

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 / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MRS. CASIE L
 NICKNAME LAST SUFFIX
WILLS

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #: CITY, STATE, ZIP CODE
PO Box 104
BURNET TX 78611

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 755-0607

Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR. DENTON H.
 NICKNAME LAST SUFFIX
WILLS, JR.

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: CITY, STATE, ZIP CODE
703 KINCHELDE
BURNET TX 78611

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 613-8402

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 29 / 2010 **02 / 21 / 2010**

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
03 / 02 / 2010

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISTRICT CLERK

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

FILED THIS 2nd DAY OF Feb. 2010
 Jant Parker
 COUNTY CLERK, BURNET COUNTY, TEXAS
 DEPUTY

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1055⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 13066⁶⁵

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Casie Wills
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Casie Wills, this the 22nd day of February, 20 10, to certify which, witness my hand and seal of office.

Kim Crowder
Signature of officer administering oath

Kim Crowder
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME **CASIE L. WILLS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/18/10

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

7 Amount of contribution (\$)
\$250⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
**5244 FM 3509
BURNET TX 78611**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
2/18/10

Full name of contributor out-of-state PAC (ID# _____)
F.E. BENOIT

Amount of contribution (\$)
\$500⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**290 TURKEY RUN
MEADOWLAKES TX 78054**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/18/10

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

Amount of contribution (\$)
\$150⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**300 MEADOWLAKES DR.
MEADOWLAKES TX 78054**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/18/10

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

Amount of contribution (\$)
\$100⁻

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/18/10

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

Amount of contribution (\$)
\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**1810 HWY 1431
MARBLE FALLS TX**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME **CASIE L WILLS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/18/10

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

7 Amount of contribution (\$)
\$ 30⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
COTTONWOOD SHORES. TX

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
2/1/10

Full name of contributor out-of-state PAC (ID#: _____)
REPUBLICAN PARTY OF TX

Amount of contribution (\$)
\$ 250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1108 LAVACA #500
AUSTIN, TX 78701**

~~\$ 250~~
VOTER VAULT

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See 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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See 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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See 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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

| | |
|--------------|-------------------|
| LOANS | SCHEDULE E |
|--------------|-------------------|

| | |
|---|----------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule E: |
|---|----------------------------------|

| | |
|--|---|
| 2 FILER NAME <i>CASIE L. WILLS</i> | 3 ACCOUNT # (Ethics Commission filers) |
|--|---|

| | |
|---|----|
| 4 TOTAL OF UNITEMIZED LOANS: ↗ ↗ ↗ ↗ ↗ ↗ | \$ |
|---|----|

| | | |
|--------------------------------------|--|---|
| 5 Date of loan <i>2/10</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DENTON H. WILLS JR</i> | 9 Loan Amount (\$) <i>\$10,000⁰⁰</i> |
|--------------------------------------|--|---|

| | | |
|---|---|--|
| 6 Is lender a financial institution? Y N | 8 Lender address; City; State; Zip Code <i>703 KINCHELDE BURNET TX 78011</i> | 10 Interest rate 11 Maturity date <i>n/a</i> |
|---|---|--|

| | |
|---|---------------------------------------|
| 12 Principal occupation / Job title (See Instructions) | 13 Employer (See Instructions) |
|---|---------------------------------------|

14 Description of Collateral
 none

| | | |
|--|--|----------------------------------|
| 15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code | 18 Amount Guaranteed (\$) |
|--|--|----------------------------------|

| | |
|--------------------------------|--------------------|
| 19 Principal Occupation | 20 Employer |
|--------------------------------|--------------------|

| | | |
|--|--|------------------|
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) | Loan Amount (\$) |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

Description of Collateral
 none

| | | |
|---|--|------------------------|
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
|---|--|------------------------|

| | |
|----------------------|----------|
| Principal Occupation | Employer |
|----------------------|----------|

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME **CASIE L. WILLS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/5/10

5 Payee name
CPMS

7 Amount (\$)
\$3000⁰²

6 Payee address; City: State; Zip Code
**PO Box 8144
AUSTIN TX 78713**

8 Purpose of payment (See instructions regarding type of information required.)
CONSULTANT
(If travel outside of Texas, complete Schedule T)

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

Date
2/12/10

Payee name
KBEY 92.5

Amount (\$)
\$2145⁰²

Payee address; City: State; Zip Code
**5526 HWY 281 N
MARBLE FALLS TX 78011**

Purpose of payment (See instructions regarding type of information required.)
ADVERTISING
(If travel outside of Texas, complete Schedule T)

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

Date
2/12/10

Payee name
PATRICK FORTNER

Amount (\$)
\$100⁰³

Payee address; City: State; Zip Code
**PO Box 8144
AUSTIN TX 78713**

Purpose of payment (See instructions regarding type of information required.)
PROF. VOICE
(If travel outside of Texas, complete Schedule T)

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

Date
2/5/10

Payee name
CPMS

Amount (\$)
\$7000⁰²

Payee address; City: State; Zip Code
**PO Box 8144
AUSTIN TX 78713**

Purpose of payment (See instructions regarding type of information required.)
~~ADVERT~~
MAILOUTS, PHONE CALL
(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule G: |
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|---------------|--|--|
| 4 Date | 5 Payee name | 8 Amount (\$) |
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

| | |
|---|--------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule H |
|---|--------------------------|

| | |
|--------------|--|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |
|--------------|--|

| | | |
|--------|---|---------------|
| 4 Date | 5 Business name | 7 Amount (\$) |
| | 6 Business address; City; State; Zip Code | |

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|------|---|-------------|
| Date | Business name | Amount (\$) |
| | Business address; City; State; Zip Code | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|------|---|-------------|
| Date | Business name | Amount (\$) |
| | Business address; City; State; Zip Code | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|------|---|-------------|
| Date | Business name | Amount (\$) |
| | Business address; City; State; Zip Code | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: 2 |
| 2 FILER NAME CASIE L. WILLS | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 2/19/10 | 5 Payee name D&W PRINTING | 7 Amount (\$) \$21.65 |
| 6 Payee address; City; State; Zip Code 228 S. MAIN BURNET TX 78611 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) NAME BADGE <small>(If travel outside of Texas, complete Schedule T)</small> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule I: |
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|---------------|---|----------------------|
| 4 Date | 5 Payee name <hr/> 6 Payee address: City; State; Zip Code <hr/> 7 Purpose of expenditure (See Instructions regarding type of information required.) | 8 Amount (\$) |
|---------------|---|----------------------|

| | | |
|------|--|-------------|
| Date | Payee name <hr/> Payee address: City; State; Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payee name <hr/> Payee address: City; State; Zip Code <hr/> Purpose of expenditure (See Instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payee name <hr/> Payee address: City; State; Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payee name <hr/> Payee address: City; State; Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) |
|------|--|-------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K. |
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|---------------|---|----------------------|
| 4 Date | 5 Payor name <hr style="border-top: 1px dotted black;"/> 6 Payor address; City; State; Zip Code 7 Reason for credit | 8 Amount (\$) |
|---------------|---|----------------------|

| | | |
|------|--|-------------|
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

| | | |
|------|--|-------------|
| Date | Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code Reason for credit | Amount (\$) |
|------|--|-------------|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
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 ACCOUNT # (Ethics Commission filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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) | |

| | | |
|--|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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) | |

| | | |
|--|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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 FORM 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 NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating 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.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from 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 longer than six years after filing 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

Check 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.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* 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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder