

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <b>Donald</b> MI: <b>W</b> NICKNAME: <b>"Dude"</b> LAST: <b>Payne</b> SUFFIX: <b>Sr.</b>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>105 Pearl Dr.</b> APT / SUITE #: _____ CITY: <b>Lake Jackson TX</b> STATE: _____ ZIP CODE: <b>77566</b>	Date Received: <b>FILED 7-3-2024</b> JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO., TEXAS BY: <i>Margaret</i> DEPUTY	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(979)</b> PHONE NUMBER: <b>417-1173</b> EXTENSION: _____	Date Hand-delivered or Data Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <b>Deborah</b> MI: <b>A.</b> NICKNAME: <b>Debby</b> LAST: <b>Payne</b> SUFFIX: _____	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>105 Pearl Dr.</b> APT / SUITE #: _____ CITY: <b>Lake Jackson TX</b> STATE: _____ ZIP CODE: <b>77566</b>	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(979)</b> PHONE NUMBER: <b>417-1173</b> EXTENSION: _____	Date Imaged	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    Month Day Year <b>01 / 12 / 2024</b> THROUGH    / /		
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year / /	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Commissioner Pct. 1</b>	<b>13 OFFICE SOUGHT</b> (if known)	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

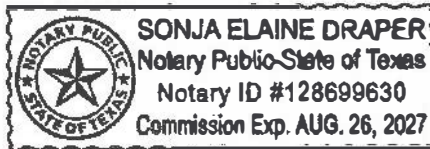
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1000.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>1894.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9519.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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.

*Donald "Dude" Payne*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Donald "Dude" Payne this the 19<sup>th</sup> day of July,

20 24, to certify which, witness my hand and seal of office.

Sonja Elaine Draper Sonja Elaine Draper  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Donald W. "Dude" Payne Sr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000. <sup>00</sup>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7600. <sup>00</sup>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1919. <sup>00</sup>
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Donald W "Dude" Payne Sr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-2-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenneth K. Vernor</b>	7 Amount of contribution (\$) <b>\$ 1000.00</b>
6 Contributor address; City; State; Zip Code <b>Freeport Tx 77541</b>		
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Vernor Material + Equipment</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Donald W. "Dude" Payne Sr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-11-24	<b>5</b> Payee name David Thacker Campaign	
<b>6</b> Amount (\$) \$500. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 62 Sundrop Court Lake Jackson TX 77566	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	
	<b>(b)</b> Description	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: David Thacker		
Office sought: Commissioner Pet. 1		Office held: Constable Pet. 1
Date: 2-27-24	Payee name: Jarvis Davis Campaign	
Amount (\$): \$200. <sup>00</sup>	Payee address; City; State; Zip Code: Freeport Tx 77541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Donation	
	Description:	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Jarvis Davis		
Office sought: City of Freeport City Council		Office held: _____
Date: 3-7-24	Payee name: David Thacker Campaign	
Amount (\$): \$5500. <sup>00</sup>	Payee address; City; State; Zip Code: 62 Sundrop Court Lake Jackson TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Donation	
	Description:	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: David Thacker		
Office sought: Commissioner Pet. 1		Office held: Constable Pet. 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Donald W "Dude" Payne Sr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-4-24</b>	5 Payee name <b>David Thacker Campaign</b>	
6 Amount (\$) <b>\$ 1000.00</b>	7 Payee address; City; State; Zip Code <b>62 Sundrop Court Lake Jackson Tx 77566</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-28-24</b>	Payee name <b>Jeff Berry Campaign</b>		
Amount (\$) <b>\$ 400.00</b>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Jeff Berry</b>	Office sought <b>Texas House District 29</b>	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Donald W "Dude" Payne Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 1-23-24	5 Payee name Actions of Brazoria County			
6 Amount (\$) \$ 200.00	7 Payee address: 1524 E. Mulberry Suite 135	City Angleton	State TX	Zip Code 77515
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Purchase 4 Tickets To Flamingo Bingo	(b) Description (See instructions regarding type of information required.)		
Date 1-23-24	Payee name BACH			
Amount (\$) \$ 150.00	Payee address: 120 Hospital Drive	City Angleton	State TX	Zip Code 77515
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Purchase 2 Tickets To Gala	Description (See instructions regarding type of information required.)		
Date 1-31-24	Payee name Brazoria County Republican Party			
Amount (\$) \$ 150.00	Payee address: 204 Sugar Cane Trace	City Lake Jackson	State TX	Zip Code 77566
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Purchased 2 Tickets To Lincoln/Reagan Banquet	Description (See instructions regarding type of information required.)		
Date 2-10-24	Payee name Academy			
Amount (\$) \$ 95.00	Payee address: 120 TX Hwy 332	City Lake Jackson	State TX	Zip Code 77566
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Purchased UT Shirt To Donate To	Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Donald W "Dude" Payne Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 2-12-24	5 Payee name BISD Education Foundation	
6 Amount (\$) \$ 100. <sup>00</sup>	7 Payee address: 301 Brazoswood Dr.	City State Zip Code Clute TX 77531
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Purchased Raffle Tickets	(b) Description (See instructions regarding type of information required.)
Date 2-20-24	Payee name BACH	
Amount (\$) \$ 100. <sup>00</sup>	Payee address: 120 Hospital Drive	City State Zip Code Angleton TX 77515
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.)
Date 2-28-24	Payee name BACH	
Amount (\$) \$ 275. <sup>00</sup>	Payee address: 120 Hospital Drive	City State Zip Code Angleton TX 77515
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.)
Date 3-4-24	Payee name Brazoria County Library Foundation	
Amount (\$) \$ 50. <sup>00</sup>	Payee address: 912 N. Velasco	City State Zip Code Angleton TX 77515
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Purchased 1 Ticket To Arthur Dinner	Description (See instructions regarding type of information required.)

