

# 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)	2 Total pages filed:  <div style="font-size: 2em; text-align: center;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <b>MR.</b> <b>WILLIAM</b> <b>F</b> NICKNAME      LAST      SUFFIX <b>Bill Bedrick</b>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; font-weight: bold;">2010 JAN 15 A 10:28</div> FILED FOR RECORD KAUFMAN CO. TEXAS LAURA A. LUGHESE COUNTY CLERK Date Hand Delivered or Date Registered 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 <b>517 Estate Lane Terrell, TX 75161</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972) 563-8730</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <b>MRS.</b> <b>Judy</b> <b>Schoen</b> NICKNAME      LAST      SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>115 Leighton Drive Terrell, TX 75160</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972) 524-8014</b>		
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 C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>08      13      2009      THROUGH      12      31      2009</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>03      02      2010</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>County Judge</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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. ** Name Address / PO Box      Apt / Suite #      City      State      Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME William F. Bedrick 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

\* 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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	\$ 1374 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3899 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5389.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 779.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2270.15

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.

William F. Bedrick  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Bedrick, this the 15th day of January, 2010, to certify which, witness my hand and seal of office.

Apithanamy Signature of officer administering oath  
Cynthia Ramirez Printed name of officer administering oath  
deputy clerk Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>WILLIAM F. Bedrick</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11-4-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RANDY VOIGHT</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <b>8 GRIFFITH CT. TERRELL, TX 75160</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11-5-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Wylie Musser</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box 630 TERRELL, TX 75160</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-5-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>HARRY WOODRIF</b>	Amount of contribution (\$) <b>\$125.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>9126 POUND RD 310 TERRELL, TX 75160</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-5-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JIM C. DAVIS</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>P.O. Box 239 ELMO, TX 75118</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11-5-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RAYMOND Bedrick</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <b>4476 FM 987 KAUFMAN, TX 75142</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

WILLIAM F. BEDRICK

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/05/09

5 Full name of contributor  out-of-state PAC (ID#:

MARY F. HETMER

6 Contributor address; City; State; Zip Code

7619 987, TERRELL TEX 75160

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/05/09

Full name of contributor  out-of-state PAC (ID#:

SUE T. DAVIS

Contributor address; City; State; Zip Code

P.O. Box 324, Terrell, TX 75160

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/01/09

Full name of contributor  out-of-state PAC (ID#:

JANAS BYRNES

Contributor address; City; State; Zip Code

740 MARTIN LANE, COMBINE, TX 75159

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/04/09

Full name of contributor  out-of-state PAC (ID#:

JIMMY COOPER

Contributor address; City; State; Zip Code

16755 CR 247, TERRELL, TEX 75160

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/06/09

Full name of contributor  out-of-state PAC (ID#:

CHARLES GREEN

Contributor address; City; State; Zip Code

P.O. Box 852184, MESQUITE, TX 75185

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>WILLIAM F. BEDRICK</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/08/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>A. JAY McCLURE</i> 6 Contributor address; City; State; Zip Code <i>5500 FM 2728, KAUFMAN, TEXAS 75142</i>	7 Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <i>retired</i>		10 Employer (See Instructions)	
Date <i>11/18/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>WEIDON &amp; SHARON BOWEN</i> Contributor address; City; State; Zip Code <i>P.O. Box 1259, Fovey, Texas 75126</i>	Amount of contribution (\$) <i>\$ 300<sup>00</sup></i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>11/05/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>GABE MÜSSER</i> Contributor address; City; State; Zip Code <i>P.O. Box 2362 Terrell, TEXAS 75160</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/05/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RONALD + BETTY BROWN</i> Contributor address; City; State; Zip Code <i>5999 E. U.S. Hwy 80 TERRELL, TEXAS 75161</i>	Amount of contribution (\$) <i>\$ 200<sup>00</sup></i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

William F. Bedrick

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/1/09

5 Payee name

Deluxe Check

6 Payee address; City; State; Zip Code

7 Amount (\$)

28.25

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/3/09

Payee name

Kaufman County Republican Party

Payee address; City; State; Zip Code

Kaufman, Texas 75142

Amount (\$)

150.02

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Filing fee

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

12/16/09

Payee name

Kentco Graphics LLC

Payee address; City; State; Zip Code

101 Metro Dr. Terrell, TX 75160

Amount (\$)

2340.91

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Signs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

William F. Bedrick

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/09

5 Payee name

Wish List Direct

6 Payee address: City: State: Zip Code

1309 STONRWALL NEW BRANFEL TX 78930

7 Purpose of expenditure (See instructions regarding type of information required.)

PRINTING  
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

2270.15

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED