

5131

8th Day Report

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
ROGER QUANNAH
NICKNAME LAST SUFFIX
SETTLER

OFFICE USE ONLY

Date Received
DAVA DEBEAUVOIR
COUNTY CLERK
TAVIS COUNTY TEXAS
02 MAR 28 AM 11:42
FILED
Date Hand Delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**6263 McNEIL DRIVE, #1731
AUSTIN, TEXAS 78729-7590**

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
DR. PHILIP W.
NICKNAME LAST SUFFIX
TUCKER

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
**2701 PECOS
AUSTIN, TEXAS 78703**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 475-7705

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
02 / 12 / 2002 THROUGH 03 / 04 / 2002

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / 12 / 2002 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

NONE

12 OFFICE SOUGHT (if known)

COUNTY COMMISSIONER, DISTRICT 2

13 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 **ROGER QUANNAH SETTLER (512) 249-7151**

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

6263 McNEIL DRIVE #1731 AUSTIN, TX. 78729-7590

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Roger Quannah Sottler

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

CITIZENS FOR SOTTLER

COMMITTEE ADDRESS

6263 McNeil Drive #1731 Austin, TX 78729-7590

COMMITTEE CAMPAIGN TREASURER NAME

Dr. Philip W. Tucker

COMMITTEE CAMPAIGN TREASURER ADDRESS

6263 McNeil Drive #1731 Austin, TX 78729-7590

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

\$ *100.00*

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

\$ *100.00*

EXPENDITURE TOTALS

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

\$ *291.81*

4. TOTAL POLITICAL EXPENDITURES

\$ *520.57*

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.

Roger Quannah Sottler
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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1: **1**

2 FILER NAME **ROGER QUINNAN SUTTON** 3 ACCOUNT # (Ethics Commission filers)

| | | | |
|--|---|---|--|
| 4 Date 4 March 2002 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE HANSON | 7 Amount of contribution (\$) 50.00 | 8 In-kind contribution description (if applicable) 50.00 |
| 6 Contributor address; City; State; Zip Code | | | |

9 Principal occupation (Optional) **SELF** 10 Employer (Optional) **SELF**

| | | | |
|--|---|--|--|
| Date 5 March 2002 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHA L. COLLINS | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4006 26th LUBBOCK, TX. 79410 | | | |

Principal occupation (Optional) **RETIRED** Employer (Optional) **RETIRED**

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

Principal occupation (Optional) Employer (Optional)

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

Principal occupation (Optional) 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 B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

| | | | |
|---------------|--|--------------------------------|--|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address; City; State; Zip Code | | |

| | |
|---|-------------------------------|
| 10 Principal occupation (optional) | 11 Employer (optional) |
|---|-------------------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | Employer (optional) |
|---------------------------------|---------------------|

| | | | |
|------|---|-----------------------|-------------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | |

| | |
|---------------------------------|---------------------|
| Principal occupation (optional) | 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

1 of 3

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
3

2 FILER NAME *ROBERT QUANNAN SUTTON*

3 ACCOUNT # (Ethics Commission filers)

4 Date
*20 FEB.
2002*

5 Payee name
AUSTIN LUMBOR
6 Payee address; City; State; Zip Code
2415 E. 5TH AUSTIN, TX 78702

7 Amount (\$)
56.84

8 Purpose of payment (See instructions regarding type of information required.)
LUMBOR FOR SIGNS

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held
R. Sutton CC#2 None

Date
*14 FEB.
2002*

Payee name
US POST OFFICE
Payee address; City; State; Zip Code
BALCONOS STATION 78759-9998

Amount (\$)
112.12

Purpose of payment (See instructions regarding type of information required.)
POSTAGE FOR MAILERS

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held
R. Sutton CC#2 None

Date
*15 FEB.
2002*

Payee name
US POST OFFICE
Payee address; City; State; Zip Code
BALCONOS STATION 78759-9998

Amount (\$)
24.60

Purpose of payment (See instructions regarding type of information required.)
MAILING

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held
R. Sutton CC#2 None

Date
*13-27
FEB.
2002*

Payee name
POST NOT
Payee address; City; State; Zip Code
*6001 W. PARKMAN AUSTIN, TX.
78729*

Amount (\$)
67.66

Purpose of payment (See instructions regarding type of information required.)
SIGNS, FLIERS

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held
R. Sutton CC#2 None

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 (ID#: _____) | 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 <input type="checkbox"/> not applicable | 14 Name of guarantor 15 Guarantor address; City; State; Zip Code | 16 Amount Guaranteed (\$) |
|--|--|----------------------------------|

17 Principal Occupation **18** 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 |

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
MADE FROM PERSONAL FUNDS**

~~SCHEDULE G~~
SCHEDULE F
2 of 3

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule G: 3 |
| 2 FILER NAME ROGER QUINNAN SUTTON | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10 FEB. 2002 | 5 Payee name KINKO'S 6 Payee address; City; State; Zip Code 13729 ROSEARCH AUSTIN, TX. 78750 7 Purpose of expenditure (See instructions regarding type of information required.) LOTTERIES | 8 Amount (\$) 55.00 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 20 FEB. 2002 | Payee name HARDWARE STORE Payee address; City; State; Zip Code 8650 SPICWOOD SPRINGS AUSTIN, TX. 78759 Purpose of expenditure (See instructions regarding type of information required.) SIGNS | Amount (\$) 4.86 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 23 FEB. 2002 | Payee name RANDALL'S Payee address; City; State; Zip Code 10900 ROSEARCH AUSTIN, TX. 78720 Purpose of expenditure (See instructions regarding type of information required.) SIGNS | Amount (\$) 6.84 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 24 FEB. | Payee name LOWE'S Payee address; City; State; Zip Code AUSTIN, TX. Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) 24.52 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 24 FEB. | Payee name LOWE'S Payee address; City; State; Zip Code AUSTIN, TX. Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$) 49.68 <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.)

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.)

** 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.)

** 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.)

** 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

3 of 3

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **RACON QUANNAH SOTTLOR** 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------------|---|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| 24 Feb. 2002 | HOME DEPOT | 31.07 |
| | 6 Payee address; City; State; Zip Code 7211 A N IH 35 AUSTIN, TX. 78752 | |

| | |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) SIGNS | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held R. SOTTLOR CC#2 None |
|---|---|

| | | |
|--------------|--|-------------|
| Date | Payee name | Amount (\$) |
| 23 Feb. 2002 | OFFICE DEPOT | 24.72 |
| | 6 Payee address; City; State; Zip Code 4501 W. BRAXTON LANE AUSTIN, TX 78759 | |

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) MAILINGS | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held R SOTTLOR CC#2 None |
|--|--|

| | | |
|--------------|--|-------------|
| Date | Payee name | Amount (\$) |
| 22 Feb. 2002 | OFFICE DEPOT | 8.75 |
| | 6 Payee address; City; State; Zip Code 13201 RR 620 N. AUSTIN, TX. 78717 | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) MAILINGS | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held R. SOTTLOR CC#2 None |
|--|---|

| | | |
|--------------|--|-------------|
| Date | Payee name | Amount (\$) |
| 10 Feb. 2002 | OFFICE DEPOT | 49.11 |
| | 6 Payee address; City; State; Zip Code 13201 RR 620 N. AUSTIN, TX. 78717 | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) MAILINGS | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held R. SOTTLOR CC#2 None |
|--|---|

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 (ID#: _____)

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
 not applicable

14 Name of guarantor
.....
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender out-of-state PAC (ID#: _____)

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
 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.

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 (See instructions regarding type of information required.) | |

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

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

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

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

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

