

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed 9						
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Timothy L. NICKNAME LAST SUFFIX Wright	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 2em; text-align: center; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">JAN 13 2011</p> <p style="margin: 0;">By: 1:51 PM CN(P)</p> <p style="font-size: 0.8em; margin: 0;">Date hand-delivered or Postmarked</p> </div> <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE 3301 Northwest Blvd. Georgetown, Tx. 78628								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 943-1410								
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Greg B NICKNAME LAST SUFFIX Eady								
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE c/o Extraco Bank 1504 Williams Dr., Georgetown, Tx. 78628								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 868-4100								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2010 12 / 31 / 2010								
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) Judge County Court at Law # 2	13 OFFICESOUGHT (if known) Judge County Court at Law # 2							
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p style="font-size: 0.8em; margin: 0;">DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.</p> <p style="margin: 0;">Name None</p> <p style="margin: 0;">Address / PO Box, Apt. / Suite #, City, State, Zip Code</p>								

GO TO PAGE 2

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

**FORM JC/OH
COVER SHEET PG 2**

15 C/OH NAME

Timothy L. Wright

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ -0-

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

\$ -0-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

All are itemized

\$ 2,484.32

CONTRIBUTION BALANCE

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

\$ 6,785.49

OUTSTANDING LOAN TOTALS

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

Repaid

\$ -0-

19 AFFIDAVIT

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



Timothy L. Wright
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy L. Wright, this the 13 day of January, 20 11, to certify which, witness my hand and seal of office.

Diane H. Lowder
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 1

2 FILER NAME Timothy L. Wright

3 ACCOUNT # (Ethics Commission Filers)

4 Date
5 Full name of contributor out-of-state PAC (ID# _____)
None
6 Contributor address, City, State, Zip Code

7 Amount of contribution (\$)
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation
10 Contributor's job title

11 Contributor's employer/law firm
12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date
Full name of contributor out-of-state PAC (ID# _____)
Contributor address, City, State, Zip Code

Amount of contribution (\$)
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Contributor's job title

Contributor's employer/law firm
Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
Full name of contributor out-of-state PAC (ID# _____)
Contributor address, City, State, Zip Code

Amount of contribution (\$)
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Contributor's job title

Contributor's employer/law firm
Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 5	2 FILER NAME Timothy L. Wright	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-1-10	5 Payee name Clerk, Supreme Court
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6 Amount (\$) 265.00	7 Payee address: City, State, Zip Code 201 W 14th St. Room 104 Austin, Texas 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) State Bar Dues
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-1-10	Payee name WCRW
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Amount (\$) 45.00	Payee address, City, State, Zip Code P.O. Box 393 Round Rock, Tx. 78680
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Ad for directory
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-1-10	Payee name Secretary of State of Texas
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Amount (\$) 50.00	Payee address, City, State, Zip Code Secretary of State of Texas 1019 Brazos St. Austin, Tx. 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation/Contribution	Description (If travel outside of Texas, complete Schedule T) Incorporation fee for Williamson County DWI/Drug Court Foundation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-2-10	Payee name Tim L. Wright
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Amount (\$) 853.71	Payee address, City, State, Zip Code 405 S MLK #4 Georgetown, Tx. 78626
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	Description (If travel outside of Texas, complete Schedule T) Repay Campaign Loan
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 5	2 FILER NAME Timothy L. Wright	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7-2-10	5 Payee name The Luggage Factory	
6 Amount (\$) 280.46	7 Payee address; City, State, Zip Code 4401 North I-435 # 827 Round Rock, Tx. 78665	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel, In and Out of District	(b) Description (If travel outside of Texas, complete Schedule T) Luggage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-10-10	Payee name Williamson County Bar Assn.	
Amount (\$) 15.00	Payee address; City, State, Zip Code C/O Matt Shanks 1001 Cypress Creek Rd. Cedar Park, Tx. 78613	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Bar Assn. meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-11-10	Payee name GARW	
Amount (\$) 50.00	Payee address; City, State, Zip Code 4500 Williams Dr. Suite 212 PMB 267 Georgetown, Tx. 78633	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Donation to Annual Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-13-10	Payee name Georgetown Noon Kiwanis	
Amount (\$) 135.00	Payee address; City, State, Zip Code 1704 Hart Street Georgetown, Tx 78628	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Quarterly Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME Timothy L. Wright	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-16-10	6 Payee name Tim L. Wright (Reimburse for \$ spent Best Buy)
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6 Amount (\$) 114.72	7 Payee address: City, State, Zip Code Tim L. Wright 405 S McK #41 Georgetown, TX 78626
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(b) Description (If travel outside of Texas, complete Schedule T) Purchase power cord for Campaign laptop
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-18-10	Payee name Tim L. Wright (Reimburse for \$ spent at Georgetown Country Club)
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Amount (\$) 55.00	Payee address: City, State, Zip Code Tim L. Wright 405 S McK #4 Georgetown, TX 78626
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Staff Luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-9-10	Payee name Internal Revenue Service
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Amount (\$) 400.00	Payee address: City, State, Zip Code Dept. of the Treasury IRS Ogden UT 84201-0023
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description (If travel outside of Texas, complete Schedule T) Filing fee for application for Non Profit Status of DWE/Pray Ct. Foundation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-12-10	Payee name WCRW
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Amount (\$) 60.00	Payee address: City, State, Zip Code P.O. Box 393 Round Rock, TX 78680
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Ticket to fundraiser
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 5	2 FILER NAME Timothy L. Wright	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-8-10	5 Payee name Ozarka
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6 Amount (\$) 15.56	7 Payee address, City, State, Zip Code #215 6661 Dixie Hwy. Suite 4 Louisville, Tx. 40258
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(b) Description (If travel outside of Texas, complete Schedule T) Water for Chambers
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-28-10	Payee name Ozarka
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Amount (\$) 20.74	Payee address, City, State, Zip Code #215 6661 Dixie Hwy. Suite 4 Louisville, Tx. 40258
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Water for Chambers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-21-10	Payee name Patti Wright
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Amount (\$) 50.00	Payee address, City, State, Zip Code 115 Stephen Ln. Georgetown, Tx 78628
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T) Poinsettias for Ct. Room Chambers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-22-10	Payee name Williamson County
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Amount (\$) 3.39	Payee address, City, State, Zip Code 710 Main Street Georgetown, Tx 78626
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office L.D. Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 5	2 FILER NAME Timothy L. Wright	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-16-10	5 Payee name Ozarka
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6 Amount (\$) 20.74	7 Payee address, City, State, Zip Code # 215 6661 Dixie Hwy., Suite 4 Louisville, Tx. 40258
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Water for Chambers
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-16-10	Payee name Official Swearing In 2011
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Amount (\$) 50.00	Payee address, City, State, Zip Code c/o Williamson County 710 Main Street Georgetown, TX. 78626
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Swearing-in fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M

1

2 FILER NAME

Timothy L. Wright

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

Disposed of Campaign Signs

Description of Asset

2 Laptop computers - (one is inoperable) + new power cord.

Description of Asset

Couch for Chambers

Description of Asset

Frames for diplomas and certificates

Description of Asset

Electronic Equipment for Chambers + Courtroom + Campaign

Description of Asset

Courtroom Security Equipment

Description of Asset

Refrigerator for Chambers

Description of Asset

Microwave for Chambers

Description of Asset

Paper Shredder for Chambers

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED