



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

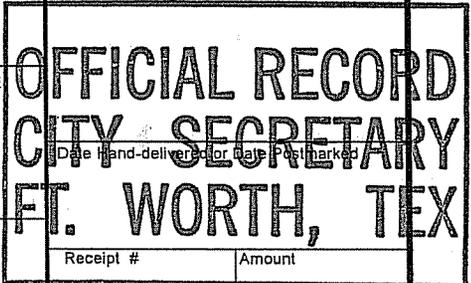
**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:** 21

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR FIRST MI  
 Hugh Carter  
 NICKNAME LAST SUFFIX  
 Burdette

**OFFICE USE ONLY**

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 4717 Lafayette Avenue  
 Fort Worth, Texas 76107  
 Change of Address



**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 ( 817 ) 737-5767

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR FIRST MI  
 Hugh Carter  
 NICKNAME LAST SUFFIX  
 Burdette

Receipt # Amount  
 Date Processed  
 Date Imaged

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 4717 Lafayette Avenue  
 Fort Worth, Texas 76107

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 ( 817 ) 737-5767

**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    THROUGH    Month Day Year  
 01 / 01 / 08    06 / 30 / 08

**11 ELECTION**  
 ELECTION DATE: Month Day Year  
 ELECTION TYPE:  Primary     Runoff     General     Special

**12 OFFICE**  
 OFFICE HELD (if any)  
 City Council Member

**13 OFFICE SOUGHT (if known)**

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 \*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*  
 Name  
 Address / PO Box; Apt. / Suite #; City; State; Zip Code  
 additional pages

**GO TO PAGE 2**

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

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

**15 C/OH NAME**  
H. Carter Burdette

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

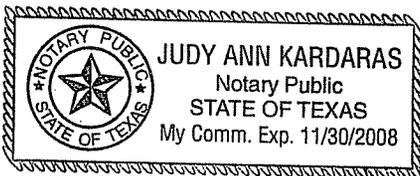
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

|   |   |  |
|---|---|--|
| <input type="checkbox"/> additional pages | <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS |
|---|---|--|

|                                |   |              |
|--------------------------------|---|--------------|
| <b>18 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ N/A       |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ - 0 -     |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ - 0 -     |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 7,630.91  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 12,319.13 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ N/A       |

**19 AFFIDAVIT**



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

*H. Carter Burdette*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said H. Carter Burdette, this the 14th day of July, 2008, to certify which, witness my hand and seal of office.

*Judy Ann Kardaras*  
Signature of officer administering oath

Judy Ann Kardaras, Notary Public, State of Texas  
Printed name of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |   |   |   |
|--|---|---|---|
| The Instruction Guide explains how to complete this form.    |   | <b>1</b> Total pages Schedule A:<br><b>1</b>      |   |
| <b>2</b> FILER NAME<br>H. Carter Burdette                    |   | <b>3</b> ACCOUNT # (Ethics Commission filers)     |   |
| <b>4</b> Date  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>N/A                               | <b>7</b> Amount of contribution (\$)              | <b>8</b> In-kind contribution description (if applicable) |
| <b>6</b> Contributor address; City; State; Zip Code          |   | (If travel outside of Texas, complete Schedule T) |   |
| <b>9</b> Principal occupation / Job title (See Instructions) |   | <b>10</b> Employer (See Instructions)             |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)          |
| Principal occupation / Job title (See Instructions)          |   | Employer (See Instructions)                       |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)          |
| Principal occupation / Job title (See Instructions)          |   | Employer (See Instructions)                       |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)          |
| Principal occupation / Job title (See Instructions)          |   | Employer (See Instructions)                       |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)          |
| Principal occupation / Job title (See Instructions)          |   | Employer (See Instructions)                       |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable)          |
| Principal occupation / Job title (See Instructions)          |   | Employer (See Instructions)                       |   |

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B: **1**

2 FILER NAME **H. Carter Burdette** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒      \$

|   |   |                         |                                       |
|---|---|-------------------------|---------------------------------------|
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>N/A</b> | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
|   | 7 Pledgor address; City; State; Zip Code  |                         |                                       |
| (If travel outside of Texas, complete Schedule T) |   |                         |                                       |

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

|   |  |                       |                                     |
|---|--|-----------------------|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>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 <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>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 <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>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 <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>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)

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

|              |                   |
|--------------|-------------------|
| <b>LOANS</b> | <b>SCHEDULE E</b> |
|--------------|-------------------|

|   |   |
|---|---|
| The Instruction Guide explains how to complete this form. | <b>1</b> Total pages Schedule E:<br><div style="text-align: center; font-weight: bold;">1</div> |
|---|---|

|  |   |
|--|---|
| <b>2</b> FILER NAME<br><div style="text-align: center; padding: 5px;">H. Carter Burdette</div> | <b>3</b> ACCOUNT # (Ethics Commission filers) |
|--|---|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨ | \$ |
|--|----|

|   |   |                           |
|---|---|---------------------------|
| <b>5</b> Date of loan   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><div style="text-align: center; padding: 5px;">N/A</div> | <b>9</b> Loan Amount (\$) |
| <b>6</b> Is lender a financial Institution?<br><br>Y            N | <b>8</b> Lender address;    City;    State;    Zip Code   | <b>10</b> Interest rate   |
|   |   | <b>11</b> Maturity date   |

|   |                                       |
|---|---------------------------------------|
| <b>12</b> Principal occupation / Job title (See Instructions) | <b>13</b> Employer (See Instructions) |
|---|---------------------------------------|

|  |
|--|
| <b>14</b> Description of Collateral<br><input type="checkbox"/> none |
|--|

|  |   |                                  |
|--|---|----------------------------------|
| <b>15</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>16</b> Name of guarantor<br><br>.....<br><b>17</b> Guarantor address;    City;    State;    Zip Code | <b>18</b> Amount Guaranteed (\$) |
|--|---|----------------------------------|

|                                |                    |
|--------------------------------|--------------------|
| <b>19</b> Principal Occupation | <b>20</b> Employer |
|--------------------------------|--------------------|

|  |  |                  |
|--|--|------------------|
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | Loan Amount (\$) |
| Is lender a financial Institution?<br><br>Y            N | Lender address;    City;    State;    Zip Code                         | Interest rate    |
|  |  | Maturity date    |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|  |
|--|
| Description of Collateral<br><input type="checkbox"/> none |
|--|

|   |   |                        |
|---|---|------------------------|
| <b>GUARANTOR INFORMATION</b><br><br><input type="checkbox"/> not applicable | Name of guarantor<br><br>.....<br>Guarantor address;    City;    State;    Zip Code | Amount Guaranteed (\$) |
|---|---|------------------------|

|                      |          |
|----------------------|----------|
| Principal Occupation | Employer |
|----------------------|----------|

|  |
|--|
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b><br>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. |
|--|

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | <b>1</b> Total pages Schedule F:<br><b>10</b>  |
| <b>2</b> FILER NAME<br>H. Carter Burdette  |   | <b>3</b> ACCOUNT # (Ethics Commission filers)  |
| <b>4</b> Date<br>1/3/08  | <b>5</b> Payee name<br>Charles Boswell Retirement Celebration<br><b>6</b> Payee address; City; State; Zip Code<br>1000 Throckmorton Street<br>Fort Worth, Texas 76102 | <b>7</b> Amount (\$)<br><br>\$100.00   |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Donation<br>(If travel outside of Texas, complete Schedule T)      |   | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held |
| Date<br>1/3/08   | Payee name<br>Charlie Geren Campaign<br>Payee address; City; State; Zip Code<br>P.O. Box 1440<br>Fort Worth, Texas 76101-1440   | Amount (\$)<br><br>\$200.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Political contribution<br>(If travel outside of Texas, complete Schedule T) |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |
| Date<br>1/10/08  | Payee name<br>Fort Worth Club<br>Payee address; City; State; Zip Code<br>307 W. 7th Street<br>Fort Worth, Texas 76102   | Amount (\$)<br><br>\$208.19  |
| Purpose of payment (See instructions regarding type of information required.)<br>Dues<br>(If travel outside of Texas, complete Schedule T)                   |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |
| Date<br>1/11/08  | Payee name<br>Charlie Geren Campaign<br>Payee address; City; State; Zip Code<br>P.O. Box 1440<br>Fort Worth, Texas 76101-1440   | Amount (\$)<br><br>\$200.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Political contribution<br>(If travel outside of Texas, complete Schedule T) |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | <b>1</b> Total pages Schedule F:   |
| <b>2</b> FILER NAME<br>H. Carter Burdette   |   | <b>3</b> ACCOUNT # (Ethics Commission filers)  |
| <b>4</b> Date<br>1/28/08  | <b>5</b> Payee name<br>AT&T Mobility<br><br><b>6</b> Payee address; City; State; Zip Code<br>P.O. Box 650553<br>Dallas, Texas 75265 | <b>7</b> Amount (\$)<br><br>\$47.56  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Cell phone service<br><br>(If travel outside of Texas, complete Schedule T) |   | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held |
| Date<br>2/13/08   | Payee name<br>Fort Worth Club<br><br>Payee address; City; State; Zip Code<br>307 W. 7th Street<br>Fort Worth, Texas 76102           | Amount (\$)<br><br>\$173.12  |
| Purpose of payment (See instructions regarding type of information required.)<br>Dues<br><br>(If travel outside of Texas, complete Schedule T)                        |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |
| Date<br>2/25/08   | Payee name<br>Kay Granger Campaign<br><br>Payee address; City; State; Zip Code<br>P.O. Box 17447<br>Fort Worth, Texas 76102         | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Political contribution<br><br>(If travel outside of Texas, complete Schedule T)      |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |
| Date<br>2/25/08   | Payee name<br>Tuskegee Airmen<br><br>Payee address; City; State; Zip Code<br>Box 8039<br>Topeka, Kansas 16608                       | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution<br><br>(If travel outside of Texas, complete Schedule T)                |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | <b>1</b> Total pages Schedule F:   |
| <b>2</b> FILER NAME<br>H. Carter Burdette   |   | <b>3</b> ACCOUNT # (Ethics Commission filers)  |
| <b>4</b> Date<br>3/1/08   | <b>5</b> Payee name<br>AT&T Mobility<br><br><b>6</b> Payee address; City; State; Zip Code<br>P.O. Box 650553<br>Dallas, Texas 75265 | <b>7</b> Amount (\$)<br><br>\$41.72  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Cell phone service<br><br>(If travel outside of Texas, complete Schedule T) |   | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>3/5/08  | Payee name<br>Catholic Charities<br><br>Payee address; City; State; Zip Code<br>1404 Hemphill Street<br>Fort Worth, Texas 76104     | Amount (\$)<br><br>\$2,000.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Building Fund contribution<br><br>(If travel outside of Texas, complete Schedule T)  |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>3/8/08  | Payee name<br>Fort Worth Club<br><br>Payee address; City; State; Zip Code<br>307 W. 7th Street<br>Fort Worth, Texas 76102           | Amount (\$)<br><br>\$173.12  |
| Purpose of payment (See instructions regarding type of information required.)<br>Dues<br><br>(If travel outside of Texas, complete Schedule T)                        |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>3/20/08   | Payee name<br>Dr. Camille Rodríguez Campaign<br><br>Payee address; City; State; Zip Code<br>Box 4764<br>Fort Worth, Texas 76104     | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Campaign contribution<br><br>(If travel outside of Texas, complete Schedule T)       |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | <b>1</b> Total pages Schedule F:   |
| <b>2</b> FILER NAME<br>H. Carter Burdette   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)  |
| <b>4</b> Date<br>3/28/08  | <b>5</b> Payee name<br>AT&T Mobility<br><hr/> <b>6</b> Payee address; City; State; Zip Code<br>P.O. Box 650553<br>Dallas, Texas 75265              | <b>7</b> Amount (\$)<br><br>\$47.56  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Cell phone service<br>(If travel outside of Texas, complete Schedule T) |  | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>3/28/08   | Payee name<br>Fort Worth Sister Cities, Int'l.<br><hr/> Payee address; City; State; Zip Code<br>808 Throckmorton Street<br>Fort Worth, Texas 76102 | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Membership dues<br>(If travel outside of Texas, complete Schedule T)             |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>4/5/08  | Payee name<br>Fort Worth Club<br><hr/> Payee address; City; State; Zip Code<br>307 W. 7th Street<br>Fort Worth, Texas 76102                        | Amount (\$)<br><br>\$372.50  |
| Purpose of payment (See instructions regarding type of information required.)<br>Dues<br>(If travel outside of Texas, complete Schedule T)                        |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>4/5/08  | Payee name<br>National Slavery Museum<br><hr/> Payee address; City; State; Zip Code<br>Box 96621<br>Washington, DC 20077                           | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution<br>(If travel outside of Texas, complete Schedule T)                |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME  
H. Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 Date  
4/5/08

5 Payee name  
Navy League of U.S.

7 Amount (\$)

6 Payee address; City; State; Zip Code  
6065 Wimbleton Way  
Fort Worth, Texas 76133

\$70.00

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

Contribution

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date  
4/5/08

Payee name  
Ray Dickerson Campaign

Amount (\$)

Payee address; City; State; Zip Code

5721 Monticello Drive  
Fort Worth, Texas 76107

\$100.00

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

Political Contribution

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date  
4/9/08

Payee name  
Carmelite Nuns/Our Lady of Grace Monestery

Amount (\$)

Payee address; City; State; Zip Code

6202 CR 339  
Christoral, Texas 76935

\$500.00

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

Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

4/29/08

Payee name  
Leadership Fort Worth

Amount (\$)

Payee address; City; State; Zip Code

777 Taylor Street  
Fort Worth, Texas 76102

\$200.00

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

Donation

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | <b>1</b> Total pages Schedule F:   |
| <b>2</b> FILER NAME<br>H. Carter Burdette   |   | <b>3</b> ACCOUNT # (Ethics Commission filers)  |
| <b>4</b> Date<br>4/29/08  | <b>5</b> Payee name<br>AT&T Mobility<br><br><b>6</b> Payee address; City; State; Zip Code<br>P.O. Box 650553<br>Dallas, Texas 75265         | <b>7</b> Amount (\$)<br><br>\$47.67  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Cell phone service<br><br>(If travel outside of Texas, complete Schedule T) |   | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held |
| Date<br>4/29/08   | Payee name<br>Nolan Catholic High School<br><br>Payee address; City; State; Zip Code<br>4501 Bridge Street<br>Fort Worth, Texas 76103       | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution<br><br>(If travel outside of Texas, complete Schedule T)                |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |
| Date<br>4/29/08   | Payee name<br>National Cowboys of Color Museum<br><br>Payee address; City; State; Zip Code<br>2401 Scott Avery<br>Fort Worth, Texas 76103   | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution<br><br>(If travel outside of Texas, complete Schedule T)                |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |
| Date<br>4/29/08   | Payee name<br>United Community Center, Inc.<br><br>Payee address; City; State; Zip Code<br>1200 E. Maddox Avenue<br>Fort Worth, Texas 76104 | Amount (\$)<br><br>\$250.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Summer Camp donation<br><br>(If travel outside of Texas, complete Schedule T)        |   | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held          |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME  
H. Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 Date  
4/30/08

5 Payee name  
Veterans Memorial Air Park

7 Amount (\$)

6 Payee address; City; State; Zip Code

505 N.W. 38th Street South  
Fort Worth, Texas 76106

\$100.00

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

Donation

(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/30/08

Glen Whitley Campaign

Payee address; City; State; Zip Code

345 Charleston Place  
Hurst, Texas 76054

\$100.00

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

Political contribution

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/11/08

Fort Worth Club

Payee address; City; State; Zip Code

307 W. 7th Street  
Fort Worth, Texas 76102

\$159.13

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

Dues

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/25/08

AT&T Mobility

Payee address; City; State; Zip Code

P.O. Box 650553  
Dallas, Texas 75265

\$47.15

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

Cell phone service

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | <b>1</b> Total pages Schedule F:              |
| <b>2</b> FILER NAME<br>H. Carter Burdette   |   | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> Date<br>5/25/08  | <b>5</b> Payee name<br>John McCain for President<br><br><b>6</b> Payee address; City; State; Zip Code<br>Box 7802<br>Merryfield, Virginia 22116 | <b>7</b> Amount (\$)<br><br>\$100.00          |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br><br>Political contribution<br><br>(If travel outside of Texas, complete Schedule T) | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held                        |   |
| Date<br>5/25/08   | Payee name<br>Van Cliburn Foundation<br><br>Payee address; City; State; Zip Code<br>2525 Ridgmar Boulevard #307<br>Fort Worth, Texas 76116      | Amount (\$)<br><br>\$100.00                   |
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution<br><br>(If travel outside of Texas, complete Schedule T)                        | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held                                 |   |
| Date<br>5/25/08   | Payee name<br>Ray Dickerson Campaign<br><br>Payee address; City; State; Zip Code<br>2720 W. 7th Street,<br>Fort Worth, Texas 76102              | Amount (\$)<br><br>\$100.00                   |
| Purpose of payment (See instructions regarding type of information required.)<br>Political Contribution<br><br>(If travel outside of Texas, complete Schedule T)              | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held                                 |   |
| Date<br>5/25/08   | Payee name<br>J.D. Johnson Campaign<br><br>Payee address; City; State; Zip Code<br>Box 136021<br>Fort Worth, Texas 76136                        | Amount (\$)<br><br>\$100.00                   |
| Purpose of payment (See instructions regarding type of information required.)<br>Political contribution<br><br>(If travel outside of Texas, complete Schedule T)              | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held                                 |   |

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | <b>1</b> Total pages Schedule F:   |
| <b>2</b> FILER NAME<br>H. Carter Burdette   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)  |
| <b>4</b> Date<br>5/25/08  | <b>5</b> Payee name<br>Amon Carter Museum<br><br><b>6</b> Payee address; City; State; Zip Code<br>3501 Camp Bowie Boulevard<br>Fort Worth, Texas 76107 | <b>7</b> Amount (\$)<br><br>\$100.00   |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Contribution<br>(If travel outside of Texas, complete Schedule T)                 |  | <b>9</b> .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>5/25/08   | Payee name<br>Artes de la Rosa<br><br>Payee address; City; State; Zip Code<br>1440 N. Main Street<br>Fort Worth, Texas 76164                           | Amount (\$)<br><br>\$100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Contribution<br>(If travel outside of Texas, complete Schedule T)                          |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>6/6/08  | Payee name<br>Joel Cervantez<br><br>Payee address; City; State; Zip Code<br>7000 Wycliff Street<br>Fort Worth, Texas 76116                             | Amount (\$)<br><br>\$500.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Princeton summer program contribution<br>(If travel outside of Texas, complete Schedule T) |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |
| Date<br>6/6/08  | Payee name<br>Fort Worth Club<br><br>Payee address; City; State; Zip Code<br>307 W. 7th Street<br>Fort Worth, Texas 76102                              | Amount (\$)<br><br>\$193.19  |
| Purpose of payment (See instructions regarding type of information required.)<br>Dues<br>(If travel outside of Texas, complete Schedule T)                                  |  | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name      Office sought      Office held          |

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME  
H. Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 Date  
6/19/08

5 Payee name  
Kevin Melton (Curt Melton Fund)

7 Amount (\$)

6 Payee address; City; State; Zip Code  
815 Wiggins R.  
Maypearl, Texas 76064

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)  
Contribution  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|   |  |
|---|--|
| The Instruction Guide explains how to complete this form. | <b>1</b> Total pages Schedule G:<br><div style="text-align: center; font-size: 1.2em;">1</div> |
| <b>2</b> FILER NAME<br>H. Carter Burdette                 | <b>3</b> ACCOUNT # (Ethics Commission filers)  |

|   |   |  |
|---|---|--|
| <b>4</b> Date   | <b>5</b> Payee name<br>N/A .....<br><b>6</b> Payee address; City; State; Zip Code | <b>8</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
| <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |   |  |

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

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

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

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

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

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

## SCHEDULE H

|   |  |   |  |
|---|--|---|--|
| The Instruction Guide explains how to complete this form.   |  | <b>1</b> Total pages Schedule H:<br><b>1</b>  |  |
| <b>2</b> FILER NAME<br>H. Carter Burdette   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)   |  |
| <b>4</b> Date   | <b>5</b> Business name<br>N/A  | <b>7</b> Amount (\$)  |  |
| <b>6</b> Business address; City; State; Zip Code  |  |   |  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) | <b>9</b> ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |   |  |
| Date  | Business name<br><br>Business address; City; State; Zip Code   | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)          |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |  |
| Date  | Business name<br><br>Business address; City; State; Zip Code   | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)          |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |  |
| Date  | Business name<br><br>Business address; City; State; Zip Code   | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)          |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |  |
| Date  | Business name<br><br>Business address; City; State; Zip Code   | Amount (\$)   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)          |  | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name      Office sought      Office held |  |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | <b>1</b> Total pages Schedule I:<br><b>1</b>  |
| <b>2</b> FILER NAME<br>H. Carter Burdette                 |  | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> Date   | <b>5</b> Payee name<br>N/A   | <b>8</b> Amount (\$)                          |
|   | <b>6</b> Payee address; City; State; Zip Code  |   |
|   | <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) |   |
| Date  | Payee name<br>.....<br>Payee address; City; State; Zip Code                                | Amount (\$)                                   |
|   | Purpose of expenditure (See instructions regarding type of information required.)          |   |
| Date  | Payee name<br>.....<br>Payee address; City; State; Zip Code                                | Amount (\$)                                   |
|   | Purpose of expenditure (See instructions regarding type of information required.)          |   |
| Date  | Payee name<br>.....<br>Payee address; City; State; Zip Code                                | Amount (\$)                                   |
|   | Purpose of expenditure (See instructions regarding type of information required.)          |   |
| Date  | Payee name<br>.....<br>Payee address; City; State; Zip Code                                | Amount (\$)                                   |
|   | Purpose of expenditure (See instructions regarding type of information required.)          |   |

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**CREDITS (optional)**

**SCHEDULE K**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form. |   | <b>1</b> Total pages Schedule K:<br><b>1</b>  |
| <b>2</b> FILER NAME<br>H. Carter Burdette                 |   | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> Date   | <b>5</b> Payor name<br>N/A<br><b>6</b> Payor address; City; State; Zip Code<br><br><b>7</b> Reason for credit | <b>8</b> Amount (\$)                          |
| Date  | Payor name<br>.....<br>Payor address; City; State; Zip Code<br><br>Reason for credit                          | Amount (\$)                                   |
| Date  | Payor name<br>.....<br>Payor address; City; State; Zip Code<br><br>Reason for credit                          | Amount (\$)                                   |
| Date  | Payor name<br>.....<br>Payor address; City; State; Zip Code<br><br>Reason for credit                          | Amount (\$)                                   |
| Date  | Payor name<br>.....<br>Payor address; City; State; Zip Code<br><br>Reason for credit                          | Amount (\$)                                   |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>    |   |   |

**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:<br><b>1</b>  |
| 2 FILER NAME<br><b>H. Carter Burdette</b>  |  | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><b>N/A</b>  |  |  |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |  |  |
| 6 Dates of travel  | 7 Name of person(s) traveling  |  |
|  | 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:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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)    |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>   |  |  |

**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**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder