

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

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) \$ 250.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,000.00

CONTRIBUTION BALANCE

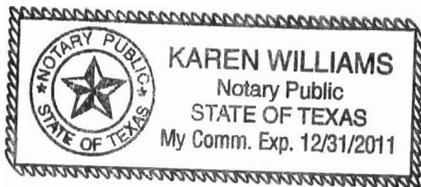
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,206.56

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, 2008, to certify which, witness my hand and seal of office.

Karen Williams

Signature of officer administering oath

Karen Williams

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1 PAGE #**
Schedule: 1/2 Report: 4/5

2 FILER NAME Wright, Ron (Hon.) **3 ACCOUNT #** (Ethics Commission filers)
00000001

4 Date 07/15/2007	5 Payee name Murphy Turner Associates	7 Amount (\$) \$500.00
6 Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) Retainer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 08/15/2007	Payee name Murphy Turner Associates	Amount (\$) \$500.00
Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) Retainer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 09/15/2007	Payee name Murphy Turner Associates	Amount (\$) \$500.00
Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) Retainer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 10/15/2007	Payee name Murphy Turner Associates	Amount (\$) \$500.00
Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) Retainer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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 PAGE # Schedule: 2/2 Report: 5/5
2 FILER NAME Wright, Ron (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 11/15/2007	5 Payee name Murphy Turner Associates 6 Payee address; City; State; Zip Code 816 Congress Avenue Suite 1160 Austin, TX 78701	7 Amount (\$) \$500.00
8 Purpose of payment (See instructions regarding type of information required.) Retainer (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 12/15/2007	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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: