additional pages

1-800-325-8506 P.O. Box 12070 Austin. Texas 78711-2070 (512) 463-5800 Texas Ethics Commission FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX **NICKNAME** ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: CANDIDATE/ **OFFICEHOLDER** MAILING Date Hand-delivered or Date Postmarked **ADDRESS** Change of Address Amount PHONE NUMBER AREA CODE CANDIDATE/ **OFFICEHOLDER** 155.0601 (511)Date Processed PHONE MS / MRS / MR CAMPAIGN Date Imaged TREASURER NAME SUFFIX NICKNAME CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE **TREASURER** KINCHELDE **ADDRESS** (Residence or Business) BURNET PHONE NUMBER AREA CODE EXTENSION CAMPAIGN TREASURER 8402 PHONE 9 REPORT TYPE 15th day after campaign treasurer 30th day before election Runoff January 15 appointment (officeholder only) 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR) July 15 Day Month 10 PERIOD COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Special Runoff Primary OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 12 OFFICE DISTRICT 14 NOTICE DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. OF DIRECT CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. CAMPAIGN **EXPENDITURE** Name BY OTHER **INDIVIDUALS** Address / PO Box; Apt. / Sulte #; Zlp Code City: State:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SLIDDODT & TOTAL S

FORM C/OH COVER SHEET PG 2

SOFFORT	& IOIAL	.5	OOVER OHEET PO Z
15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional space		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1-100 oc
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEN	NIZED \$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7100
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ Ø
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ 26,000°
19 AFFIDAVIT		is true and correct and includes al me under Title 15, Election Code.	of perjury, that the accompanying report Il information required to be reported by didate or Officeholder
AFFIX NOTARY STAM		me, by the said <u>Casie</u> Wills	, this the
day	of Oct	$n(u \mid u)$	my hand and seal of office.
Signature of officer admir	Yaulu nistering oath	Printed name of officer administering oath	Title of offiger administering oath

Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 P.O. Box 12070 Texas' Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME L. WILLS In-kind contribution 5 Full name of contributor ____ out-of-state PAC (ID#: 7 Amount of 4 Date description (if applicable) CHARLES MCCARVER contribution (\$) 6 Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Date LULISA NANCE contribution (\$) description (if applicable) Contributor address: City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor ut-of-state PAC (ID#: Date contribution (\$) description (if applicable) Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Date

☐ out-of-state PAC (ID#

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sci	nedule A:
2 FILER NAME	CASIE L. WILLS		3 ACCOUNT # (E	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)
9/11/10	6 Contributor address; City; State; Ztp Code PO BOX 1893 MHRBLE FILLS	TX 78091	2050	 - - of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_	J	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/17/10	Contributor address; City; State; Zip Code		10000	
	BURNET TX	1860	(if travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	E	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/1/10	Contributor address; City; State; Zip Code		1489°H	Supplies
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
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		 	
Principal occur	ation / Job title (See Instructions)			of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O		AS NEEDED	requirements.

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule B:
2 FILER NAME	CASIE L. WILLS		3 ACCOUNT # (Et	hics Commission Filers)
4 TOT/	AL OF UNITEMIZED PLEDGES:	\$ \$ \$	⇔ ⇔	\$
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			
			(If traval outside o	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I		richas, complete schedule 1)
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of	In-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code	,		
	6		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Fuil name of piedgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (If applicable)
	Pledgor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See I	L '	of Texas, complete Schedule T)
•		<u> </u>		
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
	Piedgor address; City; State; Zip Code			
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Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
Σ	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		- India Company of the Company of th
If c	ATTACH ADDITIONAL COPIES (ontributor is out-of-state PAC, please see instr			requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	CASIE L. WILLS	ĵ.	3 ACCOU	NT # (Ethics Commission Filers)
4 ТОТА	L OF UNITEMIZED LOANS:	a a a a a	\$	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial	8 Lender address; City; State;	Zip Code		10 Interest rate
Institution?				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	lateral			
none	ato di			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City; State;	Zip Code	8	Interest rate
Institution?				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral			
none				A
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; ZIp Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
if len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NEE truction guide for additional rep		quirements.

POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR B Salaries/Wages/Contract La Solleitation/Fundralsing Exp Travel In District Travel Out Of District Office Overhead/Rental Ex explains how to complet	bor Loan Repayr ense Transportatio Contributions Candidate pense OTHER (ente	nent/Reimbursement in Equipment & Related Expense /Donations Made By i/Officeholder/Political Committee er a category not listed above)
1 Total pages Schedule F:		L. WILLS		OUNT # (Ethics Commission Filers)
4 Date 9:17:2010	5 Payee name			
6 Amount (\$)		te; Zip Code		222
W1.60	E.JAC	KSON BUT	RNET T	(7841l
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	المساوسين	escription (If travel outside	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Off	îce sought	Office held
Date 7.40.2010	Payee name HILL COL	NTRY NAT	TONAL B	ANK
Amount (\$)	Payee address; City; Sta	te; Zip Code		
500		BURN	KT TX	78611
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) De	escription (If travel outside	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Off	fice sought	Office held
Date 8 (0.20)0		JTRY NATT	ONAL BA	HVIC
Amount (\$)	Payee address; City; Sta	te; Zip Code		
500		BURNET		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) D	escription (If travel outsid	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Of	fice sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) D	Description (If travel outsid	le of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Of	ffice sought	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEI	DULE 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 Salarles/Wages/Contract Labor Loan Repayment/Relmbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polition Expense Travel Out Of District Candidate/Officeholder/Political Committee
Event Expense Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
, 555	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME CASIE L. WILLS 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	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	
Date	Payee name
Amount (\$)	Payee address; City; State: Zip Code
Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Oategory (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 SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

				١	
	EXPENDITURE CAT	EGORIES	OR BOX 8(a	,	
	Gift/Awards/Memorials Expense Salar	ries/Wages/Cont	ract Labor	Loan Repayme	nt/Reimbursement
Advertising Expense		itation/Fundralsi	na Expense	Transportation	Equipment & Related Expense
Accounting/Banking	2090. 00	el in District	ng anpones	Contributions/F	Ionations Made By
Consulting Expense	LOOGIDe serado Experios			Candidate/C	Officeholder/Political Committee
Event Expense		el Out Of Distric			a category not listed above)
Fees		e Overhead/Rer			a category not noted above,
	The Instruction Guide expla	ains how to co	mplete this fo	orm.	
Total pages Schedule H:	2 FILER NAME () (C.I.E.)	14/14	16	3 ACCO	UNT # (Ethics Commission File
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Date	5 Business name				
Amount (\$)	7 Business address; City; State;	Zip Code			
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	(a) Category (See categories listed at the top of this	s schedule)	(b) Description	n (If travel outside o	f Texas, complete Schadula T)
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Date	Business name				
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Amount (\$)	Business address; City; State;	Zip Code			
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Complete ONLY if direct expenditure to benefit Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit expenditure to benefit Date Amount (\$)	Candidate / Officeholder name Business name Business address; City; State; Category (See categories listed at the top of the C/OH Business name Business name Business address; City; State;	Zip Code	Office sou	ght on (If travel outside	Office held of Texas, complete Schedule T) Office held
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1-800-325-8506

Austin, Texas 78711-2070

NON-POLITICAL EXPENDITURES SCHEDULE ! MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Advertising Expense Transportation Equipment & Related Expense Solicitation/Fundraising Expense Accounting/Banking Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Food/Beverage Expense Consulting Expense Travel Out Of District Polling Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule I: 2 FILER NAME CASIE L. 4 Date 5 Payee name City; State; Zip Code 7 Payee address; 6 Amount (\$) (b) Description (See instructions regarding type of information required.) (a) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Payee name Date City, State; Zip Code Amount (\$) Payee address; Description (See Instructions regarding type of information required.) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Payee name Date City; State; Zip Code Amount (\$) Payee address; Description (See instructions regarding type of information required.) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Payee name Date City; State; Zip Code Amount (\$) Payee address; Description (See instructions regarding type of information required.) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDIT	rs (optional)	SCHEDULE K
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAME	CASIE L. WILLS	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payor name	8 Amount (\$)
	7 Reason for credit	Amount
Date	Payor name Payor address; City; State; Zip Code	(\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDED FOR TRAVEL OUTSIDE OF TEXAS	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME CAGIE L. WILLS	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	e D Schedule F Schedule G
Schedule H Schedule N COHUC COH-T	PAC-C PAC-E
6 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	
10 Means of transportation 11 Purpose of travel (including name of conference,	seminar, or other event)
<u> </u>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedu	
Schedule H Schedule N COH-UC COH-T	PAC-E PAC-E
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, se	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Name of Contributor / Corporation of Labor Organization / Todge	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Sched	
Schedule H Schedule N COH-UC COH-	T PAC-C PAC-E
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 SCHED	ULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	The Instruction Guide expiains how to co •• Complete only if "Report Type" on page 1 is	marked Final Report
C/OH N	IAME	2 ACCOUNT # (Ethics Commission Filers
SIGNA	ATURE	
report as	expect any further political contributions or political expenditures in connect s a final report terminates my campaign treasurer appointment. I also under any campaign expenditures without a campaign treasurer appointment on	Statio dilact may not appoble any arms are
		Signature of Candidate / Officeholder
FILER	R WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	sk only one:	
	I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.
_	not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, funderstand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of E	tributions and that thay not retain enough this final all contributions and unexpended interest or income
В.	ASSETS	
Chec	ck only one: do not retain assets purchased with political contributions or interest or	other income from political contributions.
F	I do retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political contributions or interest of Election Code, § 254.204.	of the literation bounder commission in
		Signature of Candidate
5 OFFI •• Cor	ICEHOLDER mplete this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an office I am also aware that I will be required to file reports of unexpended conficeholder, I retain political contributions, interest or other income from p	nmoutons II, after litting the last rodal of report as an
	contributions or interest or other income from political contributions.	