CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr Mr	FIRST Richard	В	OFFICE USE ONLY
NAME	NICKNAME Rich	LAST Wright	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STATE; ZIP CODE	11/01/2022 9:43 AM <u>CITY CLERK'S OFFICE - Diana Nunez</u> CITY CLERK'S OFFICE - Diana Nunez (Nov 1, 2020 09:53 MOT)
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	ms / mrs / mr Mr	FIRST Xavier	МІ	
NAME	NICKNAME	LAST	SUFFIX	Date Processed 11/01/2022 9:53 AM
		Miranda		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	09/30/20	22 /	тнгоидн 10/29/20	22 /
11 ELECTION	ELECTION DA Month Day 11/08/2022	Year Primary	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known City Represer	ntative District 8
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ri	chard	Wright		16 File	r ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	PI	DTAL UNITEMIZED POLITICAL LEDGES, LOANS, OR GUARAN ONTRIBUTIONS MADE ELECT		IAN	\$	
		TAL POLITICAL CONTRIB	UTIONS S, OR GUARANTEES OF LOAN	IS)	\$\$6,	962.00
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED POLITICAL	EXPENDITURE.		\$ 1 4.	30
	4. TO	TAL POLITICAL EXPENDIT	TURES		\$\$8,	073.83
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIO	ONS MAINTAINED AS OF THE	LAST DAY	\$7,4	77.12
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS PERIOD	OF THE	\$300	00.00
		, under penalty of perjury, that orted by me under Title 15, Ele	at the accompanying report is ection Code.	true and co	prrect and inc	ludes all information
	l acknowledge I a	m electronically signing here	<u>Richard Wright</u> Richard Wright (Nov 1, 2022 09:43 MDT)			
	or leaving this bla	nk if it does not apply to me.	Signature of	Candidate	or Officehold	er
			Ū			
		Please comple	ete either option belo	ow:		
(1) Affidavit						
NOTARY STAMP/SE	AL	Richard "Rich" Wrig	aht	11/0	1/2022	
Sworn to and subscribe	ed before me by		this d	ate	, t	to certify which,
witness my hand and sea	al of office.					
CITY CLERK'S OFFICE - Dia		Diana Nunez - N	lotary Public			
Signature of officer adminis	stering oath	Printed name of office	er administering oath		Title of office	r administering oath
			OR			
(2) Unouron Destauro	tion					
(2) Unsworn Declara	uon					
My name is			, and my date of birth	n is		
		(street)		,,,,,,, _	(zip code)	
Executed in	Cou	()	(),	,	(, ,	(),
	000		_ , on the day of (mo	onth)	, (year)	
					a a la a la de con (D	
			Signature of Ca	iuiuate/UII	CENDIGEI (DEC	iaiaiil)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	IP FILER NAME 20 Filer ID (Ethics Con Richard Wright 20 Filer ID (Ethics Con					
	HEDULE SUBTOTALS ME OF SCHEDULE			JBTOTAL MOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$6	6,962.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00		
4.	SCHEDULE E: LOANS			\$0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ \$8	8,059.53		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DS	\$	\$0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	\$0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	\$0.00		

