

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:** 7

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: MR. FIRST: William MI: F.
 NICKNAME: Bill LAST: Bedrick SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: 517 Estate Ln APT / SUITE #: CITY: Terrell, TX STATE: ZIP CODE: 75761
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (972) PHONE NUMBER: 563-8730 EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: MRS. FIRST: Judy MI:
 NICKNAME: Schoen LAST: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): 115 Leighton Dr. Terrell, Texas APT / SUITE #: CITY: STATE: ZIP CODE: 75160
 (Residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (972) PHONE NUMBER: 524-8014 EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year: 01 / 22 / 2010 THROUGH Month Day Year: 02 / 21 / 2010

11 ELECTION
 ELECTION DATE: Month Day Year: 03 / 02 / 2010
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any):

13 OFFICE SOUGHT (if known)
County Judge

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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:

additional pages

OFFICE USE ONLY

Date Received:

Date Hand-Delivered or Date Returned:

Receipt # Amount

Date Processed:

Date Imaged:

FILED FOR RECORD
 KAUFMAN CO. TEXAS
 2010 FEB 22 PM 1:58
 LAURA A. HUGHES
 COUNTY CLERK

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>William F. Bedrick</i>	16 ACCOUNT # (Ethics Commission File#)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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. --	
	COMMITTEE TYPE <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	\$ <i>595.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2025.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>754.45</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3630.64</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2470.15</i>

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 F. Bedrick*, this the *22nd* day of *February*, 20 *10*, to certify which, witness my hand and seal of office.

[Signature] *KAREN JONES* *Deputy Clerk*
Signature of officer administering oath Printed 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 Total pages Schedule A:	
2 FILER NAME William F. Bedrick			3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-30-2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Meyers	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 119 BRANSON FORNEY, TEXAS 75126		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) RETIRED			10 Employer (See Instructions)	
Date 1-20-2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAY NELSON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6249 QUAIL RUN KAUFMAN, TX 75142		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) CONSULTANT			Employer (See Instructions)	
Date 2-8-2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID DEARING	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1929 SHARILYN GARLAND, TX 75043		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) BUSINESSMAN			Employer (See Instructions)	
Date 2-15-2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY HETMER	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 7619 Fm 987 Temple, TX 75160		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)	
Date 2-18-2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON TIPTON	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6925 FM 2515 KAUFMAN, TX 75142		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) RETIRED			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 <i>William F. Bedrick</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-18-2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HOMER NORVILLE</i> Contributor address; City; State; Zip Code <i>4171 Fm 987 Kaufman TX 75142</i>	7 Amount of contribution (\$) <i>\$ 300.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>2-20-2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LILLIE ELZNER</i> Contributor address; City; State; Zip Code <i>10600 Km 1836 Kaufman TX 75142</i>	Amount of contribution (\$) <i>\$ 150.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>2-20-2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARGARET TRAIL</i> Contributor address; City; State; Zip Code <i>18500 CR 4057 Kemp, TX 75143</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>2-20-2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sherry Matthews</i> Contributor address; City; State; Zip Code <i>11359 CR. 124 Kaufman, TX 75142</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>HOUSE WIFE</i>		Employer (See Instructions)	
Date <i>2-20-2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RON BROWN</i> Contributor address; City; State; Zip Code <i>5999 FM 80 TERRELL, TX 75761</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

William F. Bedreickis

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2-20-2010

BEN EIZNER

\$150.00

6 Payee address; City; State; Zip Code

10400 Fm 1836 Kaufman, TX 75142

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

Retired

(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

Payee name

Amount (\$)

2-20-2010

JANICE MURRELL

\$100.00

Payee address; City; State; Zip Code

106W Allen St. Kaufman, TX 75142

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

Retired

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2-20-10

JUDY SCHOEN

\$100.00

Payee address; City; State; Zip Code

1152 Lightford Terrell, TX 75160

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

Nurse

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2-20-2010

LARRY VRZALIK

\$100.00

Payee address; City; State; Zip Code

6937 FM 987 Terrell, TX 75160

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

Business Man

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

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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 02-04-2010	5 Payee name The Monitor	7 Amount (\$) \$ 354.75
6 Payee address; City; State; Zip Code P.O. Box 48 MABANK, TEXAS 75147		

8 Purpose of payment (See instructions regarding type of information required.) Newspaper Ad <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 02-04-2010	Payee name The KAUFMAN HERALD	Amount (\$) \$ 200.00
Payee address; City; State; Zip Code P.O. Box 460 KAUFMAN TX 75142		

Purpose of payment (See instructions regarding type of information required.) Newspaper Ad <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 7

2 FILER NAME

William F. Bedrick

3 ACCOUNT # (Ethics Commission filers)

4 Date

02-03-2010

5 Payee name

The Terrell Tribune

6 Payee address; City; State; Zip Code

P.O. Box 669 Terrell TX 75160

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

NEWSPAPER AD.
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$ 200⁰⁰

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

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