# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

**1 ACCOUNT #**
(Ethics Commission Filers)

**2 Total pages filed:**

**OFFICE USE ONLY**

- **Date Received**
- **Date Hand-delivered or Postmarked**
- **Date Processed**
- **Date Imaged**

**3 CANDIDATE / OFFICEHOLDER NAME**

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICKNAME</td>
<td>LAST</td>
<td>SUFFIX</td>
</tr>
</tbody>
</table>

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

- **ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE**
- **□ change of address**

**5 CANDIDATE / OFFICEHOLDER PHONE**

<table>
<thead>
<tr>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**6 CAMPAIGN TREASURER NAME**

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICKNAME</td>
<td>LAST</td>
<td>SUFFIX</td>
</tr>
</tbody>
</table>

**7 CAMPAIGN TREASURER ADDRESS**
(residence or business)

| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE |

**8 CAMPAIGN TREASURER PHONE**

<table>
<thead>
<tr>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THROUGH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**11 ELECTION**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ELECTION DATE</th>
<th>ELECTION TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTH</td>
<td>DAY</td>
</tr>
</tbody>
</table>

**12 OFFICE**

<table>
<thead>
<tr>
<th>OFFICE HELD (if any)</th>
</tr>
</thead>
</table>

**13 OFFICE SOUGHT (if known)**

GO TO PAGE 2

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Revised 07/28/2014
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

<table>
<thead>
<tr>
<th>14 C/OH NAME</th>
<th>15 ACCOUNT # (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

16 NOTICE FROM POLITICAL COMMITTEE(S)

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL</td>
<td></td>
</tr>
<tr>
<td>SPECIFIC</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE CAMPAIGN TREASURER ADDRESS</th>
</tr>
</thead>
</table>

17 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)

3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED

4. TOTAL POLITICAL EXPENDITURES

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

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

18 AFFIDAVIT

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ____________________________, this the _________ day of ____________________, 20 ________, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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**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**

3. **ACCOUNT #** (Ethics Commission Filers)

4. **Date**

5. **Full name of contributor**  
   - out-of-state PAC (ID#:_________________________)

6. **Contributor address; City; State; Zip Code**

7. **Amount of contribution ($)**

8. **In-kind contribution description (if applicable)**

9. **Principal occupation / Job title (See Instructions)**

10. **Employer (See Instructions)**

---

(If travel outside of Texas, complete Schedule T)

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

---

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# Pledged Contributions Schedule B

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1 Total pages Schedule B:</th>
<th>2 FILER NAME</th>
</tr>
</thead>
</table>

| 3 ACCOUNT # (Ethics Commission Filers) |

<table>
<thead>
<tr>
<th>4 TOTAL OF UNITEMIZED PLEDGES:</th>
<th>5 Date</th>
<th>6 Full name of pledgor</th>
<th>7 Pledgor address; City; State; Zip Code</th>
<th>8 Amount of pledge ($)</th>
<th>9 In-kind description (if applicable)</th>
</tr>
</thead>
</table>

(If travel outside of Texas, complete Schedule T)

<table>
<thead>
<tr>
<th>Principal occupation / Job title (See Instructions)</th>
<th>Employer (See Instructions)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10 Principal occupation / Job title (See Instructions)</th>
<th>11 Employer (See Instructions)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of pledgor</th>
<th>7 Pledgor address; City; State; Zip Code</th>
<th>Amount of pledge ($)</th>
<th>In-kind description (if applicable)</th>
</tr>
</thead>
</table>

(If travel outside of Texas, complete Schedule T)

<table>
<thead>
<tr>
<th>Principal occupation / Job title (See Instructions)</th>
<th>Employer (See Instructions)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of pledgor</th>
<th>7 Pledgor address; City; State; Zip Code</th>
<th>Amount of pledge ($)</th>
<th>In-kind description (if applicable)</th>
</tr>
</thead>
</table>

(If travel outside of Texas, complete Schedule T)

<table>
<thead>
<tr>
<th>Principal occupation / Job title (See Instructions)</th>
<th>Employer (See Instructions)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of pledgor</th>
<th>7 Pledgor address; City; State; Zip Code</th>
<th>Amount of pledge ($)</th>
<th>In-kind description (if applicable)</th>
</tr>
</thead>
</table>

(If travel outside of Texas, complete Schedule T)

<table>
<thead>
<tr>
<th>Principal occupation / Job title (See Instructions)</th>
<th>Employer (See Instructions)</th>
</tr>
</thead>
</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 07/28/2014
# SCHEDULE E

**LOANS**

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule E:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>ACCOUNT # (Ethics Commission Filers)</td>
</tr>
<tr>
<td>4</td>
<td>TOTAL OF UNITEMIZED LOANS: $</td>
</tr>
<tr>
<td>5</td>
<td>Date of loan</td>
</tr>
<tr>
<td>7</td>
<td>Name of lender</td>
</tr>
<tr>
<td>8</td>
<td>Lender address; City; State; Zip Code</td>
</tr>
<tr>
<td>9</td>
<td>Loan Amount ($)</td>
</tr>
<tr>
<td>10</td>
<td>Interest rate</td>
</tr>
<tr>
<td>11</td>
<td>Maturity date</td>
</tr>
<tr>
<td>12</td>
<td>Principal occupation / Job title (See Instructions)</td>
</tr>
<tr>
<td>13</td>
<td>Employer (See Instructions)</td>
</tr>
<tr>
<td>14</td>
<td>Description of Collateral</td>
</tr>
<tr>
<td>15</td>
<td>Check if personal funds were deposited into political account</td>
</tr>
<tr>
<td>16</td>
<td>GUARANTOR INFORMATION</td>
</tr>
<tr>
<td>17</td>
<td>Name of guarantor</td>
</tr>
<tr>
<td>18</td>
<td>Guarantor address; City; State; Zip Code</td>
</tr>
<tr>
<td>19</td>
<td>Amount Guaranteed ($)</td>
</tr>
<tr>
<td>20</td>
<td>Principal Occupation (See Instructions)</td>
</tr>
<tr>
<td>21</td>
<td>Employer (See Instructions)</td>
</tr>
</tbody>
</table>

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.
## SCHEDULE F

**POLITICAL EXPENDITURES**

### 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/Fundraising 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.

### Columns

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule F:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>FILER NAME</td>
</tr>
<tr>
<td>3</td>
<td>ACCOUNT # (Ethics Commission Filers)</td>
</tr>
<tr>
<td>4</td>
<td>Date</td>
</tr>
<tr>
<td>5</td>
<td>Payee name</td>
</tr>
<tr>
<td>6</td>
<td>Amount ($)</td>
</tr>
<tr>
<td>7</td>
<td>Payee address; City; State; Zip Code</td>
</tr>
<tr>
<td>8</td>
<td>PURPOSE OF EXPENDITURE</td>
</tr>
<tr>
<td>9</td>
<td>Complete ONLY if direct expenditure to benefit C/OH</td>
</tr>
<tr>
<td>10</td>
<td>Candidate / Officeholder name</td>
</tr>
<tr>
<td>11</td>
<td>Office sought</td>
</tr>
<tr>
<td>12</td>
<td>Office held</td>
</tr>
<tr>
<td>13</td>
<td>Date</td>
</tr>
<tr>
<td>14</td>
<td>Payee name</td>
</tr>
<tr>
<td>15</td>
<td>Amount ($)</td>
</tr>
<tr>
<td>16</td>
<td>Payee address; City; State; Zip Code</td>
</tr>
<tr>
<td>17</td>
<td>PURPOSE OF EXPENDITURE</td>
</tr>
<tr>
<td>18</td>
<td>Complete ONLY if direct expenditure to benefit C/OH</td>
</tr>
<tr>
<td>19</td>
<td>Candidate / Officeholder name</td>
</tr>
<tr>
<td>20</td>
<td>Office sought</td>
</tr>
<tr>
<td>21</td>
<td>Office held</td>
</tr>
<tr>
<td>22</td>
<td>Date</td>
</tr>
<tr>
<td>23</td>
<td>Payee name</td>
</tr>
<tr>
<td>24</td>
<td>Amount ($)</td>
</tr>
<tr>
<td>25</td>
<td>Payee address; City; State; Zip Code</td>
</tr>
<tr>
<td>26</td>
<td>PURPOSE OF EXPENDITURE</td>
</tr>
<tr>
<td>27</td>
<td>Complete ONLY if direct expenditure to benefit C/OH</td>
</tr>
<tr>
<td>28</td>
<td>Candidate / Officeholder name</td>
</tr>
<tr>
<td>29</td>
<td>Office sought</td>
</tr>
<tr>
<td>30</td>
<td>Office held</td>
</tr>
</tbody>
</table>

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURPOSE OF EXPENDITURE**

- (a) Category (See categories listed at the top of this schedule)
- (b) Description (If travel outside of Texas, complete Schedule T)

- Check if Austin, TX, officeholder living expense

**Description**

- (If travel outside of Texas, complete Schedule T)

- Check if Austin, TX, officeholder living expense

**Category**

- (See categories listed at the top of this schedule)

- Check if Austin, TX, officeholder living expense

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# Political Expenditures Made from Personal Funds

## Schedule G

### 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/Fundraising 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)

### Instructions
- **FILER NAME**
- **ACCOUNT #** (Ethics Commission Filers)

### Columns
1. **Date**
2. **Payee name**
3. **Amount ($)**
4. **Payee address; City; State; Zip Code**
5. **Category** (See categories listed at the top of this schedule)
6. **Description** (If travel outside of Texas, complete Schedule T)
7. **CHECK IF Austin, TX, officeholder living expense**

### Purpose of Expenditure

#### Purpose of Expenditure

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Amount ($)</th>
<th>Purpose of Expenditure</th>
<th>Description (If travel outside of Texas, complete Schedule T)</th>
<th>Check if Austin, TX, officeholder living expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**The Instruction Guide explains how to complete this form.**

**Attach additional copies of this schedule as needed.**
# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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/Fundraising 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)

### Instructions
- The Instruction Guide explains how to complete this form.
- 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/Fundraising 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)

### Form Fields
1. **Total pages Schedule H:**
2. **Filer Name:**
3. **Account # (Ethics Commission Filers):**
4. **Date:**
5. **Business name:**
6. **Amount ($):**
7. **Business address; City; State; Zip Code:**
8. **Purpose of Expenditure:**
   - **Category:** (See categories listed at the top of this schedule)
   - **Description:** (If travel outside of Texas, complete Schedule T)
   - Check if Austin, TX, officeholder living expense
9. **Complete ONLY if direct expenditure to benefit C/OH**
   - **Candidate / Officeholder name:**
   - **Office sought:**
   - **Office held:**
10. **Date:**
11. **Business name:**
12. **Amount ($):**
13. **Business address; City; State; Zip Code:**
14. **Purpose of Expenditure:**
   - **Category:** (See categories listed at the top of this schedule)
   - **Description:** (If travel outside of Texas, complete Schedule T)
   - Check if Austin, TX, officeholder living expense
15. **Complete ONLY if direct expenditure to benefit C/OH**
   - **Candidate / Officeholder name:**
   - **Office sought:**
   - **Office held:**
16. **Date:**
17. **Business name:**
18. **Amount ($):**
19. **Business address; City; State; Zip Code:**
20. **Purpose of Expenditure:**
   - **Category:** (See categories listed at the top of this schedule)
   - **Description:** (If travel outside of Texas, complete Schedule T)
   - Check if Austin, TX, officeholder living expense
21. **Complete ONLY if direct expenditure to benefit C/OH**
   - **Candidate / Officeholder name:**
   - **Office sought:**
   - **Office held:**

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The Instruction Guide explains how to complete this form.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Total pages Schedule I:</td>
<td><strong>2</strong> FILER NAME</td>
<td><strong>3</strong> ACCOUNT # (Ethics Commission Filers)</td>
</tr>
<tr>
<td><strong>4</strong> Date</td>
<td><strong>5</strong> Payee name</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Amount ($)</td>
<td><strong>7</strong> Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> <strong>PURPOSE OF EXPENDITURE</strong></td>
<td>(a) Category (See instructions for examples of acceptable categories)</td>
<td>(b) Description (See instructions regarding type of information required.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount ($)</td>
<td>Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td><strong>PURPOSE OF EXPENDITURE</strong></td>
<td>(a) Category (See instructions for examples of acceptable categories)</td>
<td>(b) Description (See instructions regarding type of information required.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount ($)</td>
<td>Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td><strong>PURPOSE OF EXPENDITURE</strong></td>
<td>(a) Category (See instructions for examples of acceptable categories)</td>
<td>(b) Description (See instructions regarding type of information required.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount ($)</td>
<td>Payee address; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td><strong>PURPOSE OF EXPENDITURE</strong></td>
<td>(a) Category (See instructions for examples of acceptable categories)</td>
<td>(b) Description (See instructions regarding type of information required.)</td>
</tr>
</tbody>
</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
### Interest Earned, Other Credits/Gains/Refunds, and Purchase of Investments

**Schedule K**

The Instruction Guide explains how to complete this form.

<table>
<thead>
<tr>
<th>#</th>
<th>FILER NAME</th>
<th>ACCOUNT # (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of person from whom amount is received</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Address of person from whom amount is received; City; State; Zip Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Purpose for which amount is received</td>
<td></td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS

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:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- 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)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A
- Schedule B
- Schedule C
- Schedule D
- Schedule F
- Schedule G
- Schedule H
- Schedule N
- COH-UC
- COH-T
- PAC-C
- PAC-E

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Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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](signature)

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](signature)

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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

![Signature of Officeholder](signature)