# 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:
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	CASIE	L	Date Received
IVAIVIE	NICKNAME LAST		Date Nacaived
	WILLS	0011 IA	201
	WILLS		12
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING	703 KINCHELDE		
ADDRESS		70	Date Hand-delivered or Postreaded
change of address	BURNET TX	18611	Receipt # Anotot
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	= 1
OFFICEHOLDER PHONE	(512) 755-0607		Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	DEADRA	$\mathcal{N}$	
	NICKNAME LAST	SUFFIX	
	NICKI HERNANI	DEZ	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	1107 E JOHNSON	1	
ADDRESS (residence or business)			
	BURNET T	X 18611	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(512) 755-2235		
PHONE	100 2255		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign
	Salidary 10 Solit day belore election		treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
	<u> </u>	limit	_
10 PERIOD	Month Day Year	Month Day	Year
COVERED	07/01/2011 THROUGH	12/31/	(2011
	0170172011	14/2/	acri
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff G	Seneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	DISTRICT CLERK		
	50 000 000 000 000 000 000 000 000 000		
	COTOBACI	E 2	
	GO TO PAGI	<b>- 4</b>	

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)		TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFICE LOUIS Is
	COMMITTEE TYPE	COMMITTEE NAME	THE TREE NOTICE OF SUCH EXPENDITURES.
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ <b>%</b>
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$
	4. TOTAL F	OLITICAL EXPENDITURES	\$ 449000
CONTRIBUTION BALANCE	5. TOTAL PO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	AY \$ 1356°
OUTSTANDING LOAN TOTALS	6. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	\$ 4490° \$ 1356° \$ 26,000°
8 AFFIDAVIT			
		I swear, or affirm, under penalty of p is true and correct and includes all ir me under Title 15, Election Code.	erjury, that the accompanying report normation required to be reported by
		_ Carellu	ls
AFFIX NOTARY STAMP	SEAL ABOVE	Signature of Candid	pate or Officeholder
	ribed before me	, by the said CASIC Wills	, this the
day	of <u>Ulwwww</u>	, 20 12 , to certify which, witness my	
Signature of officer adminis	tering cath	Printed name of officer administering oath	CHRISTI L. FRAZIER
		a marine or officer auministering oath	My Commission
v.ethics.state.tx.us		gasa gasa	**************************************

1	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A	
Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sc	hedule A:	
2 FILER NAMI	CASIE L. WILLS		3 ACCOUNT # (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)	
	6 Contributor address; City; State; Zip Code				
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	<del> </del>	of Texas, complete Schedule T)	
		,			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	./		į	
			(If travel outside	l of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
Delevine I cons				of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		( <b>,</b>	secondary (ii applicable)	
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)	
- Thicipal occup	validity 300 tille (366 mstructions)	Employer (See Ir	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		,   		
Delm-!	allow A lob Mile (Oct.)			f Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
If co	ATTACH ADDITIONAL COPIES Of pontributor is out-of-state PAC, please see instru			requirements.	

P.O. Box 12070

١	PLEDG	GED CONTRIBUTIONS			SCHEDULE <b>B</b>
	The	e instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule B:
2 F	FILER NAME	CASIE L. WILLS		3 ACCOUNT # (E	thics Commission Filers)
4	тот	TAL OF UNITEMIZED PLEDGES:	<b>⇔</b> ⇔ ⇔	<b>\$</b>	\$
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 Code	,·······	//d toward outstyle	
10 F	Principal occu	upation / Job title (See Instructions)	11 Employer (See In	<del></del>	of Texas, complete Schedule T)
С	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			   
				· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
P	rincipal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	
C	Date	Full name of pledgør out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (If applicable)
	V 171	Pledgor address; City; State; Zip Code			
		1			of Texas, complete Schedule T)
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
C	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (If applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside o	of Texas, complete Schedule T)
P	rincipal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		 	
					f Texas, complete Schedule T)
Pr	rincipal occup	pation / Job title (See Instructions)	Employer (See In	istructions)	
	If c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru			requirements.

LOANS				SCHEDULE E
The	e Instruction Guide explains how to comp	plete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	Casie L. Wills		3 ACCOU	NT # (Ethics Commission Filers)
тот/	AL OF UNITEMIZED LOANS:	<del>+</del> + + + + + + + + + + + + + + + + + +	<b>⇒</b>	\$
5 Date of loan 7 Name of lender out-of-state PAC (ID#:				9 Loan Amount (\$) \$449000
6 Is lender a financial Institution?	a financial 103 kunchelbe			10 Interest rate
Y (N)	Burnet Tx	78611		11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	,	
14 Description of Collateral  ✓ none  15 Check if personal funds were deposited  ✓			deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	•		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zlp Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
is lender a financial institution?	Lender address; City; State; 2	Zip Code		Interest rate
YN				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	L	
Description of Colla	teral	Check if personal funds were d	leposited in	nto political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; Si	tate; Zip Code		
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
lf lend	ATTACH ADDITIONAL COPIES er is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED		iirements.

## **POLITICAL EXPENDITURES**

### SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)  Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement					
Accounting/Banking					
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By	
Event Expense Fees	Polling Expense	Travel Out Of Dis	strict	Candidate/Officeholder/Political Committee	
rees	Printing Expense  The Instruction Guide	Office Overhead/F explains how to		OTHER (enter a category not listed above)  n.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
L	Casie	L WL	us		
7   1   2011	5 Payee name DENTON	H. WILL	s JR		
6 Amount (\$)	7 Payee address; City; Str	ate; Zip Code			
\$329000	\$329000 703 kunchelde Burnet TX 78(ell				
8 PURPOSE	(a) Category (See categories listed at the lop			f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Loan Repaym	ent			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held	
Date	Payee name				
7/20/2011	DENTON H.	WILLS, (	IR		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
\$ 2000	703 Kinch	eloc 7	0.1		
	Burnet		8611		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Loan Repayn	rent	mont	hly baument	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
Date	Payee name	1000-1000-100	8 200-200		
8 20 2011	DENTON H.	WILLS,	JR		
Amount (\$)	Payee address; City; Stat	te; Zip Code			
\$20000	105 Kind	reloc,	ICIALL		
	Powerte		18611		
PURPOSE OF	Category (See categories listed at the top of	if this schedule)		ravel outside of Texas, complete Schedule T)	
EXPENDITURE	Loan Repayme	nt	mont	nly payment	
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder dame		Office sought	Office held	
Date	Payee name	1 12 1			
9/20/2011	DENTON	t. WILLS	,02		
Amount (\$)	Payee address; City; State	e; Zip Code			
\$20000	703 Kun Burn	chelve et TX	78611		
PURPOSE	Category (See categories listed at the top of	this schedule)		avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Loan Repaume	ent	month	ly Daymont	
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this for			
1 Total pages Schedule F:	2 FILER NAME CASIE L. U	VIUS	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 10 20 2011	5 Payee name DENTON H	WILLS NR			
6 Amount (\$)					
\$ 200°°	703 Kunc Burnet	heloe TX 78611			
8 PURPOSE	(a) Category (See categories listed at the top	1	on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Loan Repayme	ent mon			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 1 20 2011	Payee name DENTON	H. WILLS, JR			
Amount (\$)		ate; Zip Code			
\$20000	703 Kinch Burnet	TX 78611			
PURPOSE	PURPOSE Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Loan Kepaym	ent mon	thly payment		
Complete ONLY if direct Candidate / Office holder name Office sought Office held expenditure to benefit C/OH					
Date 12/20  2011					
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$ 2nn2	ws kind	cheroe Talali			
4200	Burne	+ TX 78611			
PURPOSE	Category (See categories listed at the to		on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Loan Repaym	ent mon-			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder/name	Office sou	ught Office held		
Date	Payee name				
Amount (\$)	Payee address; City; St				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office so	ught Office held		
	ATTACH ADDITIONAL (	COPIES OF THIS SCHEDULE	AS NEEDED		

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legai Services Food/Beverage Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travei in District

Loan Repayment/Relmbursement Transportation Equipment & Related Expense

(512) 463-5800

Contributions/Donations Made By

Event Expense Fees	Poiling Expense Travei Out Of Dist Printing Expense Office Overhead/R	
1 663	The instruction Guide explains how to	,
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions Intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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 schedule)	Description (If travel outside of Texas, complete Schedule T)
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 schedule)	Description (If travel outside of Texas, complete Schedule T)
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 schedule)	Description (if travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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

## SCHEDULE H

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consuliting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundrals Travel in District Travel Out Of Distri Office Overhead/Re	tract Labor ing Expense ct	Loan Repayment/Relmb Transportation Equipme Contributions/Donations Candidate/Officehold OTHER (enter a category	nt & Related Expense Made By er/Political Committee
	The instruction Guide	e explains how to c	omplete this for	·m.	
1 Total pages Schedule H:	2 FILER NAME				thics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; S	tate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of Texas, con	nplete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	9	Office sough	ıt	Office heid
Date	Business name				
Amount (\$)	Business address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, con	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	9	Office sough	<u> </u>	Office held
Date	Business name				
Amount (\$)	Business address; City; S	state; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, cor	nplete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	e	Office sough	nt	Office held
Date	Business name				
Amount (\$)	Business address; Clty; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, cor	nplete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Э	Office sough	nt	Office held
	ATTACH ADDITIONAL (	COPIES OF THIS S	CHEDULE AS	NEEDED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel in District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	Tile illettaction cates explains now to	
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 categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

## SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2	FILER NAME		3 ACCOUNT # (Eth	nics Comm	ission 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 Code		a.	
		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 Code			
		Purpose for which amount is received		L	
	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			
	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		<u>.                                    </u>	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-C PAC-E Schedule H Schedule N COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule F Schedule G Schedule A Schedule B Schedule C Schedule D PAC-E COH-UC COH-T PAC-C Schedule H Schedule N Name of person(s) traveling Dates of travei Departure city or name of departure iocation Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Piedgor / Payee Contribution / Expenditure reported on: Schedule C Schedule D Schedule F Schedule G Schedule B Schedule A PAC-C PAC-E COH-UC COH-T Schedule H Schedule N Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Re	
1 C/OI	OH NAME 2 ACC	COUNT # (Ethics Commission Filers)
3 SIG	GNATURE	
repor	o not expect any further political contributions or political expenditures in connection with my candidacy fort as a final report terminates my campaign treasurer appointment. I also understand that I may not ac make any campaign expenditures without a campaign treasurer appointment on file.	-
	Signature of Co	andidate / Officeholder
	LER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ↔	
A.	CAMPAIGN FUNDS	
Ch	theck only one:	
	I do not have unexpended contributions or unexpended interest or income earned from political of	contributions.
	I have unexpended contributions or unexpended interest or income earned from political contribution not convert unexpended political contributions or unexpended interest or income earned on politicuse. I also understand that I must file an annual report of unexpended contributions and that I contributions or unexpended interest or income earned on political contributions longer than s report. Further, I understand that I must dispose of unexpended political contributions and une earned on political contributions in accordance with the requirements of Election Code, § 254.204.	ical contributions to personal may not retain unexpended six years after filing this final expended interest or income
В.	ASSETS	
Che	heck only one:	
	I do not retain assets purchased with political contributions or interest or other income from political	cal contributions.
	I do retain assets purchased with political contributions or interest or other income from political confirmal individual convertassets purchased with political contributions or interest or other income from political. I also understand that I must dispose of assets purchased with political contributions in according Election Code, § 254.204.	ical contributions to personal
	Signatur	re of Candidate
	FICEHOLDER omplete 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 I am also aware that I will be required to file reports of unexpended contributions if, after filing the officeholder, I retain political contributions, interest or other income from political contributions, or associately contributions or interest or other income from political contributions.	ne last required report as an