

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5620

FORM C/OH  
COVER SHEET PG 1

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p><b>1 ACCOUNT #</b> (Ethics Commission filers)</p>	<p><b>2 Total pages filed:</b></p>
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>MS / MRS / MR: _____ FIRST: <b>TODD</b> MI: _____ NICKNAME: _____ LAST: <b>RADFORD</b> SUFFIX: _____</p>	<div style="border: 2px solid black; padding: 5px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received: _____</p> <p>Date Hand-deliivered or Date Postmarked: _____</p> <p>Receipt # _____ Amount: _____</p> <p>Date Processed: _____</p> <p>Date Imaged: _____</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">                 COUNTY CLERK                  TRAVIS COUNTY TEXAS                  2004 FEB 9 PM 3:57                  RECORD             </p> </div>	
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____</p> <p style="text-align: center;"><b>205 SAILOR'S RUN AUSTIN TX 78734</b></p>		
<p><b>5 CANDIDATE / OFFICEHOLDER PHONE</b></p>	<p>AREA CODE: <b>(512)</b> PHONE NUMBER: <b>801-6633</b> EXTENSION: _____</p>		
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>MS / MRS / MR: _____ FIRST: <b>JOHN</b> MI: _____ NICKNAME: _____ LAST: <b>RICHARDSON</b> SUFFIX: _____</p>		
<p><b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____</p> <p style="text-align: center;"><b>12406 TOMANET TRAIL AUSTIN TX 78754</b></p>		
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE: <b>(512)</b> PHONE NUMBER: <b>836-5265 OR 801-6633</b> EXTENSION: _____</p>		
<p><b>9 REPORT TYPE</b></p>	<p> <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)  <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)                 </p>		
<p><b>10 PERIOD COVERED</b></p>	<p>Month / Day / Year    THROUGH    Month / Day / Year</p> <p style="text-align: center;"><b>1 / 15 / 04    THROUGH    2 / 9 / 04</b></p>		
<p><b>11 ELECTION</b></p>	<p>ELECTION DATE Month / Day / Year <b>3 / 9 / 04</b></p>	<p>ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special                 </p>	
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any): _____</p>	<p><b>13 OFFICE SUGHT (if known)</b> <b>SHERIFF</b></p>	
<p><b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages</p>	<p>** 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 **</p> <p>Name: _____</p> <p>Address / PO Box: _____ Apt / Suite #: _____ City: _____ State: _____ Zip Code: _____</p>		
<p><b>GO TO PAGE 2</b></p>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Form)

17 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$

2850.<sup>18</sup>

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1908.<sup>31</sup>

CONTRIBUTION BALANCE

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

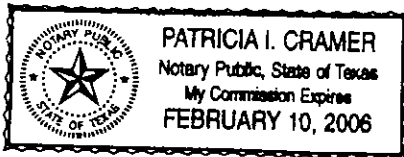
\$

OUTSTANDING LOAN TOTALS

6. 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.

*Todd Radford*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Todd Radford, this the 9 day of February, 2004, to certify which, witness my hand and seal of office.

*Patricia I. Cramer*  
Signature of officer administering oath

Printed 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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/23/04	MILE DOERET 6 Contributor address; City: State: Zip Code PO Box 280211 CARDALE, MN 56128	300.	
9 Principal occupation / Job title (See Instructions) LAWYER		10 Employer (See Instructions) SELF	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/26/04	MILE BRAVE Contributor address; City: State: Zip Code 3006 NIMITZ EDEN CLAIR WI 54701	500.	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/26/04	LEONARD JOHNSON Contributor address; City: State: Zip Code 4401 S. 1ST AUSTIN TX 78745	200.	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/23/04	LUCAS FORD Contributor address; City: State: Zip Code P.O. Box 162607 AUSTIN TX 78716	500.	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/23/04	KEVIN BOND Contributor address; City: State: Zip Code 507 W. 10TH AUSTIN TX 78701	400.	
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF	

**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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/26/04

BE McMINSTER

6 Contributor address; City; State; Zip Code

710 Colorado Austin TX 78701

500.

9 Principal occupation / Job title (See Instructions)

LAWYER

10 Employer (See Instructions)

SELF

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/25/04

MARLOE SLADE

Contributor address; City; State; Zip Code

3660 STONEHILL  
AUSTIN TX 78746

100.

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/30/04

BRUCE FOX

Contributor address; City; State; Zip Code

404 W. 13 AUSTIN TX 78701

100.

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/25/04

JOE TURNER

Contributor address; City; State; Zip Code

11217 FITZLAND AUSTIN TX  
78736

250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇐    ⇐    ⇐    ⇐    ⇐    ⇐

\$

5 Date

6 Full name of pledgor     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 / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:    City:    State:    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:    City:    State:    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:    City:    State:    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:    City:    State:    Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

<b>LOANS</b>	<b>SCHEDULE E</b>
--------------	-------------------

The <b>INSTRUCTION GUIDE</b> 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 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
--------------------------------------------------------	--------------------------------

14 Description of Collateral <input type="checkbox"/> none	
---------------------------------------------------------------	--

15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address:    City:    State:    Zip Code	18 Amount Guaranteed (\$)
-------------------------------------------------------------------------	----------------------------------------------------------------------------------	---------------------------

19 Principal Occupation	20 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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Description of Collateral <input type="checkbox"/> 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.

<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
-------------------------------	-------------------

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F.
-----------------------------------------------------------	---------------------------

2 FILER NAME <p style="text-align: center; font-size: 1.2em;">TODD ZADROW</p>	3 ACCOUNT # (Ethics Commission files)
----------------------------------------------------------------------------------	---------------------------------------

4 Date <p style="text-align: center; font-size: 1.2em;">1/17</p>	5 Payee name <p style="text-align: center; font-size: 1.2em;">DAN FRANCIS - IMPACT DATA</p>	7 Amount (\$) <p style="text-align: center; font-size: 1.2em;">455.31</p>
6 Payee address: City: State: Zip Code <p style="text-align: center; font-size: 1.2em;">P.O. Box 539 KYLE TX 75640</p>		

8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center; font-size: 1.2em;">TRAVEL AND ANALYSIS</p>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

Date <p style="text-align: center; font-size: 1.2em;">1/17</p>	Payee name <p style="text-align: center; font-size: 1.2em;">TRAVIS COUNTY DEMO PARTY</p>	Amount (\$) <p style="text-align: center; font-size: 1.2em;">50.00</p>
Payee address: City: State: Zip Code <p style="text-align: center; font-size: 1.2em;">704 W. MCK AUSTIN TX 78712</p>		

Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center; font-size: 1.2em;">DINING DAY DINNER</p>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
---------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

Date <p style="text-align: center; font-size: 1.2em;">1/16</p>	Payee name <p style="text-align: center; font-size: 1.2em;">WELLS FARGO</p>	Amount (\$) <p style="text-align: center; font-size: 1.2em;">20.00</p>
Payee address: City: State: Zip Code <p style="text-align: center; font-size: 1.2em;">PM 620 AUSTIN TX 78734</p>		

Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center; font-size: 1.2em;">ORDERED LETTERS</p>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

Date <p style="text-align: center; font-size: 1.2em;">1/30</p>	Payee name <p style="text-align: center; font-size: 1.2em;">PAUL ODEN</p>	Amount (\$) <p style="text-align: center; font-size: 1.2em;">210.00</p>
Payee address: City: State: Zip Code <p style="text-align: center; font-size: 1.2em;">RT 1 Box 473-A TATUM TX 75691</p>		

Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center; font-size: 1.2em;">FUNDRAISING FOR COMMISSION</p>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: _____	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">TODD RAYFORD</p>		3 ACCOUNT # (Ethics Commission filers) _____	
4 Date <p style="text-align: center; font-size: 1.2em;">1/2</p>	5 Payee name <p style="text-align: center; font-size: 1.2em;">LAREN MAXEY CONSULTING</p>	7 Amount (\$) <p style="text-align: center; font-size: 1.2em;">1,000.</p>	
6 Payee address: City: State: Zip Code <p style="text-align: center; font-size: 1.2em;">512 E RIVERSIDE DR. AUSTIN TX 78704</p>			
8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center; font-size: 1.2em;">CONSULTING</p>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	Amount (\$)	
	Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	Amount (\$)	
	Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	Amount (\$)	
	Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: _____ Office sought: _____ Office 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 1/31	5 Payee name <del>LILLEN MASEY</del> MIKE'S FORMAL	8 Amount (\$) 75.00
	6 Payee address: City: State: Zip Code 4410 E. RIVERSIDE #110 AUSTIN TX 78741	
	7 Purpose of expenditure (See instructions regarding type of information required.) TRKPO FOR HISPANIC CHAMBER EVENT	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1/20	Payee name BRICK OVEN	Amount (\$) 24.00
	Payee address: City: State: Zip Code 1209 RED RIVER AUSTIN TX 78701	
	Purpose of expenditure (See instructions regarding type of information required.) DINNER FOR STAFF	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1/30	Payee name SHADY GROVE	Amount (\$) 42.00
	Payee address: City: State: Zip Code 1624 BARTON SPRINGS AUSTIN TX 78704	
	Purpose of expenditure (See instructions regarding type of information required.) BLUNCH FOR STAFF	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1/30	Payee name APPLEBEE'S	Amount (\$) 32.00
	Payee address: City: State: Zip Code 5010 HWY 290 AUSTIN TX 78735	
	Purpose of expenditure (See instructions regarding type of information required.) DINNER FOR STAFF	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<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 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office 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 (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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	
	Payor name Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name Payor address: City: State: Zip Code	
	Reason for credit	

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