) This is not a corp ck		Employer (See Instructions)	
Date 11/3/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark + Barbara Mayhew Contributor address; City; State; Zip Code PO Box 2695 Wimberley TX 78676	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G Don Rains Contributor address; City; State; Zip Code PO Box 1348 San Marcos TX	Amount of contribution (\$) \$ 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Ryan Thomason</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/31</i>	5 Payee name <i>Becca Conley</i> 6 Payee address; City; State; Zip Code <i>704 Chicago San Marcos TX 78666</i>	7 Amount (\$) <i>400⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>marketing</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/2</i>	Payee name <i>Lisa Hawks</i> Payee address; City; State; Zip Code <i>112 West Ave. #248 San Marcos TX 78666</i>	Amount (\$) <i>1,000</i>
Purpose of payment (See instructions regarding type of information required.) <i>campaign coordinator</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/6</i>	Payee name <i>McLoys Building Supply</i> Payee address; City; State; Zip Code <i>110 Wonderworld dr. SM TX 78666</i>	Amount (\$) <i>32⁴⁵</i>
Purpose of payment (See instructions regarding type of information required.) <i>sign materials</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>11/9</i>	Payee name <i>Jason Wheaton</i> Payee address; City; State; Zip Code <i>1101 E. River Ridge Pkwy SM TX 78666</i>	Amount (\$) <i>70⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>pick up signs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Ryan Thomas</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/13</i>	5 Payee name <i>Ryan Thomas</i> <hr/> 6 Payee address; City; State; Zip Code <i>2405 Willow Arbor San Marcos TX 78666</i>	7 Amount (\$) <i>1250⁰⁰ =</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Re-imbursement</i>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>11/14</i>	Payee name <i>Lisa Hawks</i> <hr/> Payee address; City; State; Zip Code <i>112 W. Ave. # 248 S.M. TX 78666</i>	Amount (\$) <i>50⁰⁰ =</i>
Purpose of payment (See instructions regarding type of information required.) <i>Re-imbursement Materials</i>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>11/14</i>	Payee name <i>Chad Campbell</i> <hr/> Payee address; City; State; Zip Code <i>San Marcos, TX 78666</i>	Amount (\$) <i>50⁰⁰ =</i>
Purpose of payment (See instructions regarding type of information required.) <i>Block walk</i>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>11/14</i>	Payee name <i>Ryan Thomas</i> <hr/> Payee address; City; State; Zip Code <i>2405 Willow Arbor S.M. TX 78666</i>	Amount (\$) <i>121.69</i>
Purpose of payment (See instructions regarding type of information required.) <i>Re-imbursement</i>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

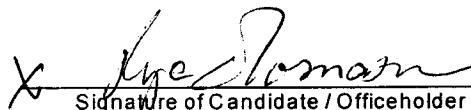
1 C/OH NAME

Michael Ryan Thomason

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate



5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder