Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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:

**OFFICE USE ONLY**

Date Received 2013 JAN 11 AM 10:58

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR | FIRST: Rosa | MI: E.

NICKNAME | LAST: Treviño | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ change of address

ADDRESS / PO BOX: 13700 Alan Ave. | APT / SUITE #: | CITY: Pharr | STATE: TX | ZIP CODE: 78577

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (956) | PHONE NUMBER: 781-1446 | EXTENSION: (956)460-5039

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR | FIRST: Carlos | MI:

NICKNAME | LAST: Treviño | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (956) | PHONE NUMBER: 380-6413 | EXTENSION: (956)460-5925

**9 REPORT TYPE**

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 01 / 01 / 2012 THROUGH 12 / 31 / 2012

**11 ELECTION**

ELECTION DATE Month / Day / Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Justice of the Peace PCT. 2 PL. 2

**13** OFFICE SOUGHT (if known): Justice of the Peace PCT. 2 PL. 2

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14** C/OH NAME

**15** ACCOUNT # (Ethics Commission Filers)

**16** NOTICE FROM POLITICAL COMMITTEE(S)

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17** CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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- |
| 3. | TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ -0- |
| **4.** | **TOTAL POLITICAL EXPENDITURES** | $ -0- |
| 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ -0- |
| 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ -0- |

**18** 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.

Signature of Candidate or Officeholder

RACHEL BUENO
MY COMMISSION EXPIRES
February 18, 2013

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rosa E. Treviño, this the 08TH day of January, 20 13, to certify which, witness my hand and seal of office.

| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|---|---|---|
| Rachel Bueno | Rachel Bueno | Notary Public |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A:

2 FILER NAME: Rosa E. Treviño

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| | NO ACTIVITY | | (If travel outside of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor ☐ 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) |
| 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 foradditional reporting requirements.**

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# PLEDGED CONTRIBUTIONS

**SCHEDULE B**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule B:

2 FILER NAME Rosa E. Trevino

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

| 5 Date | 6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge ($) | 9 In-kind description (if applicable) |
|---|---|---|---|
| | NO ACTIVITY | | (If travel outside of Texas, complete Schedule T) |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| | | | (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#:_____) Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| | | | (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#:_____) Pledgor address; City; State; Zip Code | Amount of pledge ($) | In-kind description (if applicable) |
| | | | (If travel outside of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

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# LOANS

## SCHEDULE E

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule E:

**2** FILER NAME ROSA. E. TREVIÑO

**3** ACCOUNT # (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

**5** Date of loan

**6** Is lender a financial Institution? Y N

**7** Name of lender ☐ out-of-state PAC (ID#:_____)

**8** Lender address; City; State; Zip Code

NO ACTIVITY

**9** Loan Amount ($)

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)

**13** Employer (See Instructions)

**14** Description of Collateral ☐ none

**15** Check if personal funds were deposited into political account ☐

**16** GUARANTOR INFORMATION ☐ not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

Check if personal funds were deposited into political account ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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.**

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# POLITICAL EXPENDITURES

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule F: | **2** FILER NAME | **3** ACCOUNT # (Ethics Commission Filers) |
| **4** Date | **5** Payee name | |
| **6** Amount ($) | **7** Payee address; City; State; Zip Code<br>NO ACTIVITY | |
| **8 PURPOSE OF EXPENDITURE** | **(a)** Category (See categories listed at the top of this schedule) | **(b)** Description (If travel outside of Texas, complete Schedule T) |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE OF EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE OF EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE OF EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule G: | **2** FILER NAME | **3** ACCOUNT # (Ethics Commission Filers) |
| **4** Date | **5** Payee name | |
| **6** Amount ($)<br>☐ Reimbursement from political contributions intended | **7** Payee address; City; State; Zip Code<br>NO ACTIVITY | |
| **8 PURPOSE OF EXPENDITURE** | **(a)** Category (See categories listed at the top of this schedule) | **(b)** Description (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount ($)<br>☐ Reimbursement from political contributions intended | 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 T) |
| Date | Payee name | |
| Amount ($)<br>☐ Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| **PURPOSE OF EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount ($)<br>☐ Reimbursement from political contributions intended | 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 T) |

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

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule H: | **2** FILER NAME | **3** ACCOUNT # (Ethics Commission Filers) |
| **4** Date | **5** Business name | |
| **6** Amount ($) | **7** Business address; City; State; Zip Code<br>NO ACTIVITY | |
| **8 PURPOSE OF EXPENDITURE** | **(a)** Category (See categories listed at the top of this schedule) | **(b)** Description (If travel outside of Texas, complete Schedule T) |
| **9** Complete ONLY 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 EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY 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 EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY 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 EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule I: | **2** FILER NAME | **3** ACCOUNT # (Ethics Commission Filers) |
| **4** Date | **5** Payee name | |
| **6** Amount ($) | **7** Payee address; City; State; Zip Code<br>NO ACTIVITY | |
| **8 PURPOSE OF EXPENDITURE** | **(a)** Category (See categories listed at the top of this schedule) | **(b)** Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE OF EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE OF EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount ($) | Payee address; City; State; Zip Code | |
| **PURPOSE OF EXPENDITURE** | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

**SCHEDULE K**

| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: |
|---|---|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |

| 4 Date | 5 Name of person from whom amount is received<br>6 Address of person from whom amount is received; City; State; Zip Code<br>NO ACTIVITY | 8 Amount ($) |
|---|---|---|
| | 7 Purpose for which amount is received | |

| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Purpose for which amount is received | |

| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Purpose for which amount is received | |

| Date | Name of person from whom amount is received<br>Address of person from whom amount is received; City; State; Zip Code | Amount ($) |
|---|---|---|
| | Purpose for which amount is received | |

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

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

**SCHEDULE T**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule T:

2 FILER NAME ROSA E. TREVINO

3 ACCOUNT # (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling ND ACTIVITY

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

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

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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 SCHEDULE AS NEEDED**

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# 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 Filers) |
|---|---|
| | |

**3 SIGNATURE**

NO ACTIVITY

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