

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**6529**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form. **1 ACCOUNT # (Ethics Commission filers) 00020282** **2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: **Judge** FIRST: **Michael** MI: **F**  
 NICKNAME: **Mike** LAST: **Lynch** SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: **PO Box 1748** APT / SUITE #: **Austin, TX 78767** CITY: STATE: ZIP CODE  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: **(512)** PHONE NUMBER: **854-9310** EXTENSION:

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: **Mr.** FIRST: **Thomas** MI: **D**  
 NICKNAME: **Tom** LAST: **Fritz** SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE): **98 San Jacinto Blvd, Suite 2000** APT / SUITE #: **Austin, TX, 78701** CITY: STATE: ZIP CODE

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: **(512)** PHONE NUMBER: **476-2020** EXTENSION:

**9 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)

**10 PERIOD COVERED**  
 Month Day Year: **1 / 1 / 07** THROUGH Month Day Year: **6 / 30 / 07**

**11 ELECTION**  
 ELECTION DATE: Month Day Year: **/ /** ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): **Judge - 167th District Ct.** **13 OFFICE SOUGHT (if known):**

**14 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:  
 Address / PO Box: Apt. / Suite #: City: State: Zip Code  
 additional pages

**OFFICE USE ONLY**  
 Date Received: **2007 JUL -9 PM 3:34**  
 Date Hand-delivered: Date Postmarked:  
 Date Processed:  
 Date Imaged:  
 Race of: Aneur:  
 FILED FOR RECORD  
 CLERK  
 TRAVIS COUNTY TEXAS

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) **00020282**

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. \*\*

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC	<b>Friends of Mike Lynch</b>
	COMMITTEE ADDRESS
	<b>98 SAN JACINTO Blvd. Suite 2000 AUSTIN, TX 78701</b>
	COMMITTEE CAMPAIGN TREASURER NAME
	<b>Thomas D. Fritz</b>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<b>SAME AS ABOVE</b>

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 795 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 718 <sup>14</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

*All Expenditures made thru Friends of Mike Lynch account See This Report + Committee Report - herein adopted*

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.

*Melissa Ann Moreno*  
Signature of Candidate or Officeholder

**MELISSA ANN MORENO**  
Notary Public, State of Texas  
My Commission Expires **NOVEMBER 14, 2007**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Melissa Ann Moreno*, this the 9<sup>th</sup> day of July, 2007, to certify which, witness my hand and seal of office.

*Melissa Ann Moreno*      **Melissa Ann Moreno**      **Judicial Aide.**  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received:	
Date Hand-delivered or Date Postmarked:	
Date Processed:	
Date Imaged:	

Filer Name <b>Michael F. Lynch</b>	Account # <b>00020282</b>
---------------------------------------	------------------------------

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign finance report report due on July 16, 2007. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael F. Lynch this the 9th day of July

2007, to certify which witness my hand and seal of office.

<i>[Handwritten Signature]</i>	<u>Melissa Ann Moreno</u>	<u>Judicial Aide</u>
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME *N/A - NONE* 3 ACCOUNT # (Ethics Commission filers)  
*00020282*

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)
	6 Contributor address: City: State: Zip Code		
(If travel outside of Texas, complete Schedule T)			

9 Contributor's principal occupation 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

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		
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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		
(If travel outside of Texas, complete Schedule T)			

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)

# SCHEDULE B (J)

The instruction Guide explains how to complete this form. 1 Total pages Schedule B(J):

2 FILER NAME **N/A - None** 3 ACCOUNT # (Ethics Commission file)  
**00020282**

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		
(If travel outside of Texas, complete Schedule T)			

10 Pledgor's principal occupation 11 Pledgor's job title

12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

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		
(If travel outside of Texas, complete Schedule T)			

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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		
(If travel outside of Texas, complete Schedule T)			

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME <i>N/A - None</i>		3 ACCOUNT # (Ethics Commission filers) <i>00020282</i>	
4 TOTAL OF UNITEMIZED LOANS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			\$
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 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral  <input type="checkbox"/> none			
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address:    City:    State:    Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

**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 **Michael F. Lynch** 3 ACCOUNT # (Ethics Commission filers)  
**00020282**

4 Date <b>3/14/07</b>	5 Payee name <b>TRAVIS County Democratic Party</b>	7 Amount (\$) <b>250<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>1311 E. 6th Austin, TX 78702</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>Fundraiser - contribution</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>3/22/07</b>	Payee name <b>Bistrolli's</b>	Amount (\$) <b>35<sup>00</sup></b>
Payee address; City; State; Zip Code <b>11th + San Antonio Austin, TX 78701</b>		

Purpose of payment (See instructions regarding type of information required.) <b>STAFF Lunch - TBC - Trial Three Lunch.</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>3/30/07</b>	Payee name <b>Judge John Dietz</b>	Amount (\$) <b>20<sup>00</sup></b>
Payee address; City; State; Zip Code <b>PO Box 1748 Austin, TX 78767</b>		

Purpose of payment (See instructions regarding type of information required.) <b>J. Trianna Flowers - Reimb.</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>4/10/07</b>	Payee name <b>D K Punzi</b>	Amount (\$) <b>100<sup>00</sup></b>
Payee address; City; State; Zip Code <b>PO Box 1748 Austin, TX 78767</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Donation - Liz Piper Fund</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

> N/A

**SCHEDULE G**

*Political Expenditures Continued - Schedule F*

The instruction Guide explains how to complete this form.		1 Total pages Schedule G.
2 FILER NAME <i>Michael F. Lynch</i>		3 ACCOUNT # (Ethics Commission files) <i>00020782</i>
4 Date <i>4/23/07</i>	5 Payee name <i>Ronald McDonald House Fundraiser/</i>	8 Amount (\$) <i>150.00</i>
	6 Payee address; City: State: Zip Code <i>403 E 15th AUSTIN, TX 78701</i>	
	7 Purpose of expenditure <i>Contribution / Ticket</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>5/8/07</i>	Payee name <i>Hispanic Criminal Defense Bar</i>	Amount (\$) <i>75.00</i>
	Payee address; City: State: Zip Code <i>1802 W 6th AUSTIN, TX 78703</i>	
	Purpose of expenditure <i>Scholarship Fund - Fundraiser / contribution</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>5/10/07</i>	Payee name <i>K.U.T. Radio</i>	Amount (\$) <i>100.00</i>
	Payee address; City: State: Zip Code <i>UNIVERSITY OF TEXAS AUSTIN, TX</i>	
	Purpose of expenditure <i>Contribution</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/1-6/30 07</i>	Payee name <i>Wells Fargo Bank</i>	Amount (\$) <i>15.00</i>
	Payee address; City: State: Zip Code <i>PO Box 2019 AUSTIN, TX 78768</i>	
	Purpose of expenditure <i>Bank Fees</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (if travel outside of Texas, complete Schedule T)	<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 <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div>		3 ACCOUNT # (Ethics Commission filers) <div style="text-align: center; font-size: 1.5em; font-family: cursive;">00020282</div>
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.)  (If travel outside of Texas, complete Schedule T)		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.)  (If travel outside of Texas, complete Schedule T)		<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.)  (If travel outside of Texas, complete Schedule T)		<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.)  (If travel outside of Texas, complete Schedule T)		<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 <div style="text-align: center; font-size: 2em; font-family: cursive;">NIA</div>		3 ACCOUNT # (Ethics Commission filers) <div style="text-align: center; font-size: 1.5em; font-family: cursive;">00020282</div>
4 Date	5 Payee name  6 Payee address; City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

**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

NIA

3 ACCOUNT # (Ethics Commission (lers)

00020282

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

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

N/A

3 ACCOUNT # (Ethics Commission filers)

00020282

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**ASSETS VALUED AT \$500 OR MORE**

**SCHEDULE M**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

NIA

3 ACCOUNT # (Ethics Commission Filers)

00020282

4 Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:

2 FILER NAME N/A 3 ACCOUNT # (Ethics Commission Form)   
 00020282

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:  
 Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
----------------------------	--

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:  
 Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-T     SPAC-T

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
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**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 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 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