

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:

11

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
MR. WILLIAM H.
NICKNAME LAST SUFFIX
BILL RAY

OFFICE USE ONLY

Date Received

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2215 WARD PARKWAY
FT. WORTH, TX 76110

Change of Address

Date Handled or Disposition Marked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
MR. RUDOLPH V.
NICKNAME LAST SUFFIX
RUDY PULIDO SR.

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4205 WINDING WAY
BEN BROOK, TX 76126

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 738-2777

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
3 / 25 / 03 THROUGH Month Day Year
4 / 23 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 03 / 03 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL, DIST. 9

13 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME WILLIAM H. "BILL" RAY	15 ACCOUNT # (Ethics Commission files)
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16 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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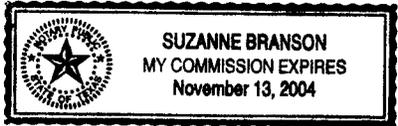
additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 615.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2715.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 168.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 3259.10
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1200.00

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said WILLIAM H. "BILL" RAY this the 24th day of April, 2003, to certify which, witness my hand and seal of office.

<u>Suzanne Branson</u> Signature of officer administering oath	<u>Suzanne Branson</u> Printed name of officer administering oath	<u>Notary Public</u> Title of officer administering oath
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:
4

2 FILER NAME **William H. "Bill" Ray** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/27/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACK STRICKLAND	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 909 THROCKMORTON ST FT WORTH, TX 76102			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 3/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT FORAN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6412 KENWICK AVE FT WORTH, TX 76116			

Principal occupation (Optional) Employer (Optional)

Date 3/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS TICKNOR	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 220 RED BIRD LN. FT. WORTH, TX 76114			

Principal occupation (Optional) Employer (Optional)

Date 3/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN DIAMOND	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 20052 FT WORTH, TX 76102			

Principal occupation (Optional) Employer (Optional)

Date 3/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LATEPH ADEWITI	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 619 W. MAIN #15 ARLINGTON, TX 76010			

Principal occupation (Optional) Employer (Optional)

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 A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4

2 FILER NAME

WILLIAM H. "BILL" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27/03

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

L. G. CORNISH

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5041 AIRPORT Fwy
FT WORTH, TX 76117

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/27/03

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

DAN WHITE

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2127 REFLECTION BAY
ARLINGTON, TX 76013

Principal occupation (Optional)

Employer (Optional)

Date

3/27/03

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

TIM MOORE

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

115 W. 2d, STE 202
FT WORTH, TX 76102

Principal occupation (Optional)

Employer (Optional)

Date

3/27/03

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

JERRY WOOD

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2704 RYAN AVE
FT WORTH, TX 76010

Principal occupation (Optional)

Employer (Optional)

Date

4/11/03

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

JOHN BAILEY

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2624 HARTWOOD DR.
FT. WORTH, TX 76109

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4	
2 FILER NAME WILLIAM H. "BILL" RAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/28/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLIE GEREN CAMPAIGN	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 1440 AT WORTH, TX 76101			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/7/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELEANOR GILBANE	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 725 E. 51ST #1E NEW YORK, NY 10022			
Principal occupation (Optional)		Employer (Optional)	
Date 4/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL HERMAN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3720 COUNTRY CLUB CIR. AT WORTH, TX 76109			
Principal occupation (Optional)		Employer (Optional)	
Date 4/11/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE HERNANDEZ	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1302 N. CALHOUN AT WORTH, TX 76106			
Principal occupation (Optional)		Employer (Optional)	
Date 4/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD HAMMETT	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 303 W. TENTH #300 AT WORTH, TX 76102			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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4

2 FILER NAME **William H. "Bill" RAY** 3 ACCOUNT # (Ethics Commission filers)

4 Date 3/28/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLLY JONNA CAMPAIGN	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2625 WILLING FT WORTH, TX 76110			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 4/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARLA HOBBS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8113 ANCHORAGE PL. FT WORTH, TX 76135			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

William H. "Bill" Ray

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

4/17/03

7 Name of lender

Susan Ray

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

500.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

2441 MEDFORD CT. E.
FT WORTH, TX 76109

10 Interest rate

—

11 Maturity date

—

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

4/7/03

Name of lender

MARY HEARD

out-of-state PAC (ID#: _____)

Loan Amount (\$)

200.00

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

103 HAVERHILL WAY
SAN ANTONIO, TX 78204

Interest rate

—

Maturity date

—

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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

2 FILER NAME

William H. "Bill" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/27/03

BILLY MINOR'S SALOON

6 Payee address; City; State; Zip Code

150 W. 3rd St.
FT WORTH, TX 76102

924.25

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

FUNDRAISER

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/31/03

GOTV PRINTING

Payee address; City; State; Zip Code

1515 BRENTWOOD TRAIL
KELLER, TX 76248-5402

548.83

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

PRINTING

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/11/03

FT WORTH Star-telegram

Payee address; City; State; Zip Code

400 W. 7th St.
FT WORTH TX 76102

1055.36

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

Advertisement

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/11/03

GOTV PRINTING

Payee address; City; State; Zip Code

1515 BRENTWOOD TRAIL
KELLER, TX 76248-5402

139.64

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

PRINTING

** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

William H. "Bill" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/18/03

FAST SIGNS

6 Payee address; City; State; Zip Code

6504 CAMP BOWIE BLVD.
FT WORTH TX 76116

422.44

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

SIGNS

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** 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:

2

2 FILER NAME

WILLIAM H. "BILL" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

4/1/03

PA&T SIGNS

657.62

6 Payee address; City; State; Zip Code

6504 CAMP BOWIE BLVD
FT WORTH, TX 76116

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

SIGNS

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/11/03

POSTMASTER

506.00

Payee address; City; State; Zip Code

251 W. LANCASTER ST.
FT WORTH, TX 76102

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

POSTAGE

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/12/03

OFFICE DEPOT

952.60

Payee address; City; State; Zip Code

6680 W. FREEWAY
FT WORTH, TX 76116

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

PRINTING

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/14/03

POSTMASTER

814.00

Payee address; City; State; Zip Code

100 THROCKMORTON ST.
FT WORTH, TX 76102

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

POSTAGE

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/15/03

POSTMASTER

185.00

Payee address; City; State; Zip Code

400 N. BETTA 2600 8TH AVE
FT. WORTH, TX 76110

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

POSTAGE

Reimbursement from political contributions intended

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:

2

2 FILER NAME

WILLIAM H. "BILL" RAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

POSTMASTER

8 Amount (\$)

4/15/03

6 Payee address; City; State; Zip Code

400 N. RETHG
FT WORTH, TX 76111

148.00

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

Postage

Reimbursement from political contributions intended

Date

Payee name

POSTMASTER

Amount (\$)

4/22/03

Payee address; City; State; Zip Code

400 N. RETHG
FT WORTH, TX 76111

690.00

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

Postage

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED