

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4253

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	TITLE	FIRST	MI	OFFICE USE ONLY Date Received: NOV 15 3 28 PM '99 FILED			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;			APT. / SUITE #;	CITY;
			STATE;			ZIP CODE	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #			
	NICKNAME	LAST	SUFFIX	HD / PM	Amount		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);		APT. / SUITE #;	CITY;		
		STATE;		ZIP CODE			
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION			
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <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	Month		
10 ELECTION		ELECTION DATE		ELECTION TYPE			
		Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)			
		Travis County Clerk		same			
13 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					
		<input type="checkbox"/> additional pages					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dana DeBeauvoir

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** 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

additional pages

17 NO REPORTABLE ACTIVITY

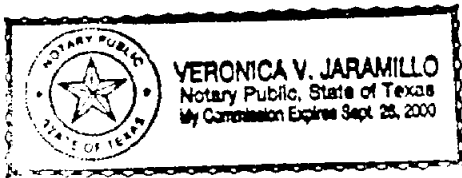
Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION TOTALS

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)	\$ 1650.00
EXPENDITURE TOTALS	
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 2294.00
OUTSTANDING LOAN TOTALS	
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 De Beauvoir, this the 15TH day of January, 19 99, to certify which, witness my hand and seal of office.

Wm V. Jara
Signature of officer administering oath Print name of officer administering oath 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 <i>Dana DeBeauvoir</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/20/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Armbrust, Brown & Davis LLP</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>100 Congress Ave 13th Floor Austin, TX 78701</i>			
9 Principal occupation <i>attorney</i>		10 Employer (optional)	
Date <i>10/23/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Kristy Ozmen</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>3702 Green Trails 20, Austin, TX 78731</i>			
Principal occupation <i>consultant</i>		Employer (optional)	
Date <i>10/20/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Russ Tidwell</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 5061 Austin, TX 78763</i>			
Principal occupation <i>consultant</i>		Employer (optional)	
Date <i>10/23/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Nancy Williams</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>1505 Westover Rd. Austin, TX 78703</i>			
Principal occupation		Employer (optional)	
Date <i>10/26/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Walter Richter</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>3901 Avenue G Austin, TX 78751</i>			
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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 <i>Dana DeBeauvoir</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/29/98</i>	5 Full name of contributor <i>Kent Olson</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>607 W. 10th Street Austin, TX 78701</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>10/29/98</i>	Full name of contributor <i>Jeannie Navarro</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1410 W. 6th Street Austin, TX 78703</i>			
Principal occupation <i>Attorney</i>		Employer (optional)	
Date <i>11/1/98</i>	Full name of contributor <i>Small, Craig & Werkenthin P.C.</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>100 Congress Ave suite 1100 Austin, TX 78701</i>			
Principal occupation <i>Attorney</i>		Employer (optional)	
Date <i>11/12/98</i>	Full name of contributor <i>TexBel PAC</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1616 Guadalupe #501 Austin, TX 78701</i>			
Principal occupation		Employer (optional)	
Date <i>11/3/98</i>	Full name of contributor <i>AFLCIO</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$243.40</i>	In-kind contribution description (if applicable) <i>stakes</i>
Contributor address; City; State; Zip Code <i>1106 Lavaca Austin, TX 78701</i>			
Principal occupation <i>employees PAC</i>		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor

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

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

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

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.

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

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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 <i>Dana DeBeauvoir</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/20/98</i>	5 Payee name <i>Arriba</i>	7 Amount (\$) <i>\$ 175.00</i>
6 Payee address; City; State; Zip Code <i>1009 E. Cesar Chavez Austin, TX 78702</i>		
8 Purpose of expenditure <i>advertisement</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>10/22/98</i>	Payee name <i>La Prensa</i>	Amount (\$) <i>\$ 384.00</i>
Payee address; City; State; Zip Code <i>1707 E. 6th Street #102 Austin, TX 78702</i>		
Purpose of expenditure <i>advertisement</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>10/22/98</i>	Payee name <i>Capitol City Argus</i>	Amount (\$) <i>\$ 275.00</i>
Payee address; City; State; Zip Code <i>6448 Hwy 290E D101 Austin, TX 78723</i>		
Purpose of expenditure <i>advertisement</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>10/23/98</i>	Payee name <i>Leadership Austin</i>	Amount (\$) <i>\$ 50.00</i>
Payee address; City; State; Zip Code <i>P.O. Box 1967 Austin, TX 78767</i>		
Purpose of expenditure <i>annual dues</i>		** 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 filers)
4 Date <i>10/23/98</i>	5 Payee name <i>Metropolitan Breakfast Club</i>	7 Amount (\$) <i>\$80.00</i>
6 Payee address; City: State: Zip Code <i>P.O. Box 2532 Austin, TX 78768</i>		
8 Purpose of expenditure <i>annual dues</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>10/27/98</i>	Payee name <i>Capitol Times</i>	Amount (\$) <i>\$315.00</i>
Payee address; City: State: Zip Code <i>1250 Cap. of Tx. Hwy. So. #2, 3rd fl. Austin, TX 78746</i>		
Purpose of expenditure <i>advertisement</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>11/2/98</i>	Payee name <i>Bert Kirell</i>	Amount (\$) <i>\$550.00</i>
Payee address; City: State: Zip Code <i>505 W. Frances Place Austin, TX 78731</i>		
Purpose of expenditure <i>sign crew</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date <i>11/10/98</i>	Payee name <i>City of Austin</i>	Amount (\$) <i>\$115.00</i>
Payee address; City: State: Zip Code <i>P.O. Box 1088 Austin, TX 78767</i>		
Purpose of expenditure <i>election worker parking ticket on election day</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION <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 <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

Dana DeBeauvoir

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

League of Women Voters

7 Amount (\$)

\$50.00

11/17/98

6 Payee address;

City: State: Zip Code

*1011 W. 31st Street
Austin, TX 78705*

8 Purpose of expenditure

ticket Ateshire Reast

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

Office sought / held

Date

Payee name

Chip Dolan

Amount (\$)

\$250.00

12/16/98

Payee address;

City: State: Zip Code

*2902 Breeze Terrace
Austin, Texas 78722*

Purpose of expenditure

musician for County Clerk event

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

Office sought / held

Date

Payee name

League of Woman Voters

Amount (\$)

\$50.00

12/30/98

Payee address;

City: State: Zip Code

*1011 W. 31st Street
Austin, TX 78705*

Purpose of expenditure

annual dues

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

Office sought / held

Date

Payee name

Amount (\$)

Payee address;

City: State: Zip Code

Purpose of expenditure

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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 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	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

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

4 Date

5 Business name

7 Amount (\$)

6 Business address: City: State: Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address: City: State: Zip Code

Purpose of payment

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / 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	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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 files)

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