

# 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)  
00000001

**2 PAGE #**  
1 of 5

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST MI  
Mr. Ron  
NICKNAME LAST SUFFIX  
Wright

**OFFICE USE ONLY**

Date Received

RECEIVED  
 07/16 AM 11:07  
 1050

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
5505 Overridge Drive  
Arlington, TX 76017

Change of Address

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Mr. Ralph  
NICKNAME LAST SUFFIX  
Brotherton

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2310 Rolling Hills Trail  
Arlington, TX 76011

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(817) 274-7483

**8 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
07/01/2006 12/31/2006

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

**11 OFFICE**

OFFICE HELD (if any)  
Arlington City Council District 7

**12 OFFICE SOUGHT (if known)**

**13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

.. 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

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Wright, Ron (Mr.)

15 ACCOUNT # (Ethics Commission filers)  
00000001

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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) \$ 550.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 10.75

4. TOTAL POLITICAL EXPENDITURES \$ 610.75

CONTRIBUTION BALANCE

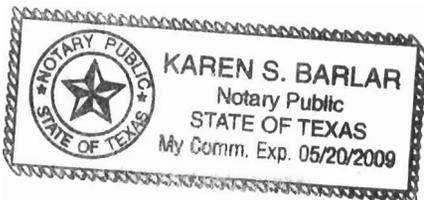
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 9,300.59

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

### 18 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.



*Ron Wright*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Wright, this the 16th day of January, 2007, to certify which, witness my hand and seal of office.

*Karen S. Barlar*  
Signature of officer administering oath

KAREN S. BARLAR  
Print name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/2 Report: 3/5	
<b>2</b> FILER NAME Wright, Ron (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fuller, Daniel (Mr.)	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
08/15/2006	<b>6</b> Contributor address; City; State; Zip Code 4205 Bryn Mawr Drive Dallas, TX 75225	\$75.00	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Greenberg, Steven (Mr.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/15/2006	Contributor address; City; State; Zip Code 5605 Melshire Drive Dallas, TX 75230-2113	\$75.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lieberman, Steven (Mr.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/15/2006	Contributor address; City; State; Zip Code 9346 Hathaway Street Dallas, TX 75220	\$75.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mathes, John (Mr.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/15/2006	Contributor address; City; State; Zip Code 5504 West University Blvd. Dallas, TX 75209	\$100.00	J
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Shor, Alan (Mr.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/15/2006	Contributor address; City; State; Zip Code 5411 Pebblebrook Drive Dallas, TX 75229	\$75.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1 PAGE #**  
Schedule: 2/2 Report: 4/5

**2 FILER NAME** Wright, Ron (Mr.)

**3 ACCOUNT #** (Ethics Commission filers)  
00000001

**4 Date** 08/15/2006 **5 Full name of contributor**  out-of-state PAC(ID# \_\_\_\_\_)  
Syler, Terry (Mr.)

**7 Amount of contribution (\$)**  
\$75.00

**8 In-kind contribution description (if applicable)**

**6 Contributor address; City; State; Zip Code**  
.....  
2525 McKinnon  
Ste. 700  
Dallas, TX 75201-1549

**9 Principal occupation / Job title (See Instructions)**

**10 Employer (See Instructions)**

**Date** 08/15/2006 **Full name of contributor**  out-of-state PAC(ID# \_\_\_\_\_)  
Wilson, David (Mr.)

**Amount of contribution (\$)**  
\$75.00

**In-kind contribution description (if applicable)**

**Contributor address; City; State; Zip Code**  
.....  
2525 McKinnon Street  
Ste. 700  
Dallas, TX 75201

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 1/1 Report: 5/5
<b>2 FILER NAME</b> Wright, Ron (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001
<b>4 Date</b>	<b>5 Payee name</b> Bill Zedler Campaign	<b>7 Amount</b> (\$)
10/06/2006	<b>6 Payee address; City; State; Zip Code</b> 5502 Hidden Trails Arlington, TX 76017	\$250.00
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) General Election Campaign Contribution		<b>9 ** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>	<b>Payee name</b> Diane Patrick Campaign	<b>Amount</b> (\$)
10/06/2006	<b>Payee address; City; State; Zip Code</b> P.O. Box 13944 Arlington, TX 76094	\$100.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) General Election Campaign Contribution		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>	<b>Payee name</b> Toby Goodman Campaign	<b>Amount</b> (\$)
10/06/2006	<b>Payee address; City; State; Zip Code</b> 1600 E. Lamar Blvd. Suite 250 Arlington, TX 76011	\$250.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) General Election Campaign Contribution		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held: