

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6554

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 MI <i>Margaret J.</i> NICKNAME      LAST      SUFFIX <i>Gomez</i> <i>-</i>	<div style="border: 1px solid black; padding: 5px;">                     OFFICE USE ONLY                      RECEIVED                      JUL 16 PM 12:47                      TRAVIS COUNTY CLERK                      TRAVIS COUNTY TEXAS                      FAVORABLE                      RECEIVED                      JUL 16 PM 12:47                      TRAVIS COUNTY CLERK                      TRAVIS COUNTY TEXAS                 </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>P.O. Box 3232      Austin TX      78704</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(512)      284-9612      -</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)      FIRST MI <i>Walter</i> NICKNAME      LAST      SUFFIX <i>Timberlake</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>2006 Bouldin Avenue      Austin TX      78704</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(512)      442-6688</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <i>01 / 01 / 07      6 / 30 / 07</i>		
11 ELECTION	ELECTION DATE Month:      Day:      Year: <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>TRAVIS CO. COMMISSIONER</i>	13 OFFICE SOUGHT (if known)	
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: <i>None to my knowledge.</i>  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 CITIZENS FOR GOMEZ - Margaret J. Gomez 16 ACCOUNT # (Ethics Commission Filers)

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	<u>CITIZENS FOR GOMEZ</u>
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>P.O. Box 3232; Austin, TX 78704</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Walter Timberlake</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>2006 Boulder Avenue; Austin, TX 78704</u>

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
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.

Margaret J. Gomez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Josie Z. Zavala  
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: <i>1 of 1</i>	
2 FILER NAME <i>CITIZENS FOR GOMEZ - Margaret J. Gomez</i>		3 ACCOUNT # (Ethics Commission filers):	
4 Date <i>2/12/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TCB PAC</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable) <i>—</i>
6 Contributor address: City: State: Zip Code <i>5757 Woodway, Ste 101 W Houston, TX 77057</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/19/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gina Estrada</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1803-C River Crossing Circle Austin, TX 78741</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/8/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PPS+J PAC</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5300 W. Cypress Street, Ste 200 Tampa, FL 33607</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>—</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>—</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>—</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>—</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>—</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>—</i>		(If travel outside of Texas, complete Schedule T)	
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 this Schedule B:

1 of 1

2 FILER NAME

CITIZENS FOR GOMEZ - Margaret J. Gomez

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

None

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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: <i>1 of 1</i>
2 FILER NAME <i>CITIZENS FOR GÓMEZ - Margaret J. Gómez</i>		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 <i>None</i>	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.

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:  
**4 of 4**

2 FILER NAME

*CITIZENS FOR GÓNEZ - Margaret J. Gómez*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address: City: State: Zip Code

*See 3 attached pages.*

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

(If travel outside of Texas, complete Schedule T)

9 -- 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.)

(If travel outside of Texas, complete Schedule T)

-- 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.)

(If travel outside of Texas, complete Schedule T)

-- 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.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Citizens for Gomez - Schedule F  
 Jan 1, 2007 - June 30, 2007  
 (Due July 15, 2007)

Date of Payment	Payee/Address	Amount	Purpose of Payment	C/OH
1/7/2007	Bank of America P.O. Box 15715 Wilmington, DE 19886-5715	\$166.00	Computer Use	Margaret J. Gomez
1/16/2007	League of Women Voters P. O. Box 98050 Washington, DC 20077-7330	\$75.00	Membership Renew	Margaret J. Gomez
1/20/2007	Exxon P. O. Box 530962 Atlanta, GA 30353-0962	\$18.12	Gas	Margaret J. Gomez
1/24/2007	Tikkun 2342 Shattuck Avenue Berkeley, CA 94704-9914	\$80.00	Renewal	Margaret J. Gomez
1/25/2007	Amazon.com P. O. Box 80463 Seattle, WA 98108	\$748.99	Windows/Office	Margaret J. Gomez
1/31/2007	Time Warner P. O. Box 660097 Dallas, TX 75266-0097	\$41.78	Roadrunner Service	Margaret J. Gomez
1/31/2007	Bank of America P. O. Box 15715 Wilmington, DE 19886-5715	\$166.00	Computer Use	Margaret J. Gomez
2/19/2007	The Texas Observer 307 West 7 Austin, TX 78701-9693	\$32.00	Renewal	Margaret J. Gomez
2/28/2007	Bank of America P. O. Box 15715 Wilmington, DE 19886-5715	\$166.00	Computer	Margaret J. Gomez
2/28/2007	Time Warner P. O. Box 660097 Dallas, TX 75266-0097	\$39.94	Roadrunner Service	Margaret J. Gomez
3/2/2007	Network 25 E Street, NW, Suite 200 Washington, DC 20001	\$100.00	Membership Renewal	Margaret J. Gomez
3/16/2007	NWPC-TX-LEP	\$50.00		Margaret J. Gomez

P. O. Box 12383  
Austin, TX 78711

3/16/2007	PODER 2604 E. Cesar Chavez Austin, TX 78702	\$100.00	Program Ad	Margaret J. Gomez
3/30/2007	Time Warner P. O. Box 85100 Austin, TX 78708-5100	\$35.00	Roadrunner Service	Margaret J. Gomez
3/30/2007	Bank of America P. O. Box 15715 Wilmington, DE 19886-5715	\$166.00	Computer	Margaret J. Gomez
4/11/2007	Travis County Democratic Party P. O. Box 684263 Austin, TX 78768-4263	\$100.00	Contribution	Margaret J. Gomez
4/24/2007	Ignite Consulting 4032 S. Lamar Suite 500, Box 146 Austin, TX 78704	\$350.00	Ad Design	Margaret J. Gomez
5/2/2007	Time Warner P. O. Box 85100 Austin, TX 78708-5100	\$37.00	Roadrunner Service	Margaret J. Gomez
5/2/2007	Bank of America P.O. Box 15715 Wilmington, DE 19886-5715	\$166.00	Computer	Margaret J. Gomez
5/4/2007	Sister Cities Association Ophelia Street Austin, TX 78752	\$25.00	Membership Dues	Margaret J. Gomez
5/10/2007	Bettie Naylor Birthday Fund 2905 Glenview Avenue Austin, TX 78703	\$100.00	Sponsor	Margaret J. Gomez
5/20/2007	U. S. Postmaster South Congress Austin, TX 78704	\$68.00	POB Annual Fee	Margaret J. Gomez
6/1/2007	Bank of America P.O. Box 15716 Wilmington, DE 19886-5716	\$332.00	Computer	Margaret J. Gomez
3-Jun	Time Warner P. O. Box 85100 Austin, TX 78708-5100	\$43.94	Roadrunner	Margaret J. Gomez

6/27/2007

Bank of America      \$332.00 Computer  
P. O. Box 15716  
Wilmington, DE 19886-5716

Margaret J. Gomez

Total Expenditures      \$3,538.77



# 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:

1 of 1

2 FILER NAME

CITIZENS FOR GOINGZ - Margaret J. Gomez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address: City: State: Zip Code

None

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

(If travel outside of Texas, complete Schedule T)

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.)

(If travel outside of Texas, complete Schedule T)

\*\* 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.)

(If travel outside of Texas, complete Schedule T)

\*\* 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.)

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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: <i>1 of 1</i>
2 FILER NAME <i>CITIZENS FOR GÓMEZ - Margaret J. Gómez</i>		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payor name  6 Payor address; City: State: Zip Code <i>None</i>  7 Reason for credit	8 Amount (\$)
Date	Payor name  Payor address; City: State: Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City: State: Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City: State: Zip Code  Reason for credit	Amount (\$)
Date	Payor name  Payor address; City: State: Zip Code  Reason for credit	Amount (\$)

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: <i>1 of 1</i>
2 FILER NAME <i>CITIZENS FOR GÓMEZ - Margaret J. Gómez</i>		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>None</i>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> 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)	

**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

NA

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 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