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**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Donald W "Dude" Payne Sr.	3 Filer ID (Ethics Commission Filers)
4 Date 3-14-24	5 Payee name Lions Charter District 2-54	
6 Amount (\$) \$ 35.00	7 Payee address: 7926 Jordan Road	City State Zip Code Marvel Tx 77578
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Sponsor A Flag	(b) Description (See instructions regarding type of information required.)
Date 4-8-24	Payee name Kroger	
Amount (\$) \$ 77.00	Payee address: 800 Dixie Drive	City State Zip Code Clute Tx 77531
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Purchase Drinks For Exchange Club Golf Tournament	Description (See instructions regarding type of information required.)
Date 4-8-24	Payee name Exchange Club of Angleton	
Amount (\$) \$ 250.00	Payee address: P.O. Box 1196	City State Zip Code Angleton Tx 77515
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Sponsor 1/2 Team For Golf Tournament w/ Joe Gardzina	Description (See instructions regarding type of information required.)
Date 4-29-24	Payee name Brazosport Area Chamber of Commerce	
Amount (\$) \$ 75.00	Payee address: 300 Abner Jackson Pkwy	City State Zip Code Lake Jackson Tx 77566
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Annual Dues	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Donald W "Dude" Payne Sr.		3 Filer ID (Ethics Commission Filers)	
4 Date 10-18-24	5 Payee name Boy Scouts of America			
6 Amount (\$) \$ 250.00	7 Payee address: 3020 53 <sup>rd</sup> Street	City Galveston	State TX	Zip Code 77551
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation @ Breakfast		(b) Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address:	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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" \*\***

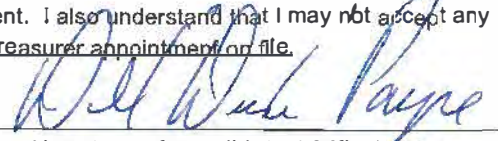
1 C/OH NAME

Donald W. "Dude" Payne Sr.

2 Filer ID (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:

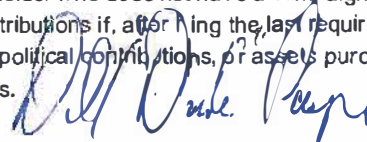
- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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, 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.



Signature of Officeholder