

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

4435

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" --

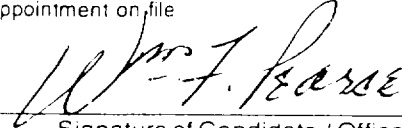
1 C/OH NAME

MARSHALL VILLAGE OF THE HILLS

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

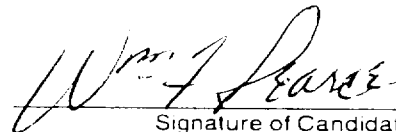
Check only one:



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.

FILED

Signature of Officeholder

SCHEDULE I

1 Total pages Schedule I

3 ACCOUNT # (Ethics Commission files)

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