

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form:		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>														
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em;"> <i>William K.</i> </div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;"> <i>BRIGHT</i> </div>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">OFFICE USE ONLY</th></tr> <tr> <td style="font-size: 0.8em;">Date Received</td> <td style="text-align: center; font-size: 2em; font-weight: bold;">7/21/04</td> </tr> <tr> <td colspan="2" style="font-size: 3em; font-weight: bold; text-align: center;">RECEIVED</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="font-size: 0.8em;">Receipt #</td> <td style="font-size: 0.8em;">Amount</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Imaged</td> </tr> </table>	OFFICE USE ONLY		Date Received	7/21/04	RECEIVED		Date Hand-delivered or Date Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
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Date Imaged																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE <i>25852 Deer Trail Rd. Hockley Tex. 77447</i>																
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION <i>(936) 931-9281</i>																
<b>6 CAMPAIGN TREASURER NAME</b>	MS/MRS / MR      FIRST      MI      K. <div style="text-align: center; font-size: 1.5em;"> <i>William K.</i> </div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;"> <i>BRIGHT</i> </div>																
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE <i>25852 Deer Trail Rd. Hockley Tex 77447</i>																
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION (      )																
<b>9 REPORT TYPE</b>	<table style="width:100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>		<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)							
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<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year /    /                               /    /																
<b>11 ELECTION</b>	<table style="width:100%; font-size: 0.8em;"> <tr> <th style="text-align: center;">ELECTION DATE</th> <th style="text-align: center;">ELECTION TYPE</th> </tr> <tr> <td>Month    Day    Year /    /            </td> <td> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month    Day    Year /    /	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special											
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Month    Day    Year /    /	<input 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> <i>Constable Pct 2 Waller ctj</i>															
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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 <div style="text-align: center; font-size: 1.5em;"> <i>NONE</i> </div> Address / PO Box:    Apt. / Suite #:    City:    State:    Zip Code																

GO TO PAGE 2

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

*William K. Bright*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*NONE*

*0*

*0*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*NONE*

*0*

*0*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*NONE*

*0*

*0*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*NONE*

*0*

*0*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*NONE*

*0*

*0*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

*William K. Bright*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

*NONE*

*0*

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

*NONE*

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*0*

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

*NONE*

*0*

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

*NONE*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*0*

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

*NONE*

*0*

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

*NONE*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*0*

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

*NONE*

*0*

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

*NONE*

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*0*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION BALANCE

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

\$ 0

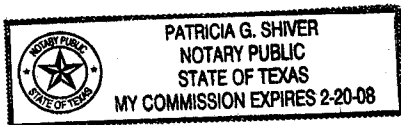
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*W.K. Bright*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W.K. BRIGHT, this the 19 day of July, 2004, to certify which, witness my hand and seal of office.

*Patricia G. Shiver* PATRICIA G. SHIVER SEC.  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath