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

## FORM JC/OH COVER SHEET PG 1

(512) 463-5800

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 ACCOUNT #	2 Total aggs filed:
The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	MR. DON	$\mathcal{T}$ .	Date Received
NAME	NICKNAME LAST	SUFFIX	Date Nocorred
	HASE		20 ELE BY:{
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmanked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed.
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  NICKNAME LAST	SUFFIX	Date Imaged C
	HASE		
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 PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 5 / 19 /	Year
11 ELECTION	Month ELECTION DATE Year Amonth Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		JUDGE, COUN	TY CRIMINAL
		COUPT 3	+ (TARRAMI)
GO TO PAGE 2			

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

m-1-1				
14 C/OH NAME	DON T	. IHASE	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.			
1	COMMITTEE TYPE	COMMITTEE NAME		
$ \mathcal{N} ^{R}$	GENERAL SPECIFIC	COMMITTEE ADDRESS	all a column and the deal of	
additional pages	COMMITTEE CAMPAIGN TREASURER NAME			
	NA	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIS		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	550,00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	16,915,06
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS REPORTING PERIOD	T DAY \$	3740.40
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O AY OF THE REPORTING PERIOD	F THE \$	6000,00
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.  MALINDA A DAVIS Notary Public, State of Texas My Commission Expires December 22, 2014  Signature of Candidate or Officeholder				
AFFIX NOTARY STA	MP / SEAL ABOVE	2 1146	-	
Sworn to and sub	11/1/1/2	me, by the said , to certify which, witness		, this the
Signature of officer adm	Mauy inistering oath	Mainda Davis  Print name of officer administering oath	Title of officer	Muldic administering oath

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

# SCHEDULE A (J)

(512) 463-5800

		· · · · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to complete this form.	Total pages Schedule A(J):     Z	
2 FILER NAME	DON T. HASE	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)  MARY HUSLIG	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)	
2-24-14	MARY HUSLIG  6 Contributor address; City; State; Zip Code  7309 FOSSIL RIM TRAIL	725000	
	ARLINGTON, TX 76002	(If travel outside of Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation  LES HR CH SERVICES COORD RESE  mployer/law firm  12 Law firm of cont	arch LIBRARIAN	
11 Contributor's e	mployer/law firm  12 Law firm of cont  13 Law firm of cont  24 Law firm of cont  25 a child, law firm of parent(s) (if any)	ributor's spouse (if any)	
13 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description(if applicable)	
2-24-14	Contributor address; City; State; Zip Code  3340 THORN TREE CT	\$10000	
	ARLINGTON TX 76016	(If travel outside of Texas, complete Schedule T)	
Contributor's p	rincipal occupation  OPTOMETRIST  Contributor's joint of the contributor's polymerate of the c	OMETRIST	
Contributor's e	mployer/law firm  F CURTIS O.D., P.C.  Law firm of cont	ributor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#)  BRUCE BEASLEY	Amount of In-kind contribution contribution (\$) description(if applicable)	
2-27-14	Contributor address; City; State; Zip Code 777 MAIN # 600	\$100 00	
	FT WORTH TX 76102	(If travel outside of Texas, complete Schedule T)	
Contributor's p	rincipal occupation Contributor's job ATTOLUEY AT LAW ATTO		
Contributor's employer/law firm  LAU OFFICE OF BRUCE BEASLEY  Law firm of contributor's spouse (if any)  N/A			
If contributor is a child, law firm of parent(s) (if any)			
	/~!		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **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):	
2 FILER NAME	DON T. HASE		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:  TERRY BARLOW	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
3-3-14	TERRY BARLOW  6 Contributor address; City; State; Zip Code  1117 NIGHT HAWK RD		\$100°°	
	FT WORTH TX 2	16108		of Texas, complete Schedule T)
9 Contributor's	ATTORNEY AT LAW	10 Contributor's job to ATTO	ENDY AT	LAW
11 Contributor's	employer/law firm ONES	12 Law firm of contril	butor's spouse (if any	y)
13 If contributor	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	l   
Contributor's	principal occupation	Contributor's job	title	s de su de la constante de la
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 contributorout-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			] 
			(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 SCHEDULE AS NEEDED

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

(512) 463-5800

#### **POLITICAL EXPENDITURES**

# SCHEDULE ${f F}$

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	ntract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundrals	sing Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Distr	
Fees	Printing Expense Office Overhead/Re	
	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2	Don T. 1-	HASE
4 Date	5 Payee name	
2- 24-14	1 -	
	PIRYX INC  7 Payee address; City; State; Zip Code	
6 Amount (\$)		
	144 2ND ST	
14.38	50.46.4	CA 94105
	SAN FRANCISCO	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FUNDRALSING EXPENSE	CREDIT CARD FEE
EXPENDITURE		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	OH .	
Data	Payee name	
Date 2 - 2 4 - 1 4	1 , 4 ,	•
2-29-17	PIRYX INC	
Amount (\$)	Payee address; City; State; Zip Code	
	144 2ND ST	
5,75		D CA 94105
5117	SAN FRANCISC	O CA 99105
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	F 112 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1114 - 50
EXPENDITURE	FUNDRAISING EXPENSE	CREDIT CARD FEE
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	OH .	
Date	Payee name	
2-27-14	PIRTY INC	
Amount (\$)	Payee address; City; State; Zip Code	
	144 2ND ST	
5.75	7 2 - 7	0. 4
	SAN FRANCISCO	CA 94105
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	C 132 04.1.450 = 0 .11 =	CANA TO
EXPENDITURE	FUNDRAISING EXPENSE	CREDIT CARD FEE
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	OH .	
Date	Payee name	
3-3-14	PIFYX INC	
Amount (\$)	PIRYX INC Payee address; City; State; Zip Code 144 2 ND ST	
<b>,</b> . <b>,</b>	144 2ND ST	
5,75	2	1 C11105
ハイフ	SAN PRANCISCO	CA 94105
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		, , ,
EXPENDITURE	FUNDRAISING EXPENSE	CREDIT CARD FEE
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		-
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### POLITICAL EXPENDITURES

# SCHEDULE ${f F}$

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co	
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District	sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Distr	
Fees	Printing Expense Office Overhead/R	ental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2	DON T. F	+17=
4 Date	5 Payee name	240-11
2-27-14	TARRANT COUNTY R	FPUBLICAN PACTY
6 Amount (\$)	7 Payee address; City; State; Zip Code 2 40 5 GRAVEL	Bin a se
5. 00	2403 GRAVEL	TRIDRIVE
\$400°€	FT WONTH T	x I
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ASVERTISING EXPENSE	As SDIO
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		
Date	Payee name	
3-10-14	PLAN A+B ADVISOR	25 LLC
Amount (\$)	Payee address: City: State: Zin Code	
4 . 2 . 92	420 THROKNORT	ON ST #200
\$896 92	FT WORTH TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)  WESSITE, SOCIAL MEDIA  PUSITEMPS
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		omes and
Date 2 RI_1比	Payee name	0.5
3-21-14	KOURTNEE MCINTU	RF
Amount (\$)	Payee address; City; State; Zip Code 2007 57ACEY C.7	
7260 OD		
*260°Q	ARZINGTON TX	16013
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CONTRACT LABOR	POLL WALKER
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		
Date	Payer came	
Date 4-1-)4	Payee name  MORGAN WINDE	$\omega$
Amount (\$)	Payee address; City; State; Zip Code	S
9120 =	3411 WESTCLIFF RD	
150	FT WORTH TX	76109
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CONTRACT LABOR	POLL WOLKER
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		CC SSSg
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

#### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	l
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By trict Candidate/Officeholder/Political Committee	ı
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME DON T. HASE	3 ACCOUNT # (Ethics Commission File	ers)
4 Date	5 Payee name		
3-22-14	TARRANT COUNTY REP. 7 Payee address; City; State; Zip Code 2405 GRAVEL DRIVE	UBLICAN PARTY	
6 Amount (\$) (+ & 7, 50)	FT WORTH, TX	76118	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  REFUND OF HALF OF LINCOL  DAY TABLE FEE (LST'D 12-1	N
EXPENDITURE	ADVERTHING EXPENSE	DAY TABLE FEE (ROT'D 12-	17-13
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	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/O	Candidate / Officeholder name H	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/O	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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

(512) 463-5800

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME  DON  T. HASE  3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	
2-24-14	FED EX	
6 Amount (\$)  \$ 16 1 \to 0 \tag{ Reimbursement from political contributions intended }}	7 Payee address; City; State; Zip Code 15 18 E. SOUTHLAKE BLVD SOUTHLAKE, TX	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ABVERTISING EXPENSE POSTCARDS	
Date	Payee name	
2-24-14	U. S. POSTAL SERVICE	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	ARLINGTON, TX 760049998	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ABURRISMG EXPONSE STARPS	
Date	Payee name	
2-24-14	U.S. POSTAL SERVICE	
Amount (\$) 9 27 20,00	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	FT WORTH TX 761619804	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ADVERTISING EXPENSE STAMPS	
Date	Payee name	
2-24-14	U.S. POSTAL SERVICE	
Amount (\$)	Payee address; City; State; Zip Code	
₹ 26 16, 00 Reimbursement from political contributions intended	FT WORTH, TX 761029997	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ADVURTISING EXPENSE STAMPS	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
7 555	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
2	DON T. HASE
4 Date	5 Payee name
2-24-14	U.S. POSTAL SERVICE
6 Amount (\$) \$ 408,00	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	ARVINGTON TX 76 0174198
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE STAMPS
Date	Payee name
2-27-14	U.S. POSTAL SERVICE
Amount (\$) \$ 277.10	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	BEDFUED TX 760215896
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ABVARTISING GRAPHS STAMPS
Date	Payee name
2-27-14	FALCON DOCUMENT SOLUTIONS, LP
Amount (\$) \$ 4608.42	Payee address; City; State; Zip Code  301 COMMERCE ST # 240
Reimbursement from political contributions intended	FT WORTH TX 7
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	ADVERTISING EXPENSE MAILOUTS
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
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

# 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/OF	DON T, HASE  2 ACCOUNT # (Ethics Commission Filers)	
3 SIGN	NATURE	
I do no report or mai	of expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions are any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder	
	mplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	ck only one:	
Ø	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.	
В.	ASSETS	
Che	ck only one:	
Z	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	
-	CEHOLDER	
•• Complete this section <i>only</i> 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	