#### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# RECEVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNTS UNIVERSE (Ethics Commission Filers)	2 Tdtall pages (led:			
3 CANDIDATE / OFFICEHOLDER NAMÉ	MS/MRS/MR FIRST	MI	OFFICE USE ONLY Date Received			
	NICKNAME LAST	Turullols-Bonilla				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE: ZIP CODE	Date Used delivered as Described			
ADDRESS Change of address	P.O.Box 40388 787	04	Date Hand-delivered or Postmarked			
6 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount  Date Processed			
PHONE	(512) 743-3054					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	МІ .	Date imaged			
NAME	NICKNAME LAST Golden Roberts	SUFFIX				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE			
ADDRESS (residence or business)	5942 Highland Hills	Dr.				
	Austin, Tx	78731				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 371-0762	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 (Altach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH	•	Year  2015  Children Control Control Control Control  Children Control Control  Children Control  Chil			
11 ELECTION	Month Cay Year ELECTION DATE    Day Year   Primary   Pri	Runoff	General Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	thirt three			
	N/A	Three Dis	ty Council			
	GO TO PAG	E2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

					===1₹
14 C/OH NAME	icardo T	urullols-E	Bouilla	15 ACCOUNT # (Ethics Commission File	ırs)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER, THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT THE ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR I IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	!
	COMMITTEE TYPE	COMMITTEE NAME	<b>N</b>		
·	GENERAL	COMMITTEE ADDRESS			$\dashv$
	SPECIFIC	COMMITTEE ADDRESS		1	
•					
additional pages		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTION ES, LOANS, OR GUARANT	NS OF \$50 OR LESS (OTHER TH	HAN NIZED \$	
	2. TOTAL (OTHER	POLITICAL CONTRIB	U TONS	\$	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURE	ES OF \$100 OR LESS, UNLESS IT	remized \$	
	4. TOTAL	POLITICAL EXPENDIT	TURES	\$	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIO	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS AS O PERIOD	OF THE \$	
18 AFFIDAVIT				y of perjury, that the accompanying repose all information required to be reported to	
	JOEAN TAKAHASHI MY COMMISSION EXPIR: March 16, 2015				
			Signature of C	Candidate or Officeholder	
AFFIX NOTARY STAI	MP / SEAL ABOVE	me, by the said	Picardo Turul	los-Bonillams the	
gth da	y of Janua	ry 20 15	, to certify which, witness	s my hand and seal of office.	
1 < X	$\sim$	Doean	lakahash.		
Signature of officer adr	ministering oath	Printed name of	officer administering oath	Title of officer administering oat	h į

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

<b>a</b> -					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4	Date	<b>5</b> Full name of contributor □ out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code			<u>}</u>
				f travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			 
		\			of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		>	<u> </u> 
				(If travel outside o	of Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employel (See I	nstructions)	
	Date .	Full name of contributorout-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; Oty; State; Zip Code			
				(If trayel outside o	of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See	nstructions)	
	Date	Full name of contributor Cut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	·	Contributor address; City; State; Zip Code			
			,	l     (If travel outside o	of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Téxas Ethičs Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(100 1-800-730-29
				_
PLEDGED CO	NTRIBUTION	NS		SCHEDULE B

The	e Instruction Guide explains how to complete this form.	1	Total pages Sche	dule B:
FILER NAME	<u> </u>	3	ACCOUNT # (Eth	nics Commission Filers)
TOT	AL OF UNITEMIZED PLEDGES: \$ \$	<b>\$</b>	⇒ ⇔	\$
Date	6 Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City: State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions) 11 E	mployer (See Ins		
, morpai se			/	
Date	Full name of pledgor out-of-state PAC(ID#:	<u></u>	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			<del>;</del> *** *
				of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
		 Employer (See In		of Texas, complete Schedule T
Principal oc	cupation / Job title (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			[ ]
		ĺ	\	i
			(If travel outside	of Texas, complete Schedule T
Principal oc	ccupation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T
Principal od	Full name of pledgor out-of-state PAC (ID#	Employer (See In		of Texas, complete Schedule T
	copation, cos tito (cos)	Employer (See Ir	Amount of	In-kind description
	Full name of pledgor out-of-state PAC (ID#	Employer (See Ir	Amount of pledge (\$)	

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

exas Ethics Commis	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
LOANS				SCHEDULE E
The	Instruction Guide explains ho	w to complete this form.	1 Total pag	es Schedule E:
2 FILER NAME			3 ACCOUN	T # (Ethics Commission Filers)
TOTA	L OF UNITEMIZED LOAD	NS; \$ \$ \$ \$	¬ ¬	\$
Date of loan	7 Name of lender	Out-of-state PAC (ID#:	,	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	_	10 Interest rate
Y N				11 Maturity date
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Ins	structions)	
4 Description of Coll	ateral	15 Check if personal f	unds were deposited i	nto political account
6 GUARANTOR INFORMATION	17 Name of guarantor		1	<b>9</b> Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City, State; Zip Code		
Principal Occupati	on (See Instructions)	21 Employer (See Ins	tructions)	
Date of loan	Name of lender	out-of-state PAC (ID#		Loan Amount (\$)
ls 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/ Check if personal funds were deposited into political account none GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

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

#### POLITICAL EXPENDITURES

Texas Ethics Commission

#### SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  Total pages Schedule F:  Advertising Expense Accounting/Banking Consulting Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense Frond/Beverage Consulting Expense Frond/Beverage Frond/B	ted Expense / al Committee
C ACCOUNT # (Fibility Con	
Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Con	
	nmission Filers)
Date 6 Payee name	
Amount (\$) 7 Payee address; City; State; Zip Code	
B PURPOSE OF EXPENDITURE  (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Sch	
Complete ONLY if direct	neid
Date Payee name	
Amount (\$) Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule)	
Complete ONLY if direct	held
Date Payee name	
Amount (\$) Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Sci	nedule T)
Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH	held
Date Payee name	
Amount (\$) Payee address; City; State; Zip Code	
PURPOSE Category (See categories listed at the top of this schedule)  OF  EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Science	hedu <b>le</b> T)
	held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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	EVEENDITUE	E CATECOBIES	EOB DOY 0/4	<u> </u>
l '		E CATEGORIES	•	•
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverege Expense	Travei In District		Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dis	trict	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/F	Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guid	la avalaine how to	complete this t	- ·
	nie wstraction data	e explains now to	complete this i	orm.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
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4.5.	\			
4 Date	5 Payee name			
	\ \			
6 Amount (\$)	7 Payee address; City;	tate; Zip Code	***	
φ Amount (φ)	I rayee address, City, S	ale, Zip Code		
		\	/	
Reimbursement from				
political contributions	·	\		
intended		\		
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8 PURPOSE	(a) Category (See categories listed at the ti	op of this schedule)	( <b>D)</b> Descriptio	(If travel outside of Texas, complete Schedule T)
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Amount (\$)	Payee address; City: S	States Zin Code	1	· · · · · · · · · · · · · · · · · · ·
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Reimbursement from political contributions		' /	\	
intended	i i		\	
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Amount (4)	rayee address, / City, S	nate, Zip Code		\
	l /			\
Reimbursement from	l /			
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	Cotogony (2)		B	
