

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6372

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	MS / MRS / MR FIRST Dana MI NICKNAME LAST DeBeauvoir SUFFIX	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%;">FILED FOR RECORD</td> </tr> <tr> <td style="text-align: center;">2006 OCT 10</td> <td style="text-align: center;">2006 OCT 10 PM 3:00</td> </tr> <tr> <td colspan="2" style="text-align: center;"> Date Hand-delivered or Date Postmarked Travis County Clerk Dana DeBeauvoir Travis County, Texas </td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Date Processed</td> <td> </td> </tr> <tr> <td>Date Imaged</td> <td> </td> </tr> </table>		OFFICE USE ONLY		Date Received	FILED FOR RECORD	2006 OCT 10	2006 OCT 10 PM 3:00	Date Hand-delivered or Date Postmarked Travis County Clerk Dana DeBeauvoir Travis County, Texas		Receipt #	Amount			Date Processed		Date Imaged	
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Receipt #	Amount																		
Date Processed																			
Date Imaged																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE # CITY, STATE, ZIP CODE 2130 Melridge Place Austin, TX 78704																		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 447 1565																		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Jo Ann Merica																		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY, STATE, ZIP CODE 400 W. 15th Street Suite 600 Austin, TX 78701																		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-0100																		
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)								
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10 PERIOD COVERED	Month Day Year MONTH DAY YEAR 7 / 01 / 06 THROUGH 10 / 01 / 06																		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																	
12 OFFICE	OFFICE HELD (if any) Travis County Clerk	13 OFFICE SOUGHT (if known) Travis County Clerk																	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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. ** Name Address / PO Box, Apt. / Suite #, City, State, Zip Code																		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME DeBeauvoir

16 ACCOUNT # (Ethics Commission file #)

17 NOTICE FROM POLITICAL COMMITTEE(S)

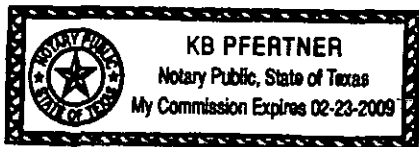
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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)	\$ 675.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 3461.00
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	\$ 987.39

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 10th day of OCT 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath
K.B. PFERTNER
Printed 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: **1 of 2**

2 FILER NAME: **DeBeauvoir**

3 ACCOUNT # (Ethics Commission files)

4 Date: **7/24/06**

5 Full name of contributor out-of-state PAC (ID#):
Laura Pagnozzi

7 Amount of contribution (\$):
25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**8205 Yaupon Dr.
Austin TX 78759**

9 Principal occupation / Job title (See Instructions):
Title company

10 Employer (See Instructions):
Stewart Title

Date: **7/25/06**

Full name of contributor out-of-state PAC (ID#):
Gaye Pierce

Amount of contribution (\$):
25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**5106 Weletka
Austin TX 78734**

Principal occupation / Job title (See Instructions):
Title company

Employer (See Instructions):
Stewart Title

Date: **8/10/06**

Full name of contributor out-of-state PAC (ID#):
Jim Garrison, Jr.

Amount of contribution (\$):
300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**P.O. Box 296
Spicewood, TX 78669**

Principal occupation / Job title (See Instructions):
Title company

Employer (See Instructions):
Stewart Title

Date: **8/10/06**

Full name of contributor out-of-state PAC (ID#):
Barbara Schroeder

Amount of contribution (\$):
25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1306 Daytona Dr.
Austin, TX 78733**

Principal occupation / Job title (See Instructions):
Title company

Employer (See Instructions):
Stewart Title

Date: **6/23/06**

Full name of contributor out-of-state PAC (ID#):
Gretchen E. Raatz

Amount of contribution (\$):
50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**P.O. Box 50269
Austin, TX 78763**

Principal occupation / Job title (See Instructions):
attorney

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 of 2**

2 FILER NAME **DeBeauvoir**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/14/06

5 Full name of contributor out-of-state PAC (ID# _____)
Douglas Allen

7 Amount of contribution (\$) **\$250.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**3103 Sasparilla Cove
Austin, TX 78748**

9 Principal occupation / Job title (See instructions)
Records management

10 Employer (See instructions)
self

Date Full name of contributor out-of-state PAC (ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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 files)

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.

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? 8 Lender address; City; State; Zip Code 10 Interest rate
 Y N 11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION 16 Name of guarantor 18 Amount Guaranteed (\$)
 not applicable 17 Guarantor address; City; State; Zip Code

19 Principal Occupation 20 Employer

Date of loan Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)

Is lender a financial institution? Lender address; City; State; Zip Code Interest rate
 Y N Maturity date

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

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: **1 of 3**

2 FILER NAME **DeBeauvoir**

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/26/06	5 Payee name Neomia Bailey	7 Amount (\$) 60.00
6 Payee address; City; State; Zip Code PO Box 1748 Austin, Tx 78767		

8 Purpose of payment (See instructions regarding type of information required.) reimbursement for Juneteenth Celebration	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name Trinite Armington	Amount (\$) 100.00
Payee address; City; State; Zip Code 18901 Falcon Pointe Blvd. Pflugerville, Tx 78660		

Purpose of payment (See instructions regarding type of information required.) contribution to Nat'l. Young Leaders Conference DC	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 7/17/06	Payee name Sheriff's Assoc. of Texas	Amount (\$) 25.00
Payee address; City; State; Zip Code 1601 So. IH35 Austin, Tx 78741		

Purpose of payment (See instructions regarding type of information required.) membership	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 7/17/06	Payee name Alan Poque	Amount (\$) 100.00
Payee address; City; State; Zip Code 1604 E. 11th Austin, Tx 78702		

Purpose of payment (See instructions regarding type of information required.) fundraiser	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 of 3
2 FILER NAME: DeBeauvoir		3 ACCOUNT # (Ethics Commission filers)
4 Date: 7/21/06	5 Payee name: Disability Assistance	7 Amount (\$): 250.00
6 Payee address: City: State: Zip Code 9027 Northgate Blvd. #101 Austin, Tx 78758		
8 Purpose of payment (See instructions regarding type of information required.): sponsorship for 9/16 fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date: 8/14/06	Payee name: AFLCIO	Amount (\$): 95.00
Payee address: City: State: Zip Code P.O. Box 87 Austin, Tx 78767		
Purpose of payment (See instructions regarding type of information required.): labor Day program ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date: 9/10/06	Payee name: League of Women Voters	Amount (\$): 100.00
Payee address: City: State: Zip Code 1011 W. 31st Street Austin, Tx 78705		
Purpose of payment (See instructions regarding type of information required.): membership & donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date: 9/12/06	Payee name: Travis County Democratic Party	Amount (\$): 2500.00
Payee address: City: State: Zip Code P.O. Box 684263 Austin, Tx 78768		
Purpose of payment (See instructions regarding type of information required.): coordinated campaign		** 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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 of 3
2 FILER NAME DeBeauvoir		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/12/06	5 Payee name Leadership Austin	7 Amount (\$) 100.00
6 Payee address: City: State: Zip Code 1609 Shoal Creek Blvd. Austin, Tx 78701		
8 Purpose of payment (See instructions regarding type of information required.) membership		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/6/06	Payee name YWCA	Amount (\$) 100.00
Payee address: City: State: Zip Code 2015 So. IH35 #110 Austin, Tx 78701		
Purpose of payment (See instructions regarding type of information required.) Annual Gala ticket		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/9/06	Payee name Travis County Clerk	Amount (\$) 31.00
Payee address: City: State: Zip Code 5501 Airport Blvd. Austin, Tx 78753		
Purpose of payment (See instructions regarding type of information required.) copies		** Complete if direct expenditure to benefit C/OH ** 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.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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

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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 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 not an officeholder. ****

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. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder