CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)) 2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	OFFICE USE ONLY				
NAME	NICKNAME LAST		Date Received			
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	SITY; STATE; ZIP CODE				
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$			
NAME	NICKNAME LAST		Date Processed			
			Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	JITE #; CITY; STATE;	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month THROUGH	Day Year			
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
GO TO PAGE 2						

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	ITURES MADE BY POLITICAL COMMITTEES TO VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE		
		COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN T	REASURER NAME	
Additional Pages				
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER TH ITEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$
EXPENDITURE TOTALS		POLITICAL EXPENDITUF S ITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDI	TURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO	ONS MAINTAINED AS OF THE LAST	r day \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	THE \$	
18 AFFIDAVIT				
				perjury, that the accompanying report is formation required to be reported by me
			Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	IP/SEALABOVE			
Sworn to and subsc	ribed before me,	by the said		, this the
day of	, 20,	to certify which, witne	ess my hand and seal of office	
Signature of officer :	administering oath	Printed name of	officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con		mmission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

	MONE	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1	
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
		6 Contributor address; City; State	; Zip Code		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)	
		Contributor address; City; State	; Zip Code		
	Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)	
		Contributor address; City; State;	Zip Code		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED	IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 6 Full name of cor	ntributor 🗌 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor add	ress; City; State; Zip Coo	de	
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FC	DR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation	(FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (F	OR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of	parent(s) (if any) (FOR JUDICIAL)		
Date Full name of co	ntributor 🗌 out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
Contributor add	ress; City; State; Zip Co	de	
			Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FC	DR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation	(FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (F	OR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of	parent(s) (if any) (FOR JUDICIAL)	1	
	ATTACH ADDITIONAL COPIES OF T of-state PAC, please see instructio		

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Z	ip Code		• •
			Check if travel outs	side of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See		i
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		· · ·
			Check if travel outs	side of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; State; Z	ip Code		• •
			Check if travel outs	side of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		
				side of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES O			
If	contributor is out-of-state PAC, please see instr	uction guide for a	dditional reporting	requirements.

LOANS	5
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SCHEDULE E

	The	1 Total pages Schedule E:				
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS		\$		
5	Date of loan	7 Name of lender 🗌 out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
6	ls lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate		
	Y N			11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City; S	State; Zip Code			
	not applicable					
20	Principal Occupat	21 Employer (See Instructions)				
	Date of loan	Name of lender Out-of-state I	PAC (ID#:)	Loan Amount (\$)		
	ls lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate		
	Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City; S	State; Zip Code			
	Image: Instruction of the second s					
	Principal Occupati					
			PIES OF THIS SCHEDULE AS NE	FDFD		
	lf l	ender is out-of-state PAC, please see in:				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Legal Services	e Expense emorials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1	: 2 FILER N	IAME				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee n	ame					
6 Amount (\$)	7 Payee a	ddress;	City; State; Z	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories	listed at the top of this	schedule)		utside of Texas. Complete n, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/C		date / Officeho	lder name	I	Office sought		Office held
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;	City; State; 2	Zip Code			
PURPOSE OF EXPENDITURE	Categor	y (See Categories	listed at the top of this	schedule)		tside of Texas. Complete S , TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeho	lder name	I	Office sought		Office held
Date	Payee r	ame					
Amount (\$)	Payee a	ddress;	City; State; 2	Zip Code			
PURPOSE OF EXPENDITURE	Categor	y (See Categories	listed at the top of this	schedule)		tside of Texas. Complete 5 , TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeho	older name		Office sought		Office held
	AT	TACH ADDI	FIONAL COPIES	S OF THIS S	CHEDULE AS NEE	DED	

UNPAID INC	URRED OBLIGATIONS	SCHEDULE F2					
	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/Contract Labo	nse Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F2:	The Instruction Guide explains how to complete this form 2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEN	IZED UNPAID INCURRED OBLIGATIONS	\$					
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address; City; State; Zip Code						
9 TYPE OF EXPENDITURE	Political Non-Political						
10 PURPOSE OF EXPENDITURE		ription check if travel outside of Texas. Complete Schedule T. check if Austin, TX, officeholder living expense					
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held					
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE	Political Non-Political						
PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	SNEEDED					

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Forms provided by Texas Ethics Commission

EXPENDITU	RES MADE BY CREDIT CARD	SCHEDULE F4			
	EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
5 Date	6 Payee name				
7 Amount (\$)	7 Amount (\$) 8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held			
Date	Payee name				
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5	Payee name			
6 Amount (\$) 7	Payee address; City; State; Zip	Code		
8 (a) PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Reimbursement from	Payee address; City; State; Zip	Code		
political contributions intended	Category (See Categories listed at the top of this sche	dule) (b) Description		
PURPOSE OF EXPENDITURE		Check if travel outsid	e of Texas. Complete Schedule T. X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip	Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense	
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				

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OHSCHEDULE H					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense as/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code	9			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code	9			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code	3			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THI				

Forms provided by Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	·
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	dule K:			
2 FILER NAME 3 Filer ID (Ethics Commission F				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State;	Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	liture reported or	e B	Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
6 Dates of travel	5 Dates of travel 7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination	city or	name of destination lo	cation		
10 Means of transportation	ion 1 1	Purpo	ose of travel (including	name of conference, se	eminar, or other event)	
Name of Contributor	/ Corporation or	Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported or	1:				
Schedule A2	Schedul	е В	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				eminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported or	1:				
Schedule A2	Schedul	e B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	ſURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signatur	re of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER olete A & B below <i>only</i> if you are not an officeholder. ••				
	Α.	CAMPAIGN FUNDS				
	Chec	only one:				
		I do not have unexpended contributions or unexpended interest or income earned fro	om political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or tretain this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B. ASSETS					
	Chec	only one:				
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		S	ignature of Candidate			
5		HOLDER Dete this section <i>only</i> if you are an officeholder ··				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Sig	gnature of Officeholder			