

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**4158** FORM C/OH  
COVER SHEET PG 1

|  |   |  |  |
|--|---|--|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form.                                       |   | 1 ACCOUNT #<br>(Ethics Commission filers)  | 2 Total pages filed:                               |
| 3 CANDIDATE / OFFICEHOLDER NAME  | TITLE FIRST MI<br>Dana L.<br>NICKNAME LAST SUFFIX<br>DeBeauvoir   | OFFICE USE ONLY<br>Date Received: <b>OCT 5 4 28 PM '98</b><br>TARRANT COUNTY CLERK<br>TARRANT COUNTY TEXAS<br><b>FILED</b>                                     |  |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS<br><br><input type="checkbox"/> Change of Address                 | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3715 Robinson Ave<br>Austin, Tx 78722   |  |  |
| 5 CAMPAIGN TREASURER NAME  | TITLE FIRST MI<br>Mina<br>NICKNAME LAST SUFFIX<br>Clark   | Receipt #  | HD / PM<br>Amount<br>Date Processed<br>Date Imaged |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>620 Congress Ave<br>Austin, Tx 78701   |  |  |
| 7 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(512) 495-9791  |  |  |
| 8 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |  |
| 9 PERIOD COVERED   | Month Day Year    THROUGH    Month Day Year<br>07/01/98    THROUGH    09/24/98  |  |  |
| 10 ELECTION  | ELECTION DATE<br>Month Day Year<br>11/03/98   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| 11 OFFICE  | OFFICE HELD (if any)<br>County Clerk  | 12 OFFICE SOUGHT (if known)  |  |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | ** 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. **<br>Name<br>Address / PO Box; Apt / Suite #; City; State; Zip Code   |  |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS

FROM THE COVER SHEET PG 2

14 C/OH NAME Dana DeBeauvoir

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)  
  
 additional pages

-- This listing includes political expenditures 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                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                    |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

OUTSTANDING LOAN 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)                                  | \$ 3950.00 |
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$         |
| 4. TOTAL POLITICAL EXPENDITURES   | \$ 3180.59 |
| 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD.                        | \$         |

19 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.



Dana DeBeauvoir  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dana DeBeauvoir this the 5 day of October 19 98 to certify which, witness my hand and seal of office.

Mary M Vallejo Signature of officer administering oath  
Mary m Vallejo Print name of officer administering oath  
Notary 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: <b>5</b>             |  |
| 2 FILER NAME<br><b>Dana DeBeauvoir</b>  |   | 3 ACCOUNT # (Ethics Commission filers)         |  |
| 4 Date<br><b>8/12/98</b>  | 5 Full name of contributor <input type="checkbox"/> out of state PAC<br><b>Paige Garrison</b>   | 7 Amount of contribution (\$)<br><b>500.00</b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>104 Coolidge Hill Rd. #5<br/>Watertown, MA 02172</b> |   |  |  |
| 9 Principal occupation<br><b>Insurance</b>  |   | 10 Employer (optional)                         |  |
| Date<br><b>8/13/98</b>  | Full name of contributor <input type="checkbox"/> out of state PAC<br><b>Minton Y Burton PC</b> | Amount of contribution (\$)<br><b>500.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1100 Guadalupe<br/>Austin, TX 78701</b>                |   |  |  |
| Principal occupation<br><b>Attorney</b>   |   | Employer (optional)                            |  |
| Date<br><b>8/13/98</b>  | Full name of contributor <input type="checkbox"/> out of state PAC<br><b>Nickey Blissit</b>     | Amount of contribution (\$)<br><b>1000.00</b>  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1515 Cap. of Tx Hwy 50<br/>Austin, TX 78746</b>        |   |  |  |
| Principal occupation<br><b>Title Company</b>  |   | Employer (optional)                            |  |
| Date<br><b>8/14/98</b>  | Full name of contributor <input type="checkbox"/> out of state PAC<br><b>Nicki Tyler</b>        | Amount of contribution (\$)<br><b>300.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1705 Bay Hill Dr. Austin TX 78746</b>                  |   |  |  |
| Principal occupation<br><b>Stewart Title</b>  |   | Employer (optional)                            |  |
| Date<br><b>8/14/98</b>  | Full name of contributor <input type="checkbox"/> out of state PAC<br><b>Cathy Conway</b>       | Amount of contribution (\$)<br><b>300.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>6402 Weatherwood Cove<br/>Austin, TX 78746</b>         |   |  |  |
| Principal occupation<br><b>Stewart Title</b>  |   | Employer (optional)                            |  |

