	TE / OFFICEHOLDER ON 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Calvin NICKNAME LAST BOYD	MI  SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / POBOX; APT / SUITE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarkett
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 285 1710	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS (MRS) MR FIRST  MS (MRS) MR FIRST  Julie  NICKNAME LAST	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)		CITY; STATE;	78639
8 CAMPAIGN TREASURER PHONE	(830) 285 (604	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
O PERIOD COVERED	Month Day Year  O7 / 01 / 2013  THROUGH	Month Day 12 / 31 /	Year 2,613
1 ELECTION	Month ELECTION DATE Day Year Primary	Runoff G	oneral Special
2 OFFICE	Justice of the Peace Pot	13 OFFICE SOUGHT (IT KNOWN)	esce Pct
	GO TO PAGE	•	

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	alvin F.	304d	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	PATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
1		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3000
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 2334.45
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 179.05
OUTSTANDING LOAN TOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 'OF THE REPORTING PERIOD	\$ 2000
18 AFFIDAVIT	OF TEAS OF TEA	I swear, or affirm, under penalty of pe is true and correct and includes all infi me under Title 15, Election Code.  Signature of Candida	ormation required to be reported by
AFFIX NOTARY STAMP		$\Lambda$ $\Lambda$ $\sim$ .	
day	of <u>Januar</u>		hand and seal of office.
Signature of officer admini	Stering cath	Theresa Gill	Notary Public
.g or omore admini	g valii	Printed name of officer administering oath	Title of officer administering oath

	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS	, , , , , , , , ,	SCHEDULE A
	ne Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
2 FILER NAM	alvin Boyd		3 ACCOUNT# (I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-13-201			(If travel outside	of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_PAC (ID#_P		Amount of contribution (\$)	In-kind contribution description (if applicable)
11-22-2013	1 12 1 TV 28611		ļ	
Principal occu	upation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
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)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
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)
Principal occup	nation / Job title (See Instructions)	Employer (See In:	structions)	Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instru	THIS SCHEDULE A	S NEEDED ional reporting re	equirements.

PLED	GED CONTRIBUTIONS			SCHEDULE B
Т	he Instruction Guide explains how to complete t	his form.	1 Total pages Sc	hedule B:
2 FILER NAM	ME		3 ACCOUNT# (I	Ethics Commission Filers)
<b>4</b> TC	TAL OF UNITEMIZED PLEDGES:	ф ф ф	⇒ ⇒	\$
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:_		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City: State; Zip Cod	de		 
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See I	(If travel outside nstructions)	of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod			
Principal occ	cupation / Job title (See Instructions)	Employer (See Ir	(If travel outside o	of Texas, complete Schedule T)
		Employer (See II	istructions)	
Date	Full name of pledgor out-of-state PAC(ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	e	 	
Principal occ	upation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)
Date	Full course of the last			
24.0	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		1	
Principal occu	pation / Job title (See Instructions)			Texas, complete Schedule T)
		Employer (See In:	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		; ; ;	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
		Employer (See Ins	u ucuons)	
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru	F THIS SCHEDULE A uction guide for additional control of the contr	S NEEDED tional reporting re	equirements.

LOANS				SCHEDULE E
T	he instruction Guide explains how to	complete this form.	1 Total ;	pages Schedule E:
FILER NAME			3 ACCO	UNT # (Ethics Commission File
TO	TAL OF UNITEMIZED LOANS:	D D D D	⇒	\$
Date of loan	7 Name of lender	☐ out-of-state PAC (ID#:	)	9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City; Sta	te; Zip Code		10 Interest rate
Y N				11 Maturity date
Principal occupa	ation / Job title (See Instructions)	13 Employer (See Instruction	ens)	
Description of Co	Dilateral	15 Check if personal funds w	vere deposited	into political account
		<b> </b>		
GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
INFORMATION  not applicable	18 Guarantor address; City;	State; Zip Code		19 Amount Guaranteed (\$)
	146.5			19 Amount Guaranteed (\$)
INFORMATION  not applicable  Principal Occupa	18 Guarantor address; City;	State; Zip Code		19 Amount Guaranteed (\$)  Loan Amount (\$)
INFORMATION  not applicable	18 Guarantor address; City;	State; Zip Code  21 Employer (See Instruction  □ out-of-state PAC (ID#	is)	
not applicable  Principal Occupa  Date of loan  s lender ifinancial institution?	tion (See Instructions)  Name of lender  Lender address; City; State	State; Zip Code  21 Employer (See Instruction  □ out-of-state PAC (ID#	) 	Loan Amount (\$)
not applicable  Principal Occupa  Date of loan  s lender ifinancial institution?	18 Guarantor address; City; tion (See Instructions)  Name of lender	State; Zip Code  21 Employer (See Instruction  □ out-of-state PAC (ID#		Loan Amount (\$) Interest rate
not applicable  Principal Occupa  Date of loan  s lender a financial institution?	tion (See Instructions)  Name of lender  Lender address; City; State	State; Zip Code  21 Employer (See Instruction  out-of-state PAC (ID#		Loan Amount (\$) Interest rate Maturity date
not applicable  Principal Occupa  Date of loan  slender Ifinancial Institution?  N  Principal occupation  escription of Colla Inone  GUARANTOR	tion (See Instructions)  Name of lender  Lender address; City; State	State; Zip Code  21 Employer (See Instruction  out-of-state PAC (ID#		Loan Amount (\$) Interest rate Maturity date
not applicable  Principal Occupa  Date of loan  slender infinancial institution?  N  Principal occupations escription of Colla	tion (See Instructions)  Name of lender  Lender address; City; State  on / Job title (See Instructions)	State; Zip Code  21 Employer (See Instruction  out-of-state PAC (ID#		Loan Amount (\$)  Interest rate  Maturity date

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

Advance to =	EXPENDITURE	CATEGORIES FOR BOX 8	3(a)
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expense
Event Expense Fees	Polling Expense	Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
rees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
47.021.00.00.00		explains how to complete this	form.
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
100	Lavin 1	204	,
4 Date	5 Рауее пате	- 10	
07-05-2013	3 11 5 fact of	Car	
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code	
4 54.00	, 5,3,	io, Zip Code	
Reimbursement from political contributions			
intended			
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descripti	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE			
Date	Payee name		
11-13-2013	Burnet County Payee address; City; State	Kepublican	Party
Amount (\$)	Payee address; City; State	e; Zip Code	40,10
3750	1	•	
Poimbursement from political contributions			
intended			i
PURPOSE	Category (See categories listed at the top or	f this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			(II de et octade di Taxas, complete Schadule I)
	Filing Fee		
Date	Payee name		
12 2 2 .2			
12-3-2013 Amount (\$)	Payee address; City; State	Signs	
# 1452.61	Payee address; City; State	; Zip Code	
h 1	9804 Gray Blu	el	
Reimbursement from political contributions	l l		
intended		78758	
PURPOSE OF	Category (See categories listed at the top of t	this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Campaign Dign	5	Ì
Date	Payee name		
12-11-2013	Super cheap	5 '- c	
Amount (\$)	Payee address; City: State;	Zin Code	
\$ 215.96	9:04 Gray Blud	Zip Code	
Reimbursement from	tool City Diox		
political contributions intended	Austin TX	78758	
PURPOSE OF	Category (See categories listed at the top of the		(If travel outside of Texas, complete Schedule T)
EXPENDITURE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(	Gr Magnets		}
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS N	IEEDED

# POLITICAL EXPENDITURES

### SCHEDULE F

Advertising Funes	EXPENDITURE	CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense	Salaries/Wages/Contract I		n Repayment/Reimbursement
Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Ex	xpense Trai	nsportation Equipment & Related Expense
Event Expense	Polling Expense	Travel In District	Con	tributions/Donations Made By
Fees	Printing Expense	Travel Out Of District Office Overhead/Rental E		Candidate/Officeholder/Political Committee
	- ·	e explains how to comple		HER (enter a category not listed above)
1 Total pages Schedule F:		e explains now to comple	ete this form.	
l rotal pages concadio ( )	2 FILER NAME	1		3 ACCOUNT # (Ethics Commission Filers)
4 Date	( awin look	10		
	5 Payee name	'		
12-23-2013	Lhowes Home	e Contain	( c	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
A	3200 Highway 2	2/		
\$ 190.90			_1	
, 65. 10	marble Falls	TK 7865	54	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Do	escription (If trav	rel outside of Texas, complete Schedule T)
EXPENDITURE	·10 1 == = .	Hendany		, , , , , , , , , , , , , , , , , , , ,
O Consolista Chillian	Advertising Expens	ce		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officenolder name	Off	fice sought	Office held
Date	Payee name			
12-31-4013	Home DePat	_		
Amount (\$)		An. 7:- 0: 1		
***	, , , , , , , , , , , , , , , , , , , ,	te; Zip Code		
1	1367 Morran m	. 112 101	1	
45-98	Marble Folls	T+ 78659	<i>†</i>	
PURPOSE	Category (See categories listed at the top of			
OF		, , , , , , , , , , , , , , , , , , ,	scription (ittrave	el outside of Texas, complete Schedule T)
EXPENDITURE	Advansing Expens	C.		
Complete ONLY if direct	Candidate / Officeholder name	Offi	ice sought	Office held
expenditure to benefit C/O	H 		_	5.11.25 F.O.G
Date	Payee name			
Amount (\$)				
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE	Category (See astronomical line)			
OF	Category (See categories listed at the top of	this schedule) Des	scription (If travel	outside of Texas, complete Schedule T)
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Offic	e sought	0
expenditure to benefit C/OH	1	Onic	e sought	Office held
Date				
Date	Payee name		-	
				ĺ
Amount (\$)	Payee address; City; State;	; Zip Code		
J	-	, ,		
				J
PURPOSE	Category (See categories listed at the top of t	this schedule) Desc	cription (If travel)	outside of Texas, complete Schedule T)
OF EXPENDITURE			, (,, ,,,,,,,,,,,,,,,,,,,,,,,,,,	
				1
Complete ONLY if direct	Candidate / Officeholder name	Office	e sought	Office held
expenditure to benefit C/Oh	i 		_	
	ATTACH ADDITIONAL COP	IES OF THIS SOURCE	LEACHEES-	
		IES OF THIS SCHEDU	FE 42 NEEDE	:D

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

			<u> </u>	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FO Salaries/Wages/Cont Solicitation/Fundraisin Travel In District Travel Out Of Distric Office Overhead/Ren e explains how to co	ract Labor Lo ng Expense Tra Co t tal Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; St	tate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	pp of this schedule) (k	) Description (If tra	avel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If trans	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	f this schedule)	Description (If trave	ol outside of Texas, complete Schedule T)
	Candidate / Officeholder name			i

#### (512) 463-5800

# **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains hov	v to complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 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	(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	(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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

(512) 463-5800

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

# SCHEDULE K

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule	ζ:
2 FILER NAM	ME	3 ACCOUNT # (Ethics C	commission Filers)
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 Co	de	Williams Williams
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co	ode	
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	

P.O. Box 12070

(512) 463-5800

		1 Total pages Schedule T:
The Instructio	n Guide explains how to complete this form.	
FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee	
Contribution / Expenditure	reported on:	
Schedul	le A Schedule B Schedule C Sched	dule D Schedule F Schedule G
Schedul	le H Schedule N COH-UC COH-	T PAC-C PAC-E
Dates of travel 7	Name of person(s) traveling	
8	Departure city or name of departure location	
9	Destination city or name of destination location	
) Means of transportation	11 Purpose of travel (including name of conference	e, seminar, or other event)
Name of Contributor / Corpo	oration or Labor Organization / Pledgor / Payee	
Contribution / Expenditure re	eported on:	
Contribution / Expenditure re		dule D Schedule F Schedule C
·	le A Schedule B Schedule C Sched	
Schedul Schedul	le A Schedule B Schedule C Sched	
Schedul Schedul Dates of travel	le A Schedule B Schedule C Schedule H Schedule N COH-UC COH-	
Schedul Schedul Dates of travel De	le A Schedule B Schedule C Schedule H Schedule N COH-UC COH- ame of person(s) traveling	
Schedul Schedul Dates of travel De	The A Schedule B Schedule C Schedule C Schedule H Schedule N COH-UC COH-  ame of person(s) traveling  Exparture city or name of departure location	T PAC-C PAC-E
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Schedul Schedul Dates of travel De	le A Schedule B Schedule C Schedule C Schedule H Schedule N COH-UC COH- ame of person(s) traveling  eparture city or name of departure location  estination city or name of destination location  Purpose of travel (including name of conference, secondary)  oration or Labor Organization / Pledgor / Payee	T PAC-C PAC-E
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Schedul Schedul Dates of travel  De  De  Means of transportation  Name of Contributor / Corpo  Contribution / Expenditure n	le A Schedule B Schedule C Schedule C COH- le H Schedule N COH-UC COH-UC COH-UC COH- le H Schedule N COH-UC COH-UC COH-UC COH- le H Schedule N COH-UC	PAC-C PAC-E  Seminar, or other event)
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Schedul Schedul Dates of travel  Note Description  Name of Contributor / Corpor  Contribution / Expenditure in Schedule Schedule Dates of travel  Name of Contributor / Corpor	le A Schedule B Schedule C Schedule C COH- le H Schedule N COH-UC COH- lame of person(s) traveling  separture city or name of departure location  Purpose of travel (including name of conference, separtion or Labor Organization / Pledgor / Payee  seported on: le A Schedule B Schedule C Schedule C COH- lame of person(s) traveling	PAC-C PAC-E  Seminar, or other event)

# CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

DESIGNATION	ON OF FINAL REPORT	FORM C/OH - FR
•• (	The Instruction Guide explains how to composite only if "Report Type" on page 1 is ma	plete this form. arked "Final Report" ••
1 C/OH NAME		2 ACCOUNT # (Ethics Commission Filer
SIGNATURE		
	political contributions or political expenditures in connection nates my campaign treasurer appointment. I also understar enditures without a campaign treasurer appointment on file.	
		Signature of Candidate / Officeholder
FILER WHO IS NOT Complete A & B below	AN OFFICEHOLDER  only if you are not an officeholder. ••	
A. CAMPAIGN FU	NDS	
Check only one:		
l do not have unex	pended contributions or unexpended interest or income earn	ned from political contributions.
use. I also unders contributions or un report. Further, I u	contributions or unexpended interest or income earned from nded political contributions or unexpended interest or incom and that I must file an annual report of unexpended contribe expended interest or income earned on political contribution derstand that I must dispose of unexpended political contributions in accordance with the requirements of Election	ne earned on political contributions to personal outions and that I may not retain unexpended ons longer than six years after filing this final
B. ASSETS		
Check only one:		
I do not retain asset	s purchased with political contributions or interest or other in	ncome from political contributions.
	chased with political contributions or interest or other income ets purchased with political contributions or interest or other i d that I must dispose of assets purchased with political contr 4.204.	
		Signature of Candidate
OFFICEHOLDER Complete this section on	ly if you are an officeholder ••	
I am aware that I rema I am also aware that officeholder, I retain po	n subject to filing requirements applicable to an officeholder wh will be required to file reports of unexpended contributions litical contributions, interest or other income from political contributions.	
		Signature of Officeholder