

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
Brett Ridgway				Date Received 2010 FEB 1 PM 3:41 WALKER COUNTY CLERK ELECTIONS DIVISION FILED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> Change of Address	1011 FERN LN. Katy, TX 77493				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	492-9800	

6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	FIRST	MI
	NICKNAME	LAST	SUFFIX
Brett Ridgway			

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	1011 FERN LN. Katy, TX 77493				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	492-9800	

9 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"/> 9th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Alltech C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	12	23	09		02	01	10

11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
	03	02	2010				

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		WALKER COUNTY COMMISSIONER PCT 4

14 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					
<input type="checkbox"/> additional pages						

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Brett D. Ridgway

16 ACCOUNT # (Ethics Commission File#)

17 NOTICE FROM POLITICAL COMMITTEE(S)

- 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE TOTALS

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

\$ 1631.93

4. TOTAL POLITICAL EXPENDITURES

\$ 1631.93

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

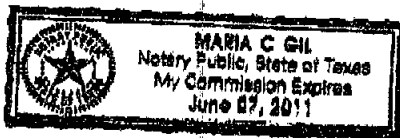
OUTSTANDING LOAN TOTALS

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

\$ 0

19 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.



Brett D. Ridgway
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brett D. Ridgway, this the 2 day of FEB, 20 10, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

MARIA C GIL
Printed name of officer administering oath

Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-6508

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**

2 FILER NAME

BRETT D. RIDGWAY

3 ACCOUNT # (Ethics Commission filer)

4 Date

01-01-10

5 Payee name

ANN DAVIS Wallen County Republican Chairman

6 Payee address: City: State: Zip Code

1015 ASTER Katy, TX 77493

7 Amount (\$)

750.00

8 Purpose of payment (See instructions regarding type of information required.)

File Fee

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

01-06-10

Payee name

FAST SIGNS

Payee address: City: State: Zip Code

1245 N. Fry RD Katy, TX 77449

Amount (\$)

90.27

Purpose of payment (See instructions regarding type of information required.)

SIGNS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

01-25-10

Payee name

Premium Graphicx

Payee address: City: State: Zip Code

5512 MITCHELLEDALE, HOUSTON, TX 77092

Amount (\$)

732.11

Purpose of payment (See instructions regarding type of information required.)

SIGNS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

02-01-10

Payee name

Premium Graphicx

Payee address: City: State: Zip Code

5512 MITCHELLEDALE, HOUSTON, TX 77092

Amount (\$)

59.55

Purpose of payment (See instructions regarding type of information required.)

SIGNS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1631.93 08/25/2008

FAX Transmission

Number of pages including cover sheet 2/

Attention: _____

Date: 02-01-10

Company: Waller County Elections Office

From: Brett Ridgway

Phone: 979-826-7643

Company: _____

Fax: 979-826-7645

Phone: 832-492-9800

Comments: _____



1250 N. Fry Rd.
Houston, TX 77084
Phone: 281-599-3258
Fax: 281-578-0873
Email: impress1233@officemax.com