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 FILER NAME

Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/14/98

5 Full name of contributor

Dale Johnson

 out of state PAC

6 Contributor address; City; State; Zip Code

903 Nueces Austin Tx 78701

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

9 Principal occupation

title company

10 Employer (optional)

Date

8/14/98

Full name of contributor

William S. Pratt

 out of state PAC

Contributor address; City; State; Zip Code

P.O. Box 886 Dripping Springs, Tx  
78620

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation

title company

Employer (optional)

Date

8/14/98

Full name of contributor

Cheryl Petersen

 out of state PAC

Contributor address; City; State; Zip Code

11710 Norwegian Wood  
Austin, Tx 78758

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation

title company

Employer (optional)

Date

8/14/98

Full name of contributor

Jim Garrison

 out of state PAC

Contributor address; City; State; Zip Code

P.O. Box 296 Spicewood, Tx  
78669

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Principal occupation

title company

Employer (optional)

Date

8/14/98

Full name of contributor

Pam Bergquist

 out of state PAC

Contributor address; City; State; Zip Code

4301 Molokai  
Austin, Tx 78749

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation

title company

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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<br><i>Dana DeBeauvoir</i>   |  | 3 ACCOUNT # (Ethics Commission files)         |  |
| 4 Date<br><i>8/14/98</i>   | 5 Full name of contributor<br><i>Judy Honeycutt</i><br><input type="checkbox"/> out of state PAC   | 7 Amount of contribution (\$)<br><i>50.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>11803 Three Oaks Trail<br/>Austin, TX 78759</i> |  |   |  |
| 9 Principal occupation<br><i>title company</i>   |  | 10 Employer (optional)                        |  |
| Date<br><i>8/14/98</i>   | Full name of contributor<br><i>Heather Farnsworth</i><br><input type="checkbox"/> out of state PAC | Amount of contribution (\$)<br><i>10.00</i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>3300 Parker Ln. #350<br/>Austin, TX 78741</i>     |  |   |  |
| Principal occupation<br><i>title company</i>   |  | Employer (optional)                           |  |
| Date<br><i>8/14/98</i>   | Full name of contributor<br><i>P. P. Gutierrez</i><br><input type="checkbox"/> out of state PAC    | Amount of contribution (\$)<br><i>10.00</i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>1141 Shady Lane<br/>Austin TX 78721</i>           |  |   |  |
| Principal occupation<br><i>title company</i>   |  | Employer (optional)                           |  |
| Date<br><i>8/14/98</i>   | Full name of contributor<br><i>Phyllis Burdine</i><br><input type="checkbox"/> out of state PAC    | Amount of contribution (\$)<br><i>15.00</i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>2200 San Juan Dr.<br/>Austin TX 78733</i>         |  |   |  |
| Principal occupation<br><i>title company</i>   |  | Employer (optional)                           |  |
| Date<br><i>8/14/98</i>   | Full name of contributor<br><i>Maria Clunk</i><br><input type="checkbox"/> out of state PAC        | Amount of contribution (\$)<br><i>25.00</i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>16204 Crystal Hills Dr.<br/>Austin, TX 78737</i>  |  |   |  |
| Principal occupation<br><i>title company</i>   |  | Employer (optional)                           |  |

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 FILER NAME<br><i>Dana DeBeauvoir</i>   |   | 3 ACCOUNT # (Ethics Commission Mers)          |  |
| 4 Date<br><i>8/17/98</i>   | 5 Full name of contributor<br><i>Michelle Gonzales</i><br><input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$)<br><i>25.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>2907 Inridge Dr.<br/>Austin, TX 78745</i>     |   |   |  |
| 9 Principal occupation<br><i>title company</i>   |   | 10 Employer (optional)                        |  |
| Date<br><i>8/17/98</i>   | Full name of contributor<br><i>Estella Galan</i><br><input type="checkbox"/> out of state PAC       | Amount of contribution (\$)<br><i>25.00</i>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>4009 Victory Dr. #D209<br/>Austin, TX 78704</i> |   |   |  |
| Principal occupation<br><i>title company</i>   |   | Employer (optional)                           |  |
| Date<br><i>8/17/98</i>   | Full name of contributor<br><i>Kathy Arcens</i><br><input type="checkbox"/> out of state PAC        | Amount of contribution (\$)<br><i>100.00</i>  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>7920 Rockwood Ln. #136<br/>Austin, TX 78757</i> |   |   |  |
| Principal occupation<br><i>title company</i>   |   | Employer (optional)                           |  |
| Date<br><i>8/17/98</i>   | Full name of contributor<br><i>Laura Ann Raymond</i><br><input type="checkbox"/> out of state PAC   | Amount of contribution (\$)<br><i>100.00</i>  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>8205 Yaupon Dr.<br/>Austin, TX 78759</i>        |   |   |  |
| Principal occupation<br><i>title company</i>   |   | Employer (optional)                           |  |
| Date<br><i>8/13/98</i>   | Full name of contributor<br><i>Annette Lovoi</i><br><input type="checkbox"/> out of state PAC       | Amount of contribution (\$)<br><i>100.00</i>  | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>2810 Townes Ln.<br/>Austin, TX 78703</i>        |   |   |  |
| Principal occupation<br><i>consultant</i>  |   | Employer (optional)                           |  |

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 FILER NAME *Dana DeBeauvoir*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

*8/14/98*

*Carolyn Stegall*

6 Contributor address; City; State; Zip Code

*4716 Duval Rd. #E 18  
Austin, TX 78727*

*50.00*

9 Principal occupation

*title company*

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*9/17/98*

*Mina Brees-Clark*

Contributor address; City; State; Zip Code

*45 Sundown Pkwy.  
Austin, TX 78746*

*100.00*

Principal occupation

*attorney*

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*9/16/98*

*Jaquelyn Nelson*

Contributor address; City; State; Zip Code

*6141 Mordred Ln,  
Austin, TX 78739*

*50.00*

Principal occupation

*consultant*

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*9/16/98*

*Amy Brees*

Contributor address; City; State; Zip Code

*3009 Chatelaine  
Austin, TX 78746*

*100.00*

Principal occupation

*consultant*

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

*9/23/98*

*Irwin Spear*

Contributor address; City; State; Zip Code

*2615 Pecos  
Austin, TX 78703*

*50.00*

Principal occupation

*retired*

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor 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: 3

2 FILER NAME Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7/28/98

Bob Trautman

6 Payee address; City; State; Zip Code

P.O. Box 1748  
Austin, TX 78767

79.10

8 Purpose of expenditure

reimbursement-travel expense

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/14/98

South Austin Democrats

Payee address; City; State; Zip Code

3100 Catalina Dr.  
Austin, Tx 78741

50.00

Purpose of expenditure

Yeller Dawg Award

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/20/98

Travis County Democratic Party

Payee address; City; State; Zip Code

1311 E. 6th Street  
Austin, Tx 78702

2500.00

Purpose of expenditure

coordinated campaign

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

8/24/98

AFL-CIO

Payee address; City; State; Zip Code

1106 Lavaca  
Austin, Tx 78701

105.00

Purpose of expenditure

Labor Day Program ad

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / 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 FILER NAME <i>Dana DeBeauvoir</i>  |   | 3 ACCOUNT # (Ethics Commission files)  |
| 4 Date<br><i>8/24/98</i>   | 5 Payee name<br><i>Austin Board of Realtors</i>         | 7 Amount (\$)<br><i>20.00</i>  |
| 6 Payee address; City; State; Zip Code<br><i>4106 Medical Parkway<br/>Austin, TX 78756</i> |   |  |
| 8 Purpose of expenditure<br><i>ABOR PAC event ticket</i>                                   |   | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / held |
| Date<br><i>9/2/98</i>  | Payee name<br><i>Capital Area Progressive Democrats</i> | Amount (\$)<br><i>50.00</i>  |
| Payee address; City; State; Zip Code<br><i>P.O. Box 2608<br/>Austin, TX 78768</i>          |   |  |
| Purpose of expenditure<br><i>event sponsor</i>   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / held   |
| Date<br><i>9/2/98</i>  | Payee name<br><i>TARAL</i>                              | Amount (\$)<br><i>125.00</i>   |
| Payee address; City; State; Zip Code<br><i>P.O. Box 684602<br/>Austin, TX 78768</i>        |   |  |
| Purpose of expenditure<br><i>event sponsor</i>   |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / held   |
| Date<br><i>9/4/98</i>  | Payee name<br><i>U.S. Postmaster</i>                    | Amount (\$)<br><i>32.00</i>  |
| Payee address; City; State; Zip Code<br><i>217 W. 9th Street<br/>Austin, TX 78701</i>      |   |  |
| Purpose of expenditure<br><i>Stamps</i>  |   | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought / 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 FILER NAME

Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount  
(\$)

9/23/98

CheckMark Typesetting

6 Payee address; City; State; Zip Code  
3217 No. IH35  
Austin, TX 78722

19.49

8 Purpose of expenditure

ad

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

9/24/98

Women's Advocacy Project

6 Payee address; City; State; Zip Code  
P.O. Box 833  
Austin, TX 78767

100.00

Purpose of expenditure

event sponsor

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

9/28/98

Universal Publishers

6 Payee address; City; State; Zip Code  
P.O. Box 4457  
Austin, TX 78765

100.00

Purpose of expenditure

ad

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$)

6 Payee address; City; State; Zip Code

Purpose of expenditure

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name

Office sought / 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               |               |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

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                           | 8 Amount (\$) |
|        | 6 Payee address; City; State; Zip Code |               |
|        | 7 Purpose of expenditure               |               |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |
|      | Purpose of expenditure               |             |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.  
 -- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission file)

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 a candidate --

**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.

\_\_\_\_\_  
Signature of Officeholder

## LOANS

## SCHEDULE E

|   |   |  |    |
|---|---|--|----|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 Total pages Schedule E:              |    |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission filers) |    |
| 4 TOTAL OF UNITEMIZED LOANS:                   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒  |   |  | \$ |
| 5 Date of loan  | 7 Name of lender<br><input type="checkbox"/> out of state PAC | 9 Loan Amount (\$)                     |    |
| 6 Is lender a financial institution?<br><br>Y           N   | 8 Lender address;   City;   State;   Zip Code                 | 10 Interest rate                       |    |
|   |   | 11 Maturity date                       |    |
| 12 Description of Collateral<br><input type="checkbox"/> none   |   |  |    |
| 13 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable   | 14 Name of guarantor  | 16 Amount Guaranteed (\$)              |    |
|   | 15 Guarantor address;   City;   State;   Zip Code             |  |    |
| 17 Principal Occupation   |   | 18 Employer                            |    |
| Date of loan  | Name of lender<br><input type="checkbox"/> out of state PAC   | Loan Amount (\$)                       |    |
| Is lender a financial institution?<br><br>Y           N   | Lender address;   City;   State;   Zip Code                   | Interest rate                          |    |
|   |   | Maturity date                          |    |
| Description of Collateral<br><input type="checkbox"/> none  |   |  |    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable  | Name of guarantor   | Amount Guaranteed (\$)                 |    |
|   | Guarantor address;   City;   State;   Zip Code                |  |    |
| Principal Occupation  |   | Employer                               |    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |  |    |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |   |  |  |
|---|---|--|--|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.      |   | <b>1</b> Total pages Schedule B:             |  |
| <b>2</b> FILER NAME   |   | <b>3</b> ACCOUNT # (Ethics Commission files) |  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$ |   |  |  |
| <b>5</b> Date   | <b>6</b> Full name of pledgor <input type="checkbox"/> out of state PAC | <b>8</b> Amount of pledge (\$)               | <b>9</b> In-kind description (if applicable) |
| <b>7</b> Pledgor address;      City; State; Zip Code                  |   |  |  |
| <b>10</b> Principal occupation  |   | <b>11</b> Employer (optional)                |  |
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)                        | In-kind description (if applicable)          |
| Pledgor address;      City; State; Zip Code                           |   |  |  |
| Principal occupation  |   | Employer (optional)                          |  |
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)                        | In-kind description (if applicable)          |
| Pledgor address;      City; State; Zip Code                           |   |  |  |
| Principal occupation  |   | Employer (optional)                          |  |
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)                        | In-kind description (if applicable)          |
| Pledgor address;      City; State; Zip Code                           |   |  |  |
| Principal occupation  |   | Employer (optional)                          |  |
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)                        | In-kind description (if applicable)          |
| Pledgor address;      City; State; Zip Code                           |   |  |  |
| Principal occupation  |   | Employer (optional)                          |  |
| Date  | Full name of pledgor <input type="checkbox"/> out of state PAC          | Amount of pledge (\$)                        | In-kind description (if applicable)          |
| Pledgor address;      City; State; Zip Code                           |   |  |  |
| Principal occupation  |   | Employer (optional)                          |  |

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