



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

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

**15 C/OH NAME** Suzette Watkins **16 ACCOUNT # (Ethics Commission Filers)**

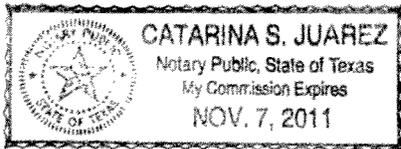
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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	\$ 178. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 933. <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 151.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 1707.91
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

Suzette Watkins  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Suzette Watkins, this the 14<sup>th</sup> day of January, 20 09, to certify which, witness my hand and seal of office.

Catarina S. Juarez

Catarina S Juarez

Notary

Signature of officer administering oath

Printed name of officer administering oath

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: <u>2</u>	
2 FILER NAME <u>Suzette Watkins</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/2/08</u>	5 Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hazel Neal</u>	7 Amount of contribution (\$) <u>\$100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>9153 Bussey Rd Silsbee, TX 77656</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/14/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Pam Kent</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1304 Crownhill Ct Arlington, TX 76012</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/14/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greg Kent</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1304 Crownhill Ct Arlington, TX 76012</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/1/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lahni Venable</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8633 Wishing Tree Lane NRH, TX 76180</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/8/08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Spivey</u>	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2101 Tarrant Ln. Colleyville, TX 76034</u>		(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: <span style="font-size: 1.5em; margin-left: 20px;">2</span>	
2 FILER NAME <span style="font-size: 1.5em; margin-left: 10px;">Suzette Watkins</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.5em; margin-left: 10px;">10/24/08</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em; margin-left: 10px;">Karen Flint</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 10px;">\$ 70</span>	8 In-kind contribution description (if applicable) <span style="font-size: 1.5em; margin-left: 10px;">liquor Beer + wine</span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.5em; margin-left: 10px;">705 Sunrise Ct. 7th. Worth, TX 76120</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <span style="font-size: 1.5em; margin-left: 10px;">11/24/08</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em; margin-left: 10px;">Billy Bradbury</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 10px;">\$205.00</span>	In-kind contribution description (if applicable) <span style="font-size: 1.5em; margin-left: 10px;">china ware liquor + wine</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.5em; margin-left: 10px;">c/o 4485 Bryant Irvin Rd. 7th. Worth, TX 76132</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <span style="font-size: 1.5em; margin-left: 10px;">12/10/08</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em; margin-left: 10px;">John Spivey</span>	Amount of contribution (\$) <span style="font-size: 1.5em; margin-left: 10px;">\$30</span>	In-kind contribution description (if applicable) <span style="font-size: 1.5em; margin-left: 10px;">Campaign Book</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.5em; margin-left: 10px;">2101 Tarrant Ln. Colleyville, TX 76034</span>		(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)	

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

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

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

<b>10</b> Principal occupation / Job title (See Instructions)	<b>11</b> Employer (See Instructions)
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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)
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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)
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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)
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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)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>Suzette Watkins</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>9/24/08</u>	5 Payee name <u>Laurel Rogers</u>	7 Amount (\$) <u>\$ 400.00</u>
6 Payee address; City; State; Zip Code <u>1427 Gavelin way Lewisville, TX 75077</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>website</u> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <u>10/1/08</u>	Payee name <u>Birds Copies</u>	Amount (\$) <u>\$ 167.40</u>
Payee address; City; State; Zip Code <u>208 South E St. Arlington, TX 76010</u>		
Purpose of payment (See instructions regarding type of information required.) <u>printing</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <u>10/8/08</u>	Payee name <u>Laurel Rogers</u>	Amount (\$) <u>\$ 400.00</u>
Payee address; City; State; Zip Code <u>1427 Gavelin Way Lewisville, TX 75077</u>		
Purpose of payment (See instructions regarding type of information required.) <u>website</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held
Date <u>10/8/08</u>	Payee name <u>Birds Copies</u>	Amount (\$) <u>\$ 91.80</u>
Payee address; City; State; Zip Code <u>208 SE St. Arlington, TX 76010</u>		
Purpose of payment (See instructions regarding type of information required.) <u>printing</u> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		<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

**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: <u>2</u>
2 FILER NAME <u>Suzette Watkins</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>12/10/08</u>	5 Payee name <u>Tarrant County Elections</u>	7 Amount (\$) <u>\$60.00</u>
6 Payee address; City; State; Zip Code <u>2700 Premier St. Ft. Worth, TX 76111</u>		
8 Purpose of payment (See instructions regarding type of information required.) <u>maps</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <u>10/22/08</u>	Payee name <u>City of Ft. Worth</u>	Amount (\$) <u>\$60.00</u>
Payee address; City; State; Zip Code <u>1000 Turckmorton Ft. Worth, TX 76102</u>		
Purpose of payment (See instructions regarding type of information required.) <u>park rental</u> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
Date <u>10/5/08</u>	Payee name <u>Meetup.com</u>	Amount (\$) <u>\$72.00</u>
Payee address; City; State; Zip Code <u>632 Broadway, 10th Fl NY, NY 10012</u>		
Purpose of payment (See instructions regarding type of information required.) <u>online meetup group</u> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> 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.)	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held	
<small>(If travel outside of Texas, complete Schedule T)</small>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y           N	8 Lender address;   City;   State;   Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address;   City;   State;   Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 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		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... 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  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME *Suzette Watkins*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/21/08</i>	5 Payee name <i>Victory Graphics</i>	8 Amount (\$) <i>\$162.38</i>
	6 Payee address; City; State; Zip Code <i>2333 Delante Ave. Ft Worth, TX 76117</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>automobile graphics</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>9/7/08</i>	Payee name <i>Host Excellence</i>	Amount (\$) <i>142.80</i>
	Payee address; City; State; Zip Code <i>1774 Dividend Dr. Columbus, OH 43228</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>hosting for website</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>12/10/08</i> <i>SW</i>	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<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.		<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> .. Complete if direct expenditure to benefit C/OH .. 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)		.. Complete if direct expenditure to benefit C/OH .. 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)		.. Complete if direct expenditure to benefit C/OH .. 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)		.. Complete if direct expenditure to benefit C/OH .. 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.	<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>6</b> Payee address;            City; State; Zip Code ..... <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
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Date	Payee name ..... Payee address;            City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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Date	Payee name ..... Payee address;            City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	--	-------------

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

Date	Payee name ..... Payee address;            City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
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**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 ..... <b>6</b> Payor address;            City: State: Zip Code ..... <b>7</b> Reason for credit	<b>8</b> Amount (\$)
Date	Payor name ..... Payor address;            City: State: Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;            City: State: Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;            City: State: Zip Code ..... Reason for credit	Amount (\$)
Date	Payor name ..... Payor address;            City: State: Zip Code ..... Reason for credit	Amount (\$)

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

**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-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: <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-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: <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-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)	

**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)
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**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