

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <b>William</b> MI: <b>Keith</b> NICKNAME: <b>"Bill"</b> LAST: <b>Bright</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> <hr/> Date Received  <hr/> Date Hand-delivered or Date Postmarked <div style="font-size: 2em; font-family: cursive;">3.4.04</div> <hr/> Receipt #      Amount  <hr/> Date Processed  <hr/> Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE <b>25852 DEER TRAIL Rd.</b> <b>HOCKLEY, Tex. 77447</b> <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <b>(936) 931-1249</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <b>SAME</b> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE <div style="text-align: center; font-size: 1.5em;">SAME</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION (    ) <b>SAME</b>		
<b>9 REPORT TYPE</b>	<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 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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year <b>1 / 15 / 04</b> <b>3 / 1 / 04</b>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>3 / 9 / 04</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>CONSTABLE Pct 2</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	.. 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			

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission files)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

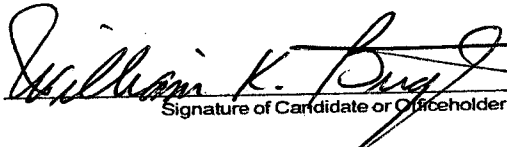
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>150.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>315.43</u> <del>285.43</del>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

**19 AFFIDAVIT**




AFFIX NOTARY SEAL

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.

  
 Signature of Candidate or Officeholder

William Bright  
 Printed name of officer administering oath

Sworn to and subscribed before me, by the said William Bright, this the 4th day of March, 2004, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Lela Loewe  
 Printed name of officer administering oath

Elections Admin.  
 Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

William K. BRIGHT

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-15-04

5 Payee name

JOHNSON GRAPHICS

7 Amount (\$)

97.43

6 Payee address; City; State; Zip Code

31315 Fm 2920 #18 WALTER TX 77484

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

Sign Stages

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

1-5-04

Payee name

JOHNSON GRAPHICS

Amount (\$)

45.47

Payee address; City; State; Zip Code

31315 Fm 2920 #18 WALTER TX 77484

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

Push Cards

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

1-26-04

Payee name

JOHNSON GRAPHICS

Amount (\$)

150.00

Payee address; City; State; Zip Code

31315 Fm 2920 #18 WALTER TX 77484

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

News Paper Ad

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

1-7-04

Payee name

AMANDA BUCHANAN

Amount (\$)

30.00

Payee address; City; State; Zip Code

Reg. Voters

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

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

William K. Bright

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

1-29-04

HotLine Press

6 Payee address; City; State; Zip Code

150.<sup>00</sup>

1116 Austin St. Hempstead TX 77445

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

News Paper Ad.

Date

Payee name

Amount (\$)

2-20-04

HotLine Press

Payee address; City; State; Zip Code

70.<sup>63</sup>

1116 Austin St. Hempstead TX 77445

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

Reimbursement from political contributions intended

News Paper Ad.

Date

Payee name

Amount (\$)

2-25-04

HCM (Popcorn)

Payee address; City; State; Zip Code

TOMBAN TEXAS

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

1-14-04

JOHNSON GRAPHICS

Payee address; City; State; Zip Code

519.<sup>61</sup>

31315 FM 2920 #18 WALKER TX 77484

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

Reimbursement from political contributions intended

SIGNS, MAIL CARDS, ~~DOOR HANGERS~~

Date

Payee name

Amount (\$)

1-28-04

JOHNSON GRAPHICS

Payee address; City; State; Zip Code

141.<sup>14</sup>

31315 FM 2920 #18 WALKER TX 77484

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

Reimbursement from political contributions intended

DOOR HANGERS

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <i>William K. Bright</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-28-04</i>	5 Business name <i>JOHNSON GRAPHS</i>	7 Amount (\$) <i>262 24</i>
6 Business address; City; State; Zip Code <i>31315 Fm 2920 #18 WALTER TX 77484</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>YARD SIGNS</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED