

# 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 Mr.	FIRST Ron	MI
	NICKNAME	LAST Wright	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	5505 Override Drive Arlington, TX 76017		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ralph	MI
	NICKNAME	LAST Brotherton	SUFFIX
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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
01/01/2007		THROUGH	06/30/2007
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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	<p>.. 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. ..</p>		
Name			
Address/PO Box; Apt. / Suite #; City; State; Zip Code			
<input type="checkbox"/> 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	250.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	3,556.00
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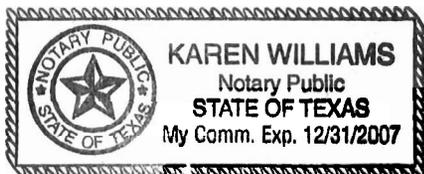
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,956.56
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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 16<sup>th</sup> day of July, 2007, to certify which, witness my hand and seal of office.

Karen Williams      Karen Williams      Notary  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 1/1 Report: 3/5	
<b>2 FILER NAME</b> Wright, Ron (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  05/01/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Serna, Dan (Mr.) ..... <b>6 Contributor address; City; State; Zip Code</b> 2705 W. Marquis Cir Arlington, TX 76017	<b>7 Amount of contribution (\$)</b>  \$250.00	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b> Certified Public Accountant		<b>10 Employer (See Instructions)</b> Serna & Company	

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 1/2 Report: 4/5
<b>2 FILER NAME</b> Wright, Ron (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001
<b>4 Date</b>  04/30/2007	<b>5 Payee name</b> Mansfield Education Foundation  <b>6 Payee address; City; State; Zip Code</b> 609 E. Broad Street Mansfield, TX 76063-1794	<b>7 Amount (\$)</b>  \$500.00
<b>8 Purpose of payment (See instructions regarding type of information required.)</b> Table Sponsor for 2007 Academic Recognition Banquet		<b>9 ** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  01/15/2007	<b>Payee name</b> Murphy Turner & Associates  <b>Payee address; City; State; Zip Code</b> 816 Congress Avenue Suite 1160 Austin, TX 78701	<b>Amount (\$)</b>  \$500.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Retainer Fee		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  02/15/2007	<b>Payee name</b> Murphy Turner & Associates  <b>Payee address; City; State; Zip Code</b> 816 Congress Avenue Suite 1160 Austin, TX 78701	<b>Amount (\$)</b>  \$500.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Retainer Fee		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  03/15/2007	<b>Payee name</b> Murphy Turner & Associates  <b>Payee address; City; State; Zip Code</b> 816 Congress Avenue Suite 1160 Austin, TX 78701	<b>Amount (\$)</b>  \$500.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Retainer Fee		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/2 Report: 5/5
<b>2</b> FILER NAME Wright, Ron (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  04/15/2007	<b>5</b> Payee name Murphy Turner & Associates  <b>6</b> Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701	<b>7</b> Amount (\$)  \$500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Retainer Fee		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/15/2007	Payee name Murphy Turner & Associates  Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Retainer Fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/15/2007	Payee name Murphy Turner & Associates  Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Retainer Fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/30/2007	Payee name US Postmaster  Payee address; City; State; Zip Code Tate Springs Postal Store Arlington, TX 76003	Amount (\$)  \$56.00
Purpose of payment (See instructions regarding type of information required.) PO Box Rental, one year		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held: