CANDIDATE / OFFICEHOLDER

FORM C/OH

| CAMIFAIG | N FINANCE REPORT | COVER SHEET PG I | | | |
|---|---|---|--|--|--|
| The C/OH Instruction G | duide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR) FIRST MI Brett D. NICKNAME ROGWAY | Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1011 FERN LIN- KATY, TX 77493 | Date Hand-delivered or Date Pownarked | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 492 - 9800 | Receipt # Amount On Date Processed | | | |
| CAMPAIGN TREASURER NAME | MS/MRS MS FIRST MI Bre 77 D. NICKNAME SUFFIX | Date Imaged . | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY; STATE; | 77493 20 EAL | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 492-9800 | EB -2 | | | |
| 9 REPORTTYPE | January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit | 15th day after campaign treaturer appointment (officeholder on The appointment (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH 02/0 | | | | |
| 11 ELECTION | Month Day Year Primary Runoff | General Special | | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if kno COMMISS) | RECOUNTY DWER PCT. 4 | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | Direct campaign expenditures are campaign expenditures made by others withou Candidates are required to disclose this information only if they receive notification Name | | | | |
| additional pages | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | 7 D. F | Ridawau | 16 ACCOUNT # (Ethics Commission Filers) | | | |
|---|---|--|---|--|--|--|
| 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(S) | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | | | | |
| additional pages | 4 | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | d , | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| 18 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ \$ | | | |
| | _ | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | | | |
| EXPENDITURE TOTALS | \$ 1631.93 | | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 1631.93 \$ 1631.93 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL I | \$ A | | | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | ^{HE} \$ € | | | |
| 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. Notary Public, State of Texas My Commission Expires June 07, 2011 Signature of Candidate or Officeholder | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Brett D. Ridgway , this the day | | | | | | |
| of FER , 20 10 , to certify which, witness my hand and seal of offige. | | | | | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | 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 | TD. Ragway 5 Payee name | | 3 ACCOUNT # (Ethics Commission filers) | | |
| | ANN Davis Wallen County & Payee address; City; State; Zip Code 10/5 ASTER Katy, Tx | Republican Char 77493 | , לצפיאו | 7 Amount (\$) | |
| required.) | ment (See instructions regarding type of information Le Fee e of Texas, complete Schedule T) | 9 •• Complete if di Candidate / Officeholder r | • | to benefit C/OH •• Office sought Office held | |
| Date 01-06-10 | Payee name FAST SIGNS Payee address; City; State; Zip Code 12 45 N. Fry RD Korry, TX | 77449 | | Amount (\$) 90.27 | |
| required.) | ment (See instructions regarding type of information 19 から e of Texas, complete Schedule T) | •• Complete if di Candidate / Officeholder r | • | to benefit C/OH •• Office sought Office held | |
| 01-25-10 | Payee name Premium Graphic Payee address; City; State; Zip Code 5512 MITchelldale, | X Houston, TX | 77092 | Amount (\$) | |
| required.) | ment (See instructions regarding type of information 19 NS de of Texas, compléte Schedule T) | •• Complete if di Candidate / Officeholder r | | to benefit C/OH •• Office sought Office held | |
| Date 02-01-10 | Payee name Premium Grophic X Payee address; City: State; Zip Code 5512 Mrthelldale, | Youston, TR. | 77092 | Amount (\$) 59.55 | |
| required.) | ment (See instructions regarding type of information Signs e of Texas, complete Schedule T) | •• Complete if di Candidate / Officeholder r | • | to benefit C/OH ** Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | | | | |