

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

6565

| | | | |
|---|---|---|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: 14 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>Judge</i> NICKNAME | FIRST <i>J.</i> LAST | MI <i>David</i> SUFFIX |
| OFFICE USE ONLY | | | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | | Date Hand-delivered or Date Postmarked |
| 5 CANDIDATE / OFFICEHOLDER PHONE | | | Receipt # |
| 6 CAMPAIGN TREASURER NAME | | | Date Processed |
| 7 CAMPAIGN TREASURER ADDRESS | | | Date Imaged |
| 8 CAMPAIGN TREASURER PHONE | | | |
| 9 REPORT TYPE | | | |
| 10 PERIOD COVERED | | | |
| 11 ELECTION | | | |
| 12 OFFICE | | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | | | |

FILED FOR RECORD
2007 JUL 6 PM 4:31
DAN DEBAUVOIT
COUNTY CLERK
TRAVIS COUNTY TEXAS

Judge J. David Phillips

207 E. MILTON, AUSTIN, TX 78704

(512) 854-9241

self

Same

() Same

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 31th day before election Exceeded \$500 limit Final report (Attach COH - FR)

Month Day Year THROUGH Month Day Year
01 / 01 / 2007 06 / 30 / 2007

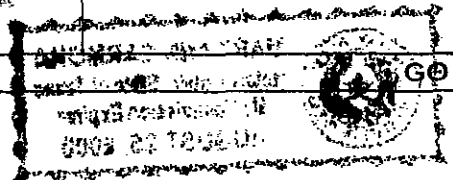
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Judge, Travis County Court #1

** 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
NONE

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

Additional pages



GO TO PAGE 2

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

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

15 C/OH NAME J. David Phillips 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 **

| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | N/A |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 71.52

CONTRIBUTION BALANCE

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

\$ 2919.98

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

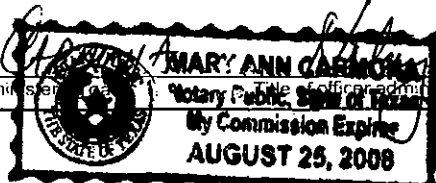
J. David Phillips
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J. David Phillips, this the 16th day of July, 2007, to certify which, witness my hand and seal of office.

Mary Ann Cannon
Signature of officer administering oath

Mary Ann Cannon
Print name of officer administering oath



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): 1 | |
| 2 FILER NAME J. David Phillips | | 3 ACCOUNT # (Ethics Commission files) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE | 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#: _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (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#: _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (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): 1

2 FILER NAME **J. David Phillips** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

| | | | |
|--------|--|-------------------------|---------------------------------------|
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE | 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#: _____) Pledgor address: City: State: Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
|------|---|-----------------------|-------------------------------------|

(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#: _____) Pledgor address: City: State: Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
|------|---|-----------------------|-------------------------------------|

(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): 1 |
| 2 FILER NAME <i>J. David Phillips</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#: _____) <i>N/A</i> | 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 20 Guarantor address: City: State: Zip Code | 21 Amount Guaranteed (\$) |
| 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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/16/2007

Margaret Gómez

25⁰⁰

6 Payee address: City: State: Zip Code

P.O. Box 1748
AUSTIN, TX 78767

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

Sponsor Cinco de Mayo
(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 (\$)

5/15/2007

Sam Biscoe Special Projects

25⁰⁰

Payee address: City: State: Zip Code

P.O. Box 1748
AUSTIN, TX 78767

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

Sponsor Juneteenth
(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 (\$)

5/24/2007

HEB Grocery
Payee address: City: State: Zip Code
2400 So. Congress Ave
AUSTIN, TX 78704

21.52

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

office coffee pot
(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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| | |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule G: <u>7</u> |
| 2 FILER NAME <u>J. David Phillips</u> | 3 ACCOUNT # (Ethics Commission files) |

| | | |
|--------|---|--|
| 4 Date | 5 Payee name <u>NONE</u> | 8 Amount (\$) |
| | 6 Payee address: City: State: Zip Code | |
| | 7 Purpose of expenditure (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name Payee address: City: State: Zip Code | Amount (\$) |
| | Purpose of expenditure (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name Payee address: City: State: Zip Code | Amount (\$) |
| | Purpose of expenditure (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name Payee address: City: State: Zip Code | Amount (\$) |
| | Purpose of expenditure (If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|------|---|--|
| Date | Payee name Payee address: City: State: Zip Code | Amount (\$) |
| | 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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

NONE

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission files)

| | | |
|--------|---|---------------|
| 4 Date | 5 Payee name <i>NDNE</i> | 8 Amount (\$) |
| | 6 Payee address: City: State: Zip Code | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) | |

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

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

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

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

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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payor name | 8 Amount (\$) |
|--------|---|---------------|
| | <p>6 Payor address: <i>NONE</i> City: State: Zip Code</p> | |
| | <p>7 Reason for credit</p> | |
| | <p>Payor name Payor address: City: State: Zip Code</p> | |
| | <p>Reason for credit</p> | |
| | <p>Payor name Payor address: City: State: Zip Code</p> | |
| | <p>Reason for credit</p> | |
| | <p>Payor name Payor address: City: State: Zip Code</p> | |
| | <p>Reason for credit</p> | |
| | <p>Payor name Payor address: City: State: Zip Code</p> | |
| | <p>Reason for credit</p> | |

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. 1

2 FILER NAME

J. David Phillip's

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

NONE

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: 1

2 FILER NAME

J. David Phillips

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

NONE

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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. 1 |
| 2 FILER NAME <i>J. David Phillips</i> | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 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 <i>NONE</i> | |
| | 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) | |
| 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