CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Ronald NAME Date Received **SUFFIX NICKNAME** LAST Wright ADDRESS / PO BOX: APT / SUITE #; ZIP CODE CANDIDATE / **OFFICEHOLDER** MAILING Receipt # **ADDRESS** Change of Address CAMPAIGN MS / MRS / MR FIRST M TREASURER NAME **SUFFIX** NICKNAME LAST ZIP CODE CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; TREASURER **ADDRESS** (Residence or Business) CAMPAIGN **EXTENSION AREA CODE** PHONE NUMBER **TREASURER** PHONE REPORT TYPE Runoff 15th day after campaign treasurer January 15 30th day before election X appointment (officeholder only) Exceeded \$500 limit Final Report (Attach C/OH-FR) July 15 8th day before election PERIOD Month Day Year Month Day Year COVERED **THROUGH** 10/30/2016 12/31/2016 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Month Other Day Year Primary Runoff 11/08/2016 X General Special 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) 11 OFFICE Tax Assessor Collector Tax Assessor Collector **GO TO PAGE 2** www.ethics.state.tx.us Version V1.0.2916 Forms provided by Texas Ethics Commission

FORM C/OH

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& IOIALS			2 of 5			
13 C / OH NAME	Wright, Ronald		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholders. POLITICAL consent. Candidates and officeholders are required to report this information only if they receive notice.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	1,000	÷			
	GENERAL		<i>∞</i> .≍	20			
		COMMITTEE ADDRESS					
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		COMMITTEE CAMPAIGN TREASURER ADDRES	SS S	28			
			,				
16 CONTRIBUTION	1. TOTAL POLITIC	LAL CONTRIBUTIONS OF \$50 OR LESS (OTHER 1	THAN PLEDGES				
TOTALS		ARANTEES OF LOANS), UNLESS ITEMIZED	TENT LEDGES,	\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 2,500.00			
EXPENDITURE TOTALS	\$ 0.00						
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 12,281.04					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 1,250.00			
Sworn to and subse	20	Signature of Signature of Wight Park Witness my hand and seal of office.	Il information required to the state of the	der day			
Signatule of offit	ser ad pinistering	Printed name of officer administering	Title of officer	administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		JVE	K SHE	<u> </u>	3 of 5					
18 FILER NAME Wright, Ronald 19 Filer ID										
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						SUBTOTAL AMOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			2,500.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	•					
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.		SCHEDULE E: LOANS		\$	-					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$			2,929.64			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$						
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						
				PY:	FRUIT PRILLIPS	2011 JAN 17 PM 3: 28	TARRANT COULTS			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1					
	The Instru	ction Guide explains how to complete this f	-	es Schedule A1: Rpt: 4/5				
2	FILER NAME		3 Filer ID					
	Wright, Rona							
4	Date	5 Full name of contributor out-of-state PAC (ID#:_ MetroTex Assoc. of Realtors		7 Amount o	of Contribution (\$)	\$2,500.00		
	11/01/2016	***************************************		1		\$2,500.00		
		6 Contributor address; City; State; Zip Code 8201 N. Stemmons Frwy.						
		, , , , , , , , , , , , , , , , , , , ,						
		Dallas, TX 75247						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)				
					2017 JAH 17 PH 3: 28	TARRANT COURSES		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Polling Expense Travel in Distr Git/Awards/Memorials Expense Printing Expense Travel Out of Legal Services Salaries/Wages/Contract Labor OTHER (ente					t of Distri					
1	Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAM Wright, Ro					3	Filer ID					
4	Date	5 Payee nam			<u></u>	<u>,</u>	<u> </u>						
	12/12/2016	TCGOP						<u>-</u> -					
6	Amount (\$)	7 Payee add	ress; City; S	State; Zip Co	ode								
	\$2,500.00	7524 Mos	sier View Ct.										I
	į	Suite 230											
	!	Fort Worth	h, TX 76118				· · · · · · · · · · · · · · · · · · ·			-	·		
8	PURPOSE OF	1	(See Categories listed at the top of th		(b)	Description				- • -4			
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	'			,		Council Mem	bers	bership 2017					
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Offic	ce held	d			
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	12/22/2016	US Posta	l Service Postmaster										
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	\$141.00	4108 SW	Green Oaks Blvd										
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		Arlington,	TX 76017						155 	(F)	$\stackrel{\sim}{=}$		
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┢	Complete ONLY if direct		Officeholder name	Office sou	ught			Offi	ce held		ယ		
	expenditure to benefit C/OI	Н								- [14] - [4]	<i>∾</i>		
-	Date	Payee nam	ne					Kina ya kata	+				_
	12/09/2016		ake - Stationary										
\vdash	Amount (\$)	Payee addi	ress; City; S	State; Zip Co	ode						-		
İ	\$288.64	250 City C		• •	_								
	!	Oshkosh,	WI 54906										
Г	PURPOSE	(a) Category	(See Categories listed at the top of the	his schedule)	(b)	Description						_	-
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	Complete ONLY if direct expenditure to benefit C/O		officeholder name	Office sou	<u> </u> ught			Offic	ce held	<u> </u>			<u> </u>
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