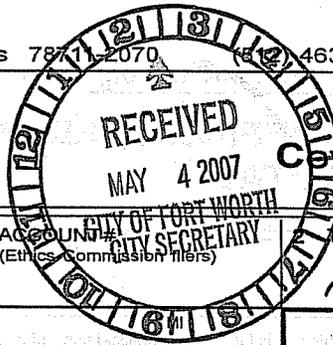


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1



The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNTING (Ethics Commission filers)

Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST NICKNAME SUFFIX  
 CHUCK SILCOX

**OFFICE USE ONLY**

Date Received

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX**

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 4221 SELKIRK DR. W.  
 FORT WORTH, TX. 76109

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (817) 925-2006

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX  
 as above

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 as above

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 ( ) as above

9 REPORT TYPE

January 15  30th day before election  Final report (Attach C/OH - FR)  Exceeded \$500 limit  
 July 15  8th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
 / / THROUGH 05 / 04 / 07

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  
 05 / 12 / 07  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
 City Council - Dist. 3

13 OFFICE SOUGHT (if known)  
 same

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 \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

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

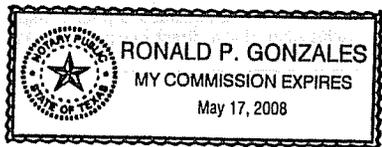
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	YOUTH FOR TEXAS
	COMMITTEE ADDRESS	1000 N. BRASSFIELD BLVD DALLAS, TX 75207
	COMMITTEE CAMPAIGN TREASURER NAME	WILLIAM B. BERRY
	COMMITTEE CAMPAIGN TREASURER ADDRESS	1000 N. BRASSFIELD BLVD DALLAS, TX 75207

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	—
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,000 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	—
	4. TOTAL POLITICAL EXPENDITURES	\$	7479.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	109,956.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	—

**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.



Chuck Silcox  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chuck Silcox, this the 4th day of May, 2007, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Signature of officer administering oath  
Ronald P. Gonzales Printed name of officer administering oath  
Notary Title of officer administering oath

**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 <i>Chuck Silcox</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/4/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William D Tiedtke</i>	7 Amount of contribution (\$) <i>50<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6490 WOODSTOCK RD. FW, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greater FW Asso. of Realtors PAC</i>	Amount of contribution (\$) <i>2500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2650 PARKVIEW DR. FW, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G. Malcolm Louden</i>	Amount of contribution (\$) <i>2500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 W. 7th St, #1007 FW, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald K Cates II</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4125 Cumberland Pass, # 611 FW, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IRVING R. NAPERT</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7039 LAVERDALE Ave Dallas, TX 75230</i>		(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.

# 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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MC or KC Matson</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>5/4/07</i>	6 Contributor address; City; State; Zip Code <i>6512 Mesa Ridge Ct FW, Tx 76137</i>	<i>100<sup>00</sup></i>	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chesapeake Corp - PAC</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>5/4/07</i>	Contributor address; City; State; Zip Code <i>PO Box 18576 OKC, OK 73154</i>	<i>100<sup>00</sup></i>	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>XTO Energy - PAC</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>5/4/07</i>	Contributor address; City; State; Zip Code <i>810 Houston St. #2000 FW, Tx. 76102</i>	<i>500<sup>00</sup></i>	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip Pede</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>5/4/07</i>	Contributor address; City; State; Zip Code <i>FW, Tx.</i>	<i>250<sup>00</sup></i>	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-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)
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.

# POLITICAL EXPENDITURES

# SCHEDULE F

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 Payee address; City; State; Zip Code	7 Amount (\$)
--------	--	---------------

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

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  Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

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  Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

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**

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<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#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  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 <input type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <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?  Y        N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule G:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address;            City;   State;   Zip Code ..... <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<b>8</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address;            City;   State;   Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

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

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

## SCHEDULE H

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

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

<b>The Instruction Guide explains how to complete this form.</b>	<b>1</b> Total pages Schedule I: _____
<b>2</b> FILER NAME _____	<b>3</b> ACCOUNT # (Ethics Commission filers) _____

<b>4</b> Date	<b>5</b> Payee name	<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	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payor name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payor address; City; State; Zip Code <hr/> <b>7</b> Reason for credit	<b>8</b> Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> Reason for credit	Amount (\$)
Date	Payor name <hr style="border-top: 1px dotted black;"/> Payor address; City; State; Zip Code <hr/> 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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<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 <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
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:		
<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 <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
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:		
<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 <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
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 FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

**1 C/OH NAME**

**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