

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00068283

**2 PAGE #**  
1 of 3

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR FIRST MI  
Mr. R.W.  
.....  
NICKNAME LAST SUFFIX  
Bray

### OFFICE USE ONLY

Date Received

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2115 Runnels  
Houston, TX 77003

☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR FIRST MI  
.....  
NICKNAME LAST SUFFIX

Date Processed

Date Imaged

**6 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

**7 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION

**8 REPORT TYPE**

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD  
COVERED**

Month Day Year Month Day Year  
01/02/2013 THROUGH 01/18/2013

**10 ELECTION**

ELECTION DATE  
Month Day Year  
01/26/2013

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☒ Special

**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)**

State Senator District 6

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**13 C/OH NAME** Bray, R.W. (Mr.)

**14 ACCOUNT #** (Ethics Commission filers)  
00068283

**15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**
**COMMITTEE NAME**
☐ **GENERAL**
**COMMITTEE ADDRESS**
☐ **SPECIFIC**
**COMMITTEE CAMPAIGN TREASURER NAME**
**COMMITTEE CAMPAIGN TREASURER ADDRESS**
☐ additional pages

**16 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

**\$**

245.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

**\$**

345.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

**\$**

360.00

4. **TOTAL POLITICAL EXPENDITURES**
**\$**

360.00

**CONTRIBUTION  
BALANCE**

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

**\$**

345.00

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

**\$**

0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

R.W. Bray

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 1/1 Report: 3/3

**2** FILER NAME Bray, R.W. (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00068283

**4** Date

01/05/2013

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Larsen, Yvonne**6** Contributor address; City; State; Zip Code

Missouri City, TX 77459

**7** Amount of  
contribution (\$)

\$100.00

**8** In-kind contribution  
description (if applicable)  
Contribution(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)