SCHEDULE A1

The	Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1:
² FILER NAME Richard V	/right			3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2022	Date 5 Full name of contributorout-of-state PAC (ID#: 0/19/2022 Daivd Stout			7 Amount of contribution (\$)
	⁶ Contributor address; 2808 Grant EI F	^{City;}	State; Zip Code TX 79930	
	pation / Job title (See Instructions)		9 Employer (See Instruct County of El	,
Date 10/19/2022	Mayra Chavez	out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/13/2022	Gabriela Marcello	City;	State; Zip Code S0 TX 79902	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/07/2022	Full name of contributor 🛛 o	out-of-state PAC	· (ID#:)	Amount of contribution (\$)
	Contributor address; Contribut	Dity; TELP/	State; Zip Code ASO, TX 79902	
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIONA If contributor is out-of-state PAC, plea		DF THIS SCHEDULE AS Nuction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Richard V	/right			
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)	
10/06/2022	Alejandro Lomeli	· · · · · · · · · · · · · · · · · · ·	100.00	
			100.00	
	6 Contributor address; City;	State; Zip Code		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Sheet M	1etal Worker			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
10/27/2012	JP and Mary Jon Bryan			
	JI and Mary Joir Dryan		6000.00	
	Contributor address; City;	State; Zip Code		
	1831 Lamar Ste 1076 Houst	ton TX 77010		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Philantl	nropist	Self		
		1		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
10/21/2012	Mark Lusk		20.00	
			30.00	
	Contributor address; City;	State; Zip Code		
	4708 Sir Gareth Dr El Pas	so TX 79902		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date		(ID#:)	Amount of contribution (\$)	
10/03/2022	Julio Cesar Viramontes		500.00	
	Contributor address; City;	State; Zip Code		
	12651 Montana El Paso	o TX 79938		
Principal accord		Employer (See Instruct	tions)	
	pation / Job title (See Instructions)		,	
Busines	sman	International	Laundry Services	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC, please see Instru			

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Richard			
4 Date		te PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
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Date	Full name of contributor 🛛 out-of-sta	te PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
		PIES OF THIS SCHEDULE AS N	IFEDED
	If contributor is out-of-state PAC, please see		

SCHEDULE A1

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	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
		PIES OF THIS SCHEDULE AS N	IFEDED
	If contributor is out-of-state PAC, please see		

SCHEDULE A2

Tł	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Ohaali if taaval aatai	
		44 Employ	er (FOR NON-JUDICI	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
			Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
		44 Employ		de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICI)	
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	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
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Richard	VVright			
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SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
		44 Employ		de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICI)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

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2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
		44 Employ		de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICI)	
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14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
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Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
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SCHEDULE A2

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2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
		44 Employ		de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICI)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
		44 Employ		de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICI)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
		44 Employ		de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICI)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
Richard	VVright			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
		44 Employ		de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	TI Employe	er (FOR NON-JUDICI)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code		
		1	Check if travel outsid	de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	lule B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
Richard					
4 TOTAL OF	UNITEMIZED PLED	GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	<pre>9 In-kind contribution description</pre>
		City; St	ate; Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instru	ctions)	11 Employer (See		
				incu douono)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instruc	tions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instrue	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	e; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	ipation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	ATTACI	ADDITIONAL COPIES			
l	contributor is out-of-state			-	g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explain	s how to complete this	s form.	1 Total pages Sched	lule B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
Richard					
4 TOTAL OF	UNITEMIZED PLED	GES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	In-kind contribution description
		City; St	ate; Zip Code	Check if travel outs	 . ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instru	ctions)	11 Employer (See		
				incu douono)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instruc	tions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instrue	ctions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	e; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	ipation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	ATTACI	ADDITIONAL COPIES			
l	contributor is out-of-state			-	g requirements.

LOAN	S
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SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Richard Wr	ight			
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender 🗌 out-of-state P	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code				
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	·	
Date of loan	Name of lender 🛛 out-of-state F	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal fund	ds were deposited into political	
none		account (See Instruct		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
lf le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re		

LOAN	S
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SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Richard Wr	ight			
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state PAC (ID#:)		9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code			
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	·	
Date of loan	Name of lender 🛛 out-of-state F	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral Check if personal funds were		ds were deposited into political		
none account (See Instruct				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code	•	
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

LOAN	S
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SCHEDULE E

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The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Richard Wr	ight		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender 🗌 out-of-state P	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	·
Date of loan	Name of lender 🛛 out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

LOAN	S
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SCHEDULE E

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The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Richard Wr	ight		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender 🗌 out-of-state P	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	·
Date of loan	Name of lender 🛛 out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