PURPOSE	Category (See categories listed at the to	op at this schedule)	Descriptio	□ (If travel outside of Texas, complete Schedule T)
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Date	Payee name			
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Amount (\$)	Payee address: City; S	tate; Zip Code		
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Reimbursement from		•		
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intended			<u></u>	
DI/DOGG=	Category (See categories listed at the to	op of this schedule)	Description	□ (If travel outside of Texas, complete Schedule T)
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EXPENDITURE				İ
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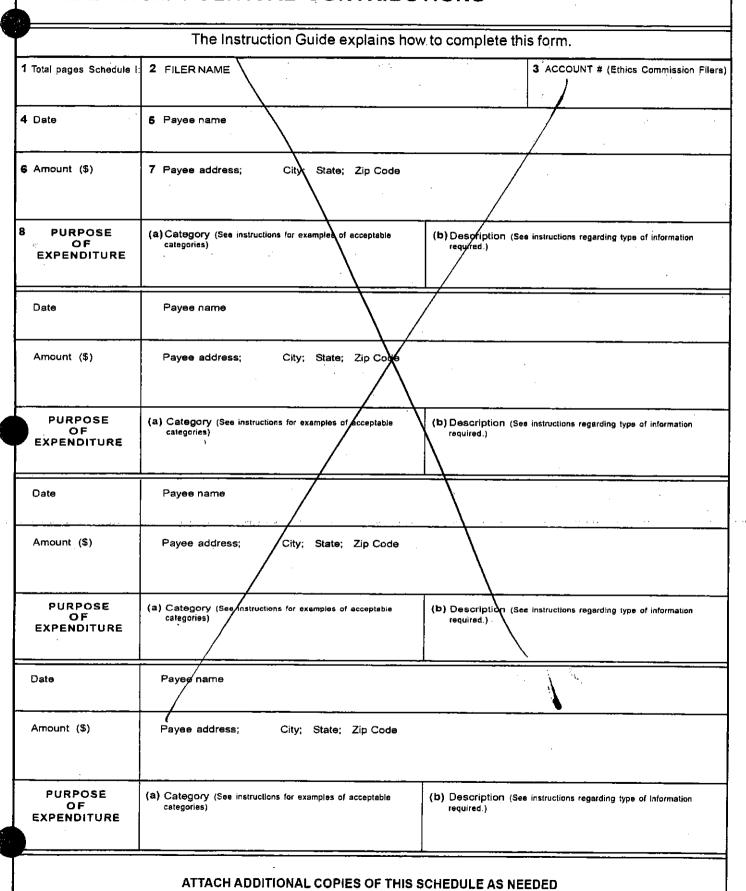
#### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITUR	E CATEGORIES FOR BOX 8(	a)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement Transportation Equipment & Related Expens
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Commit
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Expense	OTHER (enter a category not listed above)
Fees	Printing Expense		I
and the second s	2 FILER NAME	de explains how to complete this	3 ACCOUNT # (Ethics Commission F
stal pages Schedule H:	2 FILER NAME	/	
Date	5 Business name		
mount (\$)	7 Business address; City;	State; Zip Code	
PURPOSE	(a) Category (See categories listed at the	top of this schedule) /(b) Descripti	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	•	\ /	
Complete ONLY if direct	Candidate / Officeholder nam	ne Office sor	ight Office held
expenditure to benefit C/0	JH	X	
Date	Business name		The state of the s
Amount (\$)	Business address; City;	State; Zip Code	
· ·			
<u> </u>	Category (See categories listed at the	top of this schedule) Descript	On (If travel outside of Taxas, complete Schedule T)
PURPOSE	Category (See categories listed at the	, top 51 and 561 Goddie)	
OF EXPENDITURE			
	Candidate / Officeholder nar	ne Office so	ught Office held
Complete ONLY if direct expenditure to benefit C/		/ /	\
			<del>\</del>
Date	Business name		
	Business address; City;	State; Zip Code	<u> </u>
Amount (\$)	Business address, City.	012td, 219 0000	•
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PURPOSE	Category (See categories listed at th	a top of this achievany	
PURPOSE OF EXPENDITURE	Category (See categories Isted at th	G top of this scripture,	
OF EXPENDITURE	Condidate / Office holder pa		ught Office held
OF	Candidate / Officeholder na		ught Office held
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OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder nai		ught Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete Com	Candidate / Officeholder nai /OH Business name		ught Office held
Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeholder nai /OH Business name	me Office so	ught Office held
Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeholder nai /OH Business name	me Office so	ught Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete.  Date  Amount (\$)	Candidate / Officeholder nai /OH Business name	me Office so	ught Office held  Jon (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeholder name/OH  Business name  Business address; City;	me Office so	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C.  Date  Amount (\$)	Candidate / Officeholder name/OH  Business name  Business address; City;	me Office so	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete.  Date  Amount (\$)  PURPOSE OF	Candidate / Officeholder name  Business name  Business address; City;  Category (See categories listed at the	State; Zip Code  se top of this schedule)  Descrip	ion (If travel outside of Texas, complete Schedule T)

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !



(512) 463-5800

T	dule K:		
FILER NAM	IE	3 ACCOUNT # (Et	hics Commission Filers)
Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State; Zip	Code	8 Amount (\$)
	7 Purpose for which amount is received		1
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip	Code	Amount (\$)
Date	Name of person from whom amount is received		Amount
	Address of person from whom amount is received; City; State; Zip  Purpose for which amount is received	Code	(\$)
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zig	code	Аглоunt (\$)
	Purpose for which amount is received		_1

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

#### SCHEDULE T

The Instr	uction Guide	e explaine how to	complete this for	·m	1 Total pages Schedul	e T
	uction Guida	e explains now to	complete this for	·m.		
2 FILER NAME					3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	/ Corporation	or Labor Organiza	tion / Piedgor / Paye	e		4
6 Contribution / Expend	liture reporte	d on:	<del></del>			
Soi	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sci	hedule H	Schedule	Сон-ис	□ сон-т	PAC-C	PAC-E
<b>6</b> Dates of travel	7 Name o	of person(s) travel	Pg	· · · · · · · · · · · · · · · · · · ·		
	8 Departu	re city or name of	departure location		/	
·		·		/		
	9 Destina	tion city or name or	f destination location			
10 Means of transportat		44 0				· · · · · · · · · · · · · · · · · · ·
TO Means of transportat	1011	11 Purpose or tra	avei (including name	of conference, se	minar, or other event)	
Name of Contributes 4				<u> </u>		
Name of Contributor / 0	Corporation o	or Labor Organizati	on / Pledgor / Paree		)	
Contribution / Expendit	ure reported	on:				
☐ Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	nedule H	Schedule N	COH-UC	□ сон-т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling	<del>/</del>	<u> </u>		
	Departure	city or name of der	parture location	<del>\</del>		
	<u> </u>	<u></u>	<u></u>	<u></u> \	Tanan kacamatan kacamatan da kac	
	Destination	n city or name of de	estination location			
Means of transportation	l	Purpose of trave	l (including name of	conference, semir	nar, or other event)	- · · · · · · · · · · · · · · · · · · ·
		<u>/</u>				
Name of Contributor / 0	Corporation o	r Labor Organization	on / Pledgor / Payes			
Contribution / Expendite	ure reported	on:				·
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Sch	edule H [	Schedule N	□ сон-∪с	Сон-т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
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	Destination	city or name of de	stination location		<u> </u>	
Means of transportation		Purpose of trave	(including name of	conference, semir	nar, or other event)	
<b>,</b>						
	<u></u>	TAGUADORES	(N. 602)25 5=5			
	АТ	TACH ADDITION	IAL COPIES OF TH	IS SCHEDULE A	AS NEEDED	

# NDIDATE / OFFICEHOLDER

P.O. Box 12070

		IGNATION OF FINAL REPORT	(
		The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••	`
	C/OH NA	Ricardo Turullols-Bonilla 2 ACCOUNT # (Ethics Commission Filers)	
. :	SIGNA		١
	report as	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a sea final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder	
4	FILER •• Comp	WHO IS NOT AN OFFICEHOLDER  blete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	l
	Check	k only one:	l
	سلمتا	I do not have unexpended contributions or unexpended interest or income earned from political contributions.	l
		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.	
	В.	ASSETS	
	Chec	k only one:	İ
		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.	İ
		Signature of Candidate	ł
		Signature of Cariolidate	
6	OFFIC	CEHOLDER uplete this section <i>only</i> if you are an officeholder ••	
		! 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, after filing the last required report as an	
		officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions or interest or other income from political contributions.	
		· ·	
		Signature of Officeholder	