CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

			T				
1	Filer ID (Ethics Comm	nission Filers)	2 Total pages fi	ed:		OFFICE	USEONLY
3	CANDIDATE/	MS/MRS/MR FIRST		MI	Dat	e Received	
-	OFFICEHOLDER NAME	Mr Richard		В	1	0/16/2022	2 10:44 PM
		Rich Wrig	sht.	SUFFIX	(/7	TY MEDKIC NE	FICE - Diana Nuno.
					CITY	CLERK'S OFFICE - Diana Nune	z (Oct 17, 2022 10:09 MDT)
4	ORIGINAL REPORT TYPE		unoff	Final report	Dat	e Hand-delivered	or Date Postmarked
	IIFL		xceeded modified reporti nit		Red	eipt #	Amount \$
			5th day after treasurer ppointment (officeholder o	Other (specify)			
_		Unit day before election — a	ppointment (oncender o		Dat	e Processed	17/2022 10:09 AM
5	ORIGINAL PERIOD COVERED	Month Day Year	Monti		ear	e Imaged	,2022 10.00 7 11
	0012.122	06/01/2022	rhrough 08	/09/2022/	T Dut	o imagou	
7	Semiannual mislead or to Other report date I learned	ear, or affirm, under penalty of the CNLY if applicable: reports: I swear, or affirm, that of misrepre-sent the information as: I swear, or affirm, that I amed that the report as originally fithe report as originally fithe report as originally filed was	t the original repo contained in the filing this correcte led is inaccurate	ort was made in greport. ed report not late or incomplete. I	ood faith than the swear, or	and without 14th busine affirm, that a	an intent to
(1) Affidavit	Please (complete eith	er option bel	ow:		
	NOTARY STAMP/SEA	AL					
S۱	worn to and subscribed	before me by Richard "Rich	" B. Wright	this t	he 17th	day_of_O	ctober
						_	,
	0.22 , to certify $\mathbb{C}^{\mathcal{L}}$, to certify	/ which, witness my hand and seal of o ≠≥ Diana No				Notary	Public
Sic	clerk's OFFICE-Diana Nunez (Oct 17, 2022 10:09 MDT) qnature of officer administe		me of officer administe	ring oath			er administering oath
·	3	5 Timod Hall		ring out			g
			OR				
(2) Unsworn Declarati	ion					
NΛ	v name is			and my date of hirt	n ie		
				and my date of bill	1 13		·
IVI)	y audress is	(street)	,,	, (city)	, (etato)	, _ (zip code)	(country)
- -	reguted in	(Sireel)	. خلف خدس	(City)	(รเลเย)	(zip code)	(country)
ΕX	kecuted in	County, State of	, on the _	day of (m	onth)	, 20 (year)	<u>-</u> ·
				Signature of Ca	ndidate/Off	iceholder (Dec	larant)
_		ich Any Part Of The Campaig		-		·	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- **1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- **2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- **3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- **7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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 #; (CITY; STATE; ZIP CODE	10/16/2022 10:44 PM CITY CLERK'S OFFICE - Diana Nunez
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	MI	
NAME	NICKNAME	LAST	SUFFIX	Date Processed 10/17/2022 10:15 AM
	MICRIVAIVIE	Miranda	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election 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	06/01/20	22 /	тнгоидн 10/09/20	22 /
11 ELECTION	ELECTION DAY Month Day 11/08/2022	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	·	13 OFFICE SOUGHT (if known City Represer	ntative District 8
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
. ,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER

FORM C/OH

15 C/OH NAME	Richard	Wright	Wright		ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAL CONTRIBUTIONS MADE ELECT		V	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$7,140.00	
EXPENDITURE TOTALS	3 TOTAL LINITEMIZED POLITICAL EXPENDITURE			§63.38	
	4.	TOTAL POLITICAL EXPENDITURES			\$\$4,191.04
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$6,278.91
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$3,000.00
18 SIGNATURE		affirm, under penalty of perjury, the		e and co	rrect and includes all information
		cknowledge I am electronically signing here leaving this blank if it does not apply to me. Richard Wright (Oct 16, 2022 22:44 MDT)			
	oouvg		Signature of Candidate		

Please complete either option below:

(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by		_ this date	, to ce	ertify which,
witness my hand and seal of office.				
			Notary Pul	olic
Signature of officer administering oath	Printed name of officer administering oath		Title of officer ad	ministering oath
	OR			
(2) Unsworn Declaration				
My name is Richard Wright	and my date	of birth is $\frac{03}{3}$	30/1957	
My address is 611 E River Av El Paso	TX 79902	, , ,	,	·
(streexecuted in El Paso County County, Si	tet) (city) Tate of Texas , on the 16 day Richard Wright (Oct 16, 7022 22-44)	(month)	(zip code) (, 20 22 (year)	country)
	Signature	e of Candidate/Off	ficeholder (Declara	nt)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Richard Wright	mmissio	on Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	·	;	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$	7,140.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$300.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4. SCHEDULE E: LOANS		\$ \$	3,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$\$	4,191.04
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 FU	JNDS	\$	\$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 C	CONTRIBUTIONS	\$	\$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	JTIONS RETURNED	\$	\$0.00

SCHEDULE A1

ii the reques	sted information is not applicat	ole, DO NOT II	iciude uns page in the	report.
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Richard W	/right			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Frederic P Dalbin	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
07/30/2022	6 Contributor address; 2308 Red Bluff F		State; Zip Code so TX 79930	125.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Date	Full name of contributor Gerald J KUrtyka	out-of-state PA	C (ID#:)	Amount of contribution (\$)
07/28/2022	Contributor address; 7158 Espada D	r El Pas	State; Zip Code to TX 79912	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Amit K Ghosh	out-of-state PA	C (ID#:)	Amount of contribution (\$)
07/30/2022	Contributor address; 4428 Hampshire	Ln El Pa		50.00
	ntrepreneur		Employer (See Instruction Bright Sol Te	
Date	Full name of contributor Kathleen Staudt	out-of-state PA	C (ID#:)	Amount of contribution (\$)
07/30/2022	Contributor address; 7289 Cactus Spin	e Ln El P	State; Zip Code aso TX 79912	200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Richard V	Vright			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Michelle Cumming	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
07/28/2022				50.00
	1923 Las Vega	s El Pas	so TX 79902	30.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Oscar J Martinez			
07/28/2022	Contributor address;	City;	State; Zip Code	500.00
	724 Cheltenhar	m El Pas	so TX 79902	000.00
_ ' .'	pation / Job title (See Instructions) Engineer		Employer (See Instruction Self	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Jim Ward			
07/28/2022	Contributor address;		State; Zip Code	20.00
				20.00
	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Musicia	<u>IN</u>		Sparta	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Brian Ramos			
07/28/2022	Contributor address;	City;	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Sound	Engineer		Self	

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Richard V	√right			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Helen Carter Tripp		C (ID#:)	7 Amount of contribution (\$)
08/26/2022	6 Contributor address;	City;	State; Zip Code	100.00
	79 Kingery E	l Paso	TX 79902	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Eva Guerrero			
08/29/2022	Contributor address;	City;	State; Zip Code	25.00
	na			23.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Robert Palacios			
08/29/2022	Contributor address;	City;	State; Zip Code	25.00
	na			20.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
na			na	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Juana E Texiera			40000
09/11/2022	Contributor address;	City;	State; Zip Code	100.00
	na			100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
na			na	

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SCHEDULE A1

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

·		,		•
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Richard W	/right			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Elena Lightbourn	_	C (ID#:)	7 Amount of contribution (\$)
08/17/2022	6 Contributor address;	City;	State; Zip Code	20.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ione)
na	pation / dob time (dee manacions)		na na	iona)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Valerie Munoz			
08/19/2022	Contributor address;	City;	State; Zip Code	50.00
	443 Westhill PI Sa	an Anton	ion TX 78201	30.00
Principal occupation / Job title (See Instructions) Merchant			Employer (See Instruct Chica Verde	ions)
Date	Full name of contributor Patrick McDonnel		C (ID#:)	Amount of contribution (\$)
08/25/2022	Contributor address;	City;	State; Zip Code	20.00
	5470 Kietzke Ln	Las Vega	as NV 89511	20.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	
Attorne	У		Michaelson L	_aw
Date	Full name of contributor David Parker	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
00/00/0000	Contributor address;	City;	State; Zip Code	
08/22/2022	351 Redd Rd	-	TX 79932	500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Physician		Sun City Em	ergency	