LOAN	S
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SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Richard Wr	ight		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender 🗌 out-of-state P	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	·
Date of loan	Name of lender 🛛 out-of-state F	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	,	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	ees Office Overhead/Rental Expense ood/Beverage Expense Polling Expense iff/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N Richard				3 Filer ID (Ethic	s Commission Filers)	
4 Date 10/26/2012	5 Payee na Empire	ime					
6 Amount (\$) 67.91	7 Payee ad	ldress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
10/21/2012	Go Dire	ct Mail Marketing					
Amount (\$) 5582.53	Payee ad	ldress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
10/24/2022	Empire	8175					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
67.70							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Pril		Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethics	s Commission Filers)
4 Date 10/24/2022	5 Payee na	U				
6 Amount (\$) 14.59	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/24/2022	Piedmo	nt Plastics				
Amount (\$) 134.22	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/21/2022	El Jacal	ito				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
27.87						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense		Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N Richard				3 Filer ID (Ethic	s Commission Filers)
4 Date 10/19/2022	5 Payee na Staples	ame				
6 Amount (\$) 158.53	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/17/2022	Lapa La	ра				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
40.00						
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/16/2022	Rudy's E	3BQ				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
16.22						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Payee na	<u> </u>				
10/14/2022	Burro T	ime				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
16.50						
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(C)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
	Dushda	0				
10/16/2022	Rudy's	Gas				
Amount (\$) 52.06	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/14/2022	HP Insta	ant Ink				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
27.05						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N Richard				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na			I		
10/14/2022	Hope &	Anchor				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
37.00						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE						
EXPENDITURE						
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if			n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/06/2022	Office D	epot				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
24.00						
	Category	/ (See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/06/2022	Vistago	Print				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
947.38						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
		.	–			
		Check if travel outside of Texas. Complete So	chedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER N Richard				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
10/03/2022	Adobe I					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
34.09						
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date 10/03/2022	Payee na David's	^{ame} Pennants and Banner	rs			
Amount (\$) 811.88	Payee a	Jdress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
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SCHEDULE F1

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Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
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8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

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Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE			·				
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
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Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
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6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
4 Date	Richard Wright						
1 Total pages Schedule F1:	2 EII ED N	The Instruction Guide explai	ns how to c	omplete this form.	3 Filer ID (Ethic	s Commission Filers)	
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		æ
Advertising Expense		Event Expense		/ment/Reimbursement	Solicitation/Fundrais		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
I							
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
I							
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
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Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

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Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

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Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
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		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
I							
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Amount (\$)				Office sought	State;	Office held	
expenditure to benefit C/OH				Office sought		Office held	
		ate / Officeholder name		Office sought		Office held	
I							
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Date	Payee na	ame					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder livin		
PURPOSE OF EXPENDITURE		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
8	(a) Catego	γ (See Categories listed at the top of this	schedule)	(b) Description			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
4 Date	Richard 5 Payee na						
1 Total pages Schedule F1:		AME			3 Filer ID (Ethic	cs Commission Filers))
Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct jory not listed above)	
Accounting/Banking Consulting Expense Contributions/Donations Made By	,	Event Expense Fees Food/Beverage Expense Ciff/warde/Memorials Expense	Office Over Polling Exp		Travel In District	pment & Related Expens	ise

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPEND	TURE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services		Office Ove Polling Ex Printing Ex		Transpor Travel In Travel O	District ut Of District	Expense ent & Related Expense not listed above)
		The Instruction	on Guide explain	s how to c	complete this form.			
1 Total pages Schedule F2:	2 FILER Richa	NAME rd Wright				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN	MIZED UN		RRED OBLIG	GATION	S	\$		
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories li	isted at the top of this s	schedule)	(b) Description			
	(C)	Check if travel outside	e of Texas. Complete Sc	hedule T.	Check if Au	stin, TX, office	eholder living e	kpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate / Officeh	older name	C	Office sought		Office hel	d
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	blitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories I	isted at the top of this	schedule)	Description			
		Check if travel outsi	de of Texas. Complete S	Schedule T.	Check if A	ustin, TX, offic	ceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeh	older name	С	Office sought		Office hel	d
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics.	state.tx.us	S			Revised 8/17/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDI	TURE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services		Office Ove Polling Ex Printing Ex		Transpor Travel In Travel O	District ut Of District	Expense ent & Related Expense not listed above)
		The Instructio	on Guide explains	s how to c	complete this form.			
1 Total pages Schedule F2:	2 FILER Richa	NAME rd Wright				3 Filer I	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN	/IZED UN	IPAID INCUF		GATION	S	\$		
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories lis	sted at the top of this s	schedule)	(b) Description			
	(C)	Check if travel outside	of Texas. Complete Sc	hedule T.	Check if Au	stin, TX, office	eholder living ex	kpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate / Officeho	older name	C	Office sought		Office hel	d
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	blitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories lis	sted at the top of this s	schedule)	Description			
		Check if travel outsid	le of Texas. Complete S	Schedule T.	Check if A	ustin, TX, offi	ceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeho	older name	C	Office sought		Office hel	d
					CHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics.	state.tx.us	S			Revised 8/17/2020

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

т	he Instruction Guide explains how to complete this form.	1 Tot	al pages	Schedule F3:	
² FILER NAME Richard	Wright	3 File	er ID (Eth	nics Commissior	n Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	у;		State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	/; /;		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EDED		

Forms provided by Texas Ethics Commission

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

т	he Instruction Guide explains how to complete this form.	1 Tot	al pages	Schedule F3:	
² FILER NAME Richard	Wright	3 File	er ID (Eth	nics Commissior	n Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	у;		State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	/; /;		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NE	EDED		

Forms provided by Texas Ethics Commission

_	RES MADE BY CRE		SCHEDULE F4
	EXPENDITURE C	ATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor	
1 Total pages Schedule F4:	2 FILER NAME	explains how to complete this form.	3 Filer ID (Ethics Commission Filers)
	Richard Wright		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	(b) Description	
	(C) Check if travel outside of Texas. C	Complete Schedule T. Check if	Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the te	op of this schedule) Description	
	Check if travel outside of Texas. C	Complete Schedule T. Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	me Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	IEEDED

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_	RES MADE BY CRE		SCHEDULE F4				
	EXPENDITURE C	ATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor					
1 Total pages Schedule F4:	2 FILER NAME	explains how to complete this form.	3 Filer ID (Ethics Commission Filers)				
	Richard Wright						
4 TOTAL OF UNITEM	IZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$				
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political						
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	(b) Description					
	(C) Check if travel outside of Texas. C	Complete Schedule T. Check if	Austin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the te	op of this schedule) Description					
	Check if travel outside of Texas. C	Complete Schedule T. Check if	Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	me Office sought	Office held				
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	IEEDED				

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SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Xpense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filors)	
l lotal pages Schedule G.		rd Wright				Commission Filers)	
4 Date	5 Payee nar						
6 Amount (\$) Reimbursement from political contributions	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Xpense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filors)	
l lotal pages Schedule G.		rd Wright				Commission Filers)	
4 Date	5 Payee nar						
6 Amount (\$) Reimbursement from political contributions	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Xpense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filors)	
l lotal pages Schedule G.		rd Wright				Commission Filers)	
4 Date	5 Payee nar						
6 Amount (\$) Reimbursement from political contributions	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Xpense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filors)	
l lotal pages Schedule G.		rd Wright				Commission Filers)	
4 Date	5 Payee nar						
6 Amount (\$) Reimbursement from political contributions	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Xpense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethics	Commission Filors)	
l lotal pages Schedule G.		rd Wright				Commission Filers)	
4 Date	5 Payee nar						
6 Amount (\$) Reimbursement from political contributions	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Transportation E Travel In District Travel Out Of Di		
1 Total pages Schedule H:	2 FILER N Richard	^{аме} d Wright			3 Filer ID (E	thics Commission Filers)	
4 Date	5 Business						
6 Amount (\$)	7 Business	address;		City;	Stat	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	⁷ (See Categories listed at the top of this s	chedule)	(b) Description			
	(C)	c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Business	s name					
Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			Check if Austin,	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Business	s name					
Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
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SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Transportation E Travel In District Travel Out Of Di		
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	(C)	c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Business	s name					
Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			Check if Austin,	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Business	s name					
Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
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8 PURPOSE OF EXPENDITURE	(a) Category	⁷ (See Categories listed at the top of this s	chedule)	(b) Description			
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Date	Business	s name					
Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			Check if Austin,	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Business	s name					
Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
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Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
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Date	Business	s name					
Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
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Amount (\$)	Business	address;		City;	Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
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PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if		Check if Austin,	stin, TX, officeholder living expense		
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Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
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Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
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		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Transportation E Travel In District Travel Out Of Di	
1 Total pages Schedule H:	2 FILER N Richard	^{аме} d Wright			3 Filer ID (E	thics Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	Stat	e; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	⁷ (See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if		Check if Austin,	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED	

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Transportation E Travel In District Travel Out Of Di	
1 Total pages Schedule H:	2 FILER N Richard	^{аме} d Wright			3 Filer ID (E	thics Commission Filers)
4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	Stat	e; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	⁷ (See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if		Check if Austin,	stin, TX, officeholder living expense		
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Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
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SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Transportation E Travel In District Travel Out Of Di	
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8 PURPOSE OF EXPENDITURE	(a) Category	⁷ (See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
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Amount (\$)	Business	address;		City;	Stat	e; Zip Code
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	Check if travel outside of Texas. Complete Schedule T. Check if		Check if Austin,	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Transportation E Travel In District Travel Out Of Di	
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4 Date	5 Business					
6 Amount (\$)	7 Business	address;		City;	Stat	e; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	⁷ (See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if		Check if Austin,	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	Stat	e; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED	

SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.					
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Richard Wright						
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City State Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address;	City State Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address;	City State Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address;	City State Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED					

SCHEDULE |

	The Instruction Guide explains how to cor	nplete this form.					
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Richard Wright						
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City State Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address;	City State Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address;	City State Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
Date	Payee name						
Amount (\$)	Payee address;	City State Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:				
² FILER NAME Richard V	s Commission Filers)				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Sta	te; Zip Code			
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:					
² FILER NAME 3 Filer ID (Ethics Commission Filers) Richard Wright					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Star	te; Zip Code			
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:			
2 FILER NAME Richard Wright				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	[/] Corporation	or Labor Organization / Pledge	or / Payee			
5 Contribution / Expend Schedule A2 Schedule F2						
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departu	e city or name of departure lo	cation			
	9 Destinat	on city or name of destination	location			
10 Means of transportation	ion	11 Purpose of travel (includin	ng name of conference, s	eminar, or other event)		
Name of Contributor	Corporation	or Labor Organization / Pledg	or / Payee			
Contribution / Expend						
Dates of travel						
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedu	le B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	le F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			eminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:			
2 FILER NAME Richard Wright				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	[/] Corporation	or Labor Organization / Pledge	or / Payee			
5 Contribution / Expend Schedule A2 Schedule F2						
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departu	e city or name of departure lo	cation			
	9 Destinat	on city or name of destination	location			
10 Means of transportation	ion	11 Purpose of travel (includin	ng name of conference, s	eminar, or other event)		
Name of Contributor	Corporation	or Labor Organization / Pledg	or / Payee			
Contribution / Expend						
Dates of travel						
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2	Schedu	le B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	le F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)			eminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.								
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••								
1	C/OH N	JAME		2 Filer ID (Ethics Commission Filers)					
	Richa	ard Wright							
3	SIGNA	TURE							
	designa	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.							
		Signature of Candidate / Officeholder							
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below <i>only</i> if you are not an officeholder. ••								
	Α.	CAMPAIGN FUNDS							
	Chec	k only one:							
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.							
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	B. ASSETS							
	Chec	Check only one:							
		I do not retain assets purchased with political contributions or interest or other income from political contributions.							
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	S	Signature of Candidate					
5	 OFFICEHOLDER Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. I acknowledge I am electronically signing here 								
		or leaving this blank if it does not apply to me.	Si	gnature of Officeholder					
=0	rms provic	ed by Texas Ethics Commission www.ethics.state.tx.us		Revised 8/17/2020					