

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	2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ronald	MI	
	NICKNAME	LAST Wright	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
	Date Received			
	Receipt #	Amount		
	Date Processed	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ronald	MI	
	NICKNAME	LAST Wright	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);			
	APT / SUITE #;		CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	8 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	THROUGH
	07/01/2016		09/29/2016	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	Tax Assessor Collector District County			

OFFICE USE ONLY
 Date Received
 Date Hand-delivered or Date Postmarked
 Receipt #
 Amount
 Date Processed
 Date Imaged
 2016 OCT 11 PM 3:08
 BY: [Signature]
 CLERK OF COURTS
 CAMPAIGN FINANCE DIVISION
 REGISTRAR

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 8

13 C / OH NAME Wright, Ronald	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)
 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.

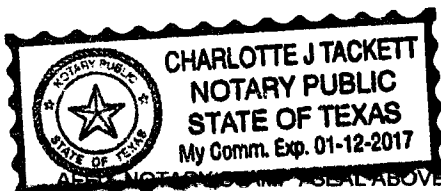
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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RECEIVED BY: [Signature]
 2016 OCT 11 PM 3:08
 CLERK OF COURTS
 11th FLOOR
 1000 RICE ST
 HOUSTON, TX 77001

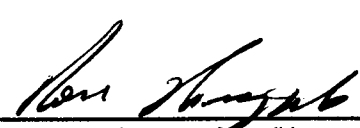
16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,007.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,140.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,250.00

17 AFFADAVIT

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.



APPEAR AT NOTARIES WITH SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Charlotte J. Tackett, this the 11th day of October, 20 16, to certify which, witness my hand and seal of office.

_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath
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SUBTOTALS - C/OH

18 FILER NAME Wright, Ronald	19 Filer ID
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	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,600.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,007.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.15

FILED
 DEPARTMENT OF
 2016 OCT 11 PM 3:08
 ELECTIONS
 ADMINISTRATOR
 BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

Sch: 1/2 Rpt: 4/8

2 FILER NAME

Wright, Ronald

3 Filer ID:

4 Date

08/25/2016

5 Full name of contributor

out-of-state PAC (ID#: _____)

Arlington Republican Club PAC

7 Amount of Contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

P.O. Box 14095

Arlington, TX 76094

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/24/2016

Full name of contributor

out-of-state PAC (ID#: _____)

FW Republican Women PAC

Amount of Contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

P.O. Box 101613

Fort Worth, TX 76185-1613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Republican Party of Texas CRC

Amount of Contribution (\$)

\$2,500.00

Contributor address; City; State; Zip Code

P.O. Box 2206

Austin, TX 78786

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Republican Party of Texas CRC

Amount of Contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

P.O. Box 2206

Austin, TX 78786

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/15/2016

Full name of contributor

out-of-state PAC (ID#: _____)

Republican Women of Arlington PAC

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

P.O. Box 14317

Arlington, TX 76094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Wright, Ronald		3 Filer ID
4 Date 09/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds III, Earnest "Skip" (Mr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 314 Main Street Suite 202 Fort Worth, TX 76102-7423		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self

BY: _____
2016 OCT 11 PM 3:08
FBI PHILIPS
ELECTRONIC REGISTRATOR

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

2016 OCT 11 PM 3:08
STATE ETHICS COMMISSION
REGISTRAR

1 Total pages Schedule F1: Sch: 1/2 Rpt: 6/8		2 FILER NAME Wright, Ronald		3 Filer ID	
4 Date 07/06/2016		5 Payee name Blanco IT Consulting			
6 Amount (\$) \$2,500.00		7 Payee address; City; State; Zip Code 4101 West Green Oaks Blvd Suite 305-472 Arlington, TX 76016			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website development	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/04/2016		Payee name Burgess, Clint (The Honorable)			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 1100 E. Broad St. Suite 201 Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse for parade float expense 4th of July parade	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/07/2016		Payee name GoDaddy.Com			
Amount (\$) \$71.00		Payee address; City; State; Zip Code 14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website purchase	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 7/8	2 FILER NAME Wright, Ronald	3 Filer ID
4 Date 07/07/2016	5 Payee name Wix.com	
6 Amount (\$) \$286.00	7 Payee address; City; State; Zip Code 235 West 23rd Street 8th Floor New York, NY 10011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held

BY: _____
 2016 OCT 11 PM 3:08
 PHILIP HARRANT
 CLERK OF COURTS
 FRANK PHILLIPS
 ELECTION ADMINISTRATOR

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 8/8

2 FILER NAME
Wright, Ronald

3 Filer ID

4 Date
09/26/2016

5 Name of person from whom amount is received
Frost Bank

8 Amount (\$)
\$0.15

6 Address of person from whom amount is received; City; State; Zip Code
3801 Matlock Road

Arlington, TX 76015

7 Purpose for which amount is received
Interest on Checking Account

Check if political contribution returned to filer

FILED
ARRANT 62000
2016 OCT 11 PM 3:08
FORNELL PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____