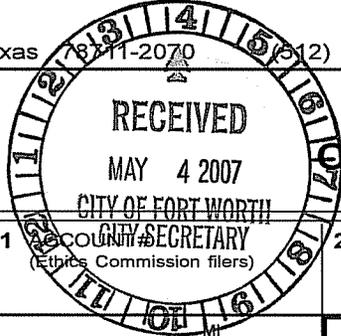


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: **11**

3 CANDIDATE / OFFICEHOLDER NAME

MRS / MRS / MR FIRST LAST MI SUFFIX  
**Lonnie Woods E**

**OFFICE USE ONLY**

Date Received

OFFICIAL RECORD  
 Date Hand-delivered or Date Postmarked  
**CITY SECRETARY  
 FT. WORTH, TEX**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 531 2115**

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST MI SUFFIX  
**LISA Melton**

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**5700 E. Loop 820 S., Ft. Worth, TX 76119**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 825-1364**

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  
**4 / 4 / 07 THROUGH 5 / 4 / 07**

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  
**5 / 12 / 07**     Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**City Council District 5**

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

**N/A**

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**

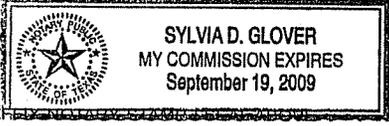
|                     |  |
|---------------------|--|
| <b>15 C/OH NAME</b> | <b>16 ACCOUNT # (Ethics Commission Filers)</b> |
|---------------------|--|

|   |   |   |
|---|---|---|
| <b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> additional pages | ** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ** |   |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | <b>COMMITTEE NAME</b><br><br><div style="font-size: 2em; text-align: center;">N/A</div> |
|   |   | <b>COMMITTEE ADDRESS</b>  |
|   |   | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  |
|   |   | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>   |

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

**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.

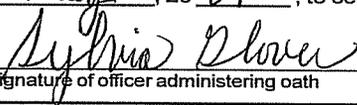


SYLVIA D. GLOVER  
MY COMMISSION EXPIRES  
September 19, 2009



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lonnie Woods, this the 4<sup>th</sup> day of May, 20 07, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Sylvia Glover

Printed name of officer administering oath

Notary

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |   |   |
|---|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                                    |  | <b>1</b> Total pages Schedule A:              |   |
| <b>2</b> FILER NAME<br><div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div> |  | <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><br>.....<br><b>6</b> Contributor address; City; State; Zip Code | <b>7</b> Amount of contribution (\$)          | <b>8</b> In-kind contribution description (if applicable) |
| <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><br>.....<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><br>.....<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><br>.....<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><br>.....<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:

2 FILER NAME N/A 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#: _____) | 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#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor address;      City; State; Zip Code                                 |                       |                                     |
| (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#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor address;      City; State; Zip Code                                 |                       |                                     |
| (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#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor address;      City; State; Zip Code                                 |                       |                                     |
| (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#: _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor 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.

**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<br><div style="text-align: center; font-size: 1.5em; margin-top: 10px;">N/A</div>  |   | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨ <span style="float: right;">\$</span> |   |   |
| <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?<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                                      |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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.** **1** Total pages Schedule F:

**2** FILER NAME N/A **3** ACCOUNT # (Ethics Commission filers)

|               |   |                      |
|---------------|---|----------------------|
| <b>4</b> Date | <b>5</b> Payee name                           | <b>7</b> Amount (\$) |
|               | <b>6</b> Payee 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> <b>** Complete if direct expenditure to benefit C/OH **</b><br>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.)<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 | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

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

|  |   |
|--|---|
| 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 |
|--|---|

**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. 1 Total pages Schedule G:

2 FILER NAME Lonnie Woods 3 ACCOUNT # (Ethics Commission filers)

|        |   |  |
|--------|---|--|
| 4 Date | 5 Payee name<br><u>Screen Graphix</u><br>6 Payee address; City; State; Zip Code<br><u>4833-G Brentwood Stair Rd. Ft Worth, TX 76103</u><br>7 Purpose of expenditure (See instructions regarding type of information required.)<br><u>Signs</u><br>(If travel outside of Texas, complete Schedule T) | 8 Amount (\$)<br><u>\$279.29</u><br><input type="checkbox"/> Reimbursement from political contributions intended |
|--------|---|--|

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

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

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

|      |  |   |
|------|--|---|
| Date | Payee name<br>Payee address; City; State; Zip Code<br>Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T) | Amount (\$)<br><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

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule H:  |
| 2 FILER NAME <span style="font-size: 2em; margin-left: 100px;">N/A</span>  |   | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date   | 5 Business name<br><br>.....<br>6 Business address; City; State; Zip Code | 7 Amount (\$)  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T) |   | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
| Date   | Business name<br><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)   |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |
| Date   | Business name<br><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)   |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |
| Date   | Business name<br><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)   |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held   |

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

2 FILER NAME N/A 3 ACCOUNT # (Ethics Commission filers)

|        |   |               |
|--------|---|---------------|
| 4 Date | 5 Payee name<br>.....<br>6 Payee address; City; State; Zip Code                     | 8 Amount (\$) |
|        | 7 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.) |             |

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

**CREDITS (optional)**

**SCHEDULE K**

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

2 FILER NAME N/A 3 ACCOUNT # (Ethics Commission filers)

|        |   |               |
|--------|---|---------------|
| 4 Date | 5 Payor name<br>.....<br>6 Payor address; City; State; Zip Code | 8 Amount (\$) |
|        | 7 Reason for credit   |               |

|      |   |             |
|------|---|-------------|
| Date | Payor name<br>.....<br>Payor address; City; State; Zip Code | Amount (\$) |
|      | Reason for credit   |             |

|      |   |             |
|------|---|-------------|
| Date | Payor name<br>.....<br>Payor address; City; State; Zip Code | Amount (\$) |
|      | Reason for credit   |             |

|      |   |             |
|------|---|-------------|
| Date | Payor name<br>.....<br>Payor address; City; State; Zip Code | Amount (\$) |
|      | Reason for credit   |             |

|      |   |             |
|------|---|-------------|
| Date | Payor name<br>.....<br>Payor address; City; State; Zip Code | Amount (\$) |
|      | Reason for credit   |             |

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

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

**SCHEDULE T**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule T:              |
| <b>2</b> FILER NAME  | N/A   | <b>3</b> ACCOUNT # (Ethics Commission filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |   |
| <b>5</b> 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-T <input type="checkbox"/> SPAC-T |   |   |
| <b>6</b> Dates of travel   | <b>7</b> Name of person(s) traveling  |   |
|  | <b>8</b> Departure city or name of departure location                               |   |
|  | <b>9</b> Destination city or name of destination location                           |   |
| <b>10</b> Means of transportation  | <b>11</b> 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-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:<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-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" \*\*

|                    |   |
|--------------------|---|
| <b>1 C/OH NAME</b> | <b>2 ACCOUNT #</b> (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