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SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Richard V	Vright Vright		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state P Arthur Adjemian	AC (ID#:)	7 Amount of contribution (\$)
10/01/2022		State; Zip Code	250.00
	116 E Oakview PI San Ant	onio TX 78209	200.00
8 Principal occu Ret	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)
Date	Full name of contributor uut-of-state P	AC (ID#:)	Amount of contribution (\$)
10/01/2022	Contributor address; City;	State; Zip Code	300.00
	1114 Baltimore El Pas	so TX 79902	300.00
	oation / Job title (See Instructions) SS Owner	Employer (See Instruc Crazy Cat C	_1
Date	David Saucedo	AC (ID#:)	Amount of contribution (\$)
10/01/2022		State; Zip Code	250.00
	oation / Job title (See Instructions)	Employer (See Instruc	o Lock Company
Date	Full name of contributor out-of-state P	1	Amount of contribution (\$)
10/04/2022	Jose Rodriguez Contributor address; City;	State; Zip Code	1000 00
10/04/2022	911 Dallas El Paso	TX 79902	1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME Richard V	/right		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state Helen Carter Tripp	PAC (ID#:)	7 Amount of contribution (\$)
10/06/2022	6 Contributor address; City; 79 Kingery El Paso	State; Zip Code O TX 79902	150.00
8 Principal occu Ret	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
10/06/2022	Contributor address; City; 478 Timber Oaks El Pa	state; Zip Code aso TX 79932	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Self	tions)
Date	Victor Rene Reyes	PAC (ID#:)	Amount of contribution (\$)
10/06/2022	Contributor address; City; 1301 N Oregon El Pa	State; Zip Code SO TX 79902	200.00
Principal occup Builder	pation / Job title (See Instructions)	Employer (See Instruc ReyesBuilt	tions)
Date	Full name of contributor out-of-state Carmen Rodriguez	PAC (ID#:)	Amount of contribution (\$)
10/06/2022	Contributor address; City; 1809 Georgia PI E	State; Zip Code I Paso TX	150.00
Principal occup Attorne	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

				_
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Richard W	/right			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Gina Palafox	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/06/2022	6 Contributor address;	City;	State; Zip Code	150.00
	4848 Olmo St	El Pasc	TX 79922	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Judge			8th Court of A	Appeals
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Steve Shapiro			4000
10/06/2022	Contributor address;	City;	State; Zip Code	40.00
	6316 Falling Star \	Way El Pa	aso TX 79912	TU.UU
Principal occup Realtor	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Nuria Homedes	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/02/2022	Contributor address;		State; Zip Code	100.00
	632 Skydale E	I Paso	TX 79912	100.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Gil Kimmelman			
10/06/2022	Contributor address;	City;	State; Zip Code	250.00
	453 Stonebluff	El Pasc	7 17 7 7 3 3 1 2	
Principal occupation / Job title (See Instructions)			Employer (See Instruct	·
busines	ss Owner		Continental [Jry Goods

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule A1:
2 FILER NAME Richard V	Vright		3 Filer ID (Ethics Commission Filers)
4 Date	Lilia Limon	t-of-state PAC (ID#:	7 Amount of contribution (\$)
09/01/2022			100.00
8 Principal occur Consult	pation / Job title (See Instructions)	9 Employer (See II	
Date	Full name of contributor out	t-of-state PAC (ID#:	Amount of contribution (\$)
09/23/2022	Contributor address; C	ity; State; Zip Code Paso TX 7990	- 11 11 1 1 1 1
Principal occup	pation / Job title (See Instructions)	Employer (See II Self	nstructions)
Date		t-of-state PAC (ID#:) Amount of contribution (\$)
09/30/2022		Paso TX 7990	500
Principal occu _l	pation / Job title (See Instructions)	Employer (See Ii	nstructions)
Date	Full name of contributor out	t-of-state PAC (ID#:	Amount of contribution (\$)
08/17/2022	Contributor address; Ci 118 E Oakview San	•	300.00
Principal occu Ret	pation / Job title (See Instructions)	Employer (See I	nstructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Richard V	Vright Vright			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Stefanie Townsen		: (ID#:)	7 Amount of contribution (\$)
06/16/2022			State; Zip Code	250.00
	4131 Trowbridge	Dr El Pa	so TX 79903	200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	•
Attorney	/		Townsend Alla	ala Coulter & Kludt PLLC
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Paul Love			100 00
10/06/2022	Contributor address;	City;	State; Zip Code	100.00
	y Manager		Employer (See Instruct	
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Gabriela Marcelo			
09/30/2022		City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Morten Naess		,	
10/07/2022	Contributor address;	City;	State; Zip Code	100.00
10/01/2022	147 Porfirio Diaz	St El Pa	so TX 79902	100.00
Principal occup	oation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

•	,	. 5	•
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
² FILER NAME Richard W	/right		3 Filer ID (Ethics Commission Filers)
4 Date	Geoffrey Wright	e PAC (ID#:)	7 Amount of contribution (\$)
07/28/2022	6 Contributor address; City;	State; Zip Code	140.00
	1303 Cotton St El Pa	aso TX 79902	170.00
8 Principal occu Architec	pation / Job title (See Instructions)	9 Employer (See Instruction WDA	tions)
Date	Full name of contributor uut-of-stat	e PAC (ID#:)	Amount of contribution (\$)
	William L Clark		40000
02/08/2022	Contributor address; City;	•	100.00
	PO Box 220389 El Pa	aso TX 79913	100.00
	ation / Job title (See Instructions) SS Owner	Literarity Boo	· ·
Date	Rus Bradburd	e PAC (ID#:)	Amount of contribution (\$)
08/19/2022	Contributor address; City;	State; Zip Code	50.00
	440 W Las Cruces Av Las 0	Cruces NM 88005	00.00
-	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Instruct	Or	NMSU	
Date		e PAC (ID#:)	Amount of contribution (\$)
	Vanessa Johnson		100 00
08/18/2022	Contributor address; City; 611 E River Av El Pa	State; Zip Code	100.00
Principal coour			
_ .' . '	ation / Job title (See Instructions) Organist	First Presbyt	erian Church
33.	- y	1	

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Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
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Contributor address; City; State; Zip Code	
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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	1 Total pages Schedule A2:	
² FILER NAMI			3 Filer ID (Ethics Co	mmission Filers)	
Tallara	TTIIGIT				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 300.00)	
5 Date	6 Full name of contributor _ out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution	
Bate	Javier Reyes		Contribution \$	description	
10/06/2022	7 Contributor address; City; State;	Zip Code	300.00	Food & Drinks for Fundraiser	
	1301 N Oregon El Paso TX 79	902	Check if travel outsi	I de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)	
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 firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
To it contributor is a child, law little of parent(s) (it any) (FOR SODICIAL)					
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code		 	
			Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE A2

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	n.	1 Total pages Sched	ule A2:
² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
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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		
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12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

SCHEDULE A2

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	n.	1 Total pages Sched	ule A2:
² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
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16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

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Т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

SCHEDULE A2

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	n.	1 Total pages Sched	ule A2:
² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

SCHEDULE A2

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	n.	1 Total pages Sched	ule A2:
² FILER NAM			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	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		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Chack if traval autain	 de of Texas. Complete Schedule T.
Principal occ	 cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete this form.		1 Total pages Sched	ule B:
	FILER NAME Richard V	Vright		3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
			Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)				nstructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip 0	Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
ı	Principal occup	ation / Job title (See Instructions) Emplo	yer (See I	nstructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
			Code		
				Check if travel outsi	I dide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions) Emplo	yer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Cod	de		
				Check if travel outsi	ide of Texas. Complete Schedule T.
ı	Principal occup	ation / Job title (See Instructions) Emplo	oyer (See I	nstructions)	

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete this form.		1 Total pages Sched	ule B:
	FILER NAME Richard V	Vright		3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
			Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)				nstructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip 0	Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
ı	Principal occup	ation / Job title (See Instructions) Emplo	yer (See I	nstructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
			Code		
				Check if travel outsi	I dide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions) Emplo	yer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Cod	de		
				Check if travel outsi	ide of Texas. Complete Schedule T.
ı	Principal occup	ation / Job title (See Instructions) Emplo	oyer (See I	nstructions)	

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<u>'</u>	11 , -		
The	Instruction Guide explains how to con	mplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Richard Wr	right		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-sta	ate PAC (ID#:	9 Loan Amount (\$)
06/16/2022 Richard Wright		3000.00	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y ■ N			11 Maturity date 01/01/2023
12 Principal occupation Blogger	on / Job title (See Instructions)	13 Employer (See Instructions) ElChuqueno.com	
14 Description of Coll	lateral	15	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	ate PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun	nds were deposited into political
none		account (See Instruc	tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	

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The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Richard Wr	ight		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	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 Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		<u> </u>	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITIC**** CCT	NEG OF THE COLUMN 5 : 5 : 1	

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² FILER NAME Richard Wr	ight		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	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 Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		<u> </u>	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITIC**** CCT	NEG OF THE COLUMN 5 : 5 : 1	

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² FILER NAME Richard Wr	ight		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	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 Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		<u> </u>	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITIC**** CCT	NEG OF THE COLUMN 5 : 5 : 1	-0-0

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The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
² FILER NAME Richard Wr	ight		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	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 Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Υ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		<u> </u>	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	ATTAQUADDITIC**** CCT	NEG OF THE COLUMN 5 : 5 : 1	-0-0

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
10/06/2022	Office Depot			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
24.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF				
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/23/2022	Web Hosting Hub			
Amount (\$)	Payee address;	City;	State;	Zip Code
19.99				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/03/2022	David's Pennants & Banners			
Amount (\$)	Payee address;	City;	State;	Zip Code
811.88				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	 			
	ATTACH 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.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Caror (critical di catogo	,
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/03/2022	5 Payee name Adobe			
6 Amount (\$) 34.09	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/29/2022	Google			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.00				
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 Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/06/2022	Adobe			
Amount (\$)	Payee address;	City;	State;	Zip Code
34.09				
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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH 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.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Onations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		,
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	s Commission Filers)
4 Date 09/14/2022	5 Payee name HP			
6 Amount (\$) 27.05	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/06/2022	Staples Direct			
Amount (\$)	Payee address;	City;	State;	Zip Code
66.22				
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 Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/30/2022	Texas Democratic Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
360.00				
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 Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
06/03/2022	Signs on the Cheap			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
446.56				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	(Office held
Date	Payee name			
06/01/2022	Vistaprint			
Amount (\$)	Payee address;	City;	State;	Zip Code
107.70				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
08/01/2022	Hope & Anchor			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Oreal Carar ayment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
07/07/2022	Staples Direct			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
78.15				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livinç	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/05/2022	Adobe			
Amount (\$)	Payee address;	City;	State;	Zip Code
34.09				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livinç	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/08/2022	Staples Direct			
Amount (\$)	Payee address;	City;	State;	Zip Code
54.11				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Openset

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	s Commission Filers)
4 Date 08/03/2022	5 Payee name Adobe			
6 Amount (\$) 34.09	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/01/2022	Sabertooth Food Co			
Amount (\$)	Payee address;	City;	State;	Zip Code
628.42				
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 Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/22/2022	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
14.00				
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 Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Oreal Card Fayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
08/08/2022	Signs on the Cheap			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
357.22				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/04/2022	Vistago Print LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
947.38				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Consulting Expense
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Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exper	ise
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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, TX, officeholder living expense		se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zi	p Code
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 Aust	in, TX, officeholder living expen	se
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Garialidate, Grinostiolade, Francisco	The Instruction Guide explains how to d	complete this form.	Curior (errior d'odiogory	not noted above)
1 Total pages Schedule F2:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEN	IIZED UNPAID INCURRED OBLIGATION	S	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
•	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense
11 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office hel	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical		
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 Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office he	ld
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Printing Expense
Salaries/Wages/Contract Labor Travel Out Of District

Garialidate, Gilliosi iolido, ii Gilliosi	The Instruction Guide explains how to d	complete this form.	Curior (errior d'odiogory	not noted above)
1 Total pages Schedule F2:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITED	IIZED UNPAID INCURRED OBLIGATION	IS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	xpense
11 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office hel	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical		
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 Au	ustin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office he	d
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Richard	Wright	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; 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	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Richard	Wright	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; 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	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica	al Committee Legal Services Sa The Instruction Guide explains ho	laries/Wages/Contract Labor ow to complete this form	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED 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 top of this sched	dule) (b) Description	n
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 top of this sche	dule) Descriptio	on
	Check if travel outside of Texas. Complete Sched	dule T. Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS	NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica	al Committee Legal Services Sa The Instruction Guide explains ho	laries/Wages/Contract Labor ow to complete this form	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED 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 top of this sched	dule) (b) Description	n
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 top of this sche	dule) Descriptio	on
	Check if travel outside of Texas. Complete Sched	dule T. Check	if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS	NEEDED

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a categor

Other (enter a category not listed above)

Solicitation/Fundraising Expense

Cre	edit Card Payment	The Instruction Guide explains how to	o complete this form.			
_	Total pages Schedule G:	otal pages Schedule G: 2 FILER NAME Richard Wright		3 Filer ID (Ethics Commission Filers		
	Date	5 Payee name				
	Amount (\$)	7 Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	!	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense	
	mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
,	EXI EIIDI C. L	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living exp	pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	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 Aust	tin, TX, officeholder living exp	ense	
Cor	mplete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a categor

Other (enter a category not listed above)

Solicitation/Fundraising Expense

Cre	edit Card Payment	The Instruction Guide explains how to	o complete this form.			
_	Total pages Schedule G:	otal pages Schedule G: 2 FILER NAME Richard Wright		3 Filer ID (Ethics Commission Filers		
	Date	5 Payee name				
	Amount (\$)	7 Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	!	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense	
	mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
,	EXI EIIDI C. L	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living exp	pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	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 Aust	tin, TX, officeholder living exp	ense	
Cor	mplete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a categor

Other (enter a category not listed above)

Solicitation/Fundraising Expense

Cre	edit Card Payment	The Instruction Guide explains how to	o complete this form.			
_	Total pages Schedule G:	otal pages Schedule G: 2 FILER NAME Richard Wright		3 Filer ID (Ethics Commission Filers		
	Date	5 Payee name				
	Amount (\$)	7 Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	!	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense	
	mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
,	EXI EIIDI C. L	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living exp	pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	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 Aust	tin, TX, officeholder living exp	ense	
Cor	mplete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a categor

Other (enter a category not listed above)

Solicitation/Fundraising Expense

Cre	edit Card Payment	The Instruction Guide explains how to	o complete this form.			
_	Total pages Schedule G:	otal pages Schedule G: 2 FILER NAME Richard Wright		3 Filer ID (Ethics Commission Filers		
	Date	5 Payee name				
	Amount (\$)	7 Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	!	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense	
	mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
,	EXI EIIDI C. L	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living exp	pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	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 Aust	tin, TX, officeholder living exp	ense	
Cor	mplete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a categor

Other (enter a category not listed above)

Solicitation/Fundraising Expense

Cre	edit Card Payment	The Instruction Guide explains how to	o complete this form.			
_	Total pages Schedule G:	otal pages Schedule G: 2 FILER NAME Richard Wright		3 Filer ID (Ethics Commission Filers		
	Date	5 Payee name				
	Amount (\$)	7 Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	!	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense	
	mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
,	EXI EIIDI C. L	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living exp	pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held	
	Date	Payee name				
	Amount (\$)	Payee address;	City;	State;	Zip Code	
	Reimbursement from political contributions intended					
	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 Aust	tin, TX, officeholder living exp	ense	
Cor	mplete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement 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)

	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME Richard Wright		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
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 ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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6 Amount (\$)	7 Business address;	City;	State;	Zip Code
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Amount (\$)	Business address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	(Office held
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SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME Richard Wright		3 Filer ID (Ethics Co	ommission Filers)
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 required.)	instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	ninstructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information
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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 required.)	instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information
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 Instruction Guide explains how to complete this form.			dule K:
² FILER NAME Richard V	Vright	3 Filer ID (Ethic	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	ite; 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; St	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; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.			dule K:
² FILER NAME Richard V	Vright	3 Filer ID (Ethic	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	ite; 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; St	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; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction	on 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 / Con	rporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure Schedule A2 Schedule F2	e reported on: Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel 7	Name of person(s) traveling			
8	8 Departure city or name of departure location			
9	Destination city or name of destination location			
10 Means of transportation				
Name of Contributor / Co	rporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure	e reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule 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)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	e reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule 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)				
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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The Instruction	on 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 / Con	rporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure Schedule A2 Schedule F2	e reported on: Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel 7	Name of person(s) traveling			
8	8 Departure city or name of departure location			
9	Destination city or name of destination location			
10 Means of transportation				
Name of Contributor / Co	rporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure	e reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule 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)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure	e reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule 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)				
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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	AME	2 Filer ID (Ethics Commission Filers)		
	Richa	rd Wright			
3	SIGNA	TURE			
	designa	expect any further political contributions or political expenditures in connection with miting a report as a final report terminates my campaign treasurer appointment. I also up an contributions or make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaign expenditures without a campaign treasurer apply to make any campaig	inderstand that I may not accept any		
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS			
	Chec	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om 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 in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS			
	Chec	conly one:			
		I do not retain assets purchased with political contributions or interest or other incom	ne 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.	Signature of Candidate		
5	_	EHOLDER plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who could file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as		
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	ignature of Officeholder		