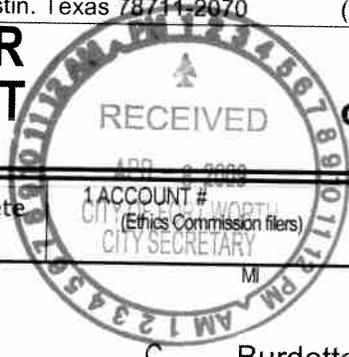


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **C/OH**

COVER SHEET PG **1**



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

1 ACCOUNT #  
(Ethics Commission filers)  
CITY SECRETARY

2 Total pages filed: 14

**OFFICE USE ONLY**



3 CANDIDATE / OFFICEHOLDER NAME

MST/MRS/MR FIRST MI  
Hugh C. Burdette

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
4717 Lafayette Avenue, Fort Worth, Texas 76107

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 737-5767

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
H. Carter Burdette

NICKNAME LAST SUFFIX

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  
01/01/09    03/31/09

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year    XX Primary    Runoff     General    Special  
05/09/09

12 OFFICE

OFFICE HELD (if any)  
City Council, District 7

13 OFFICE SOUGHT (if known)  
City Council, District 7

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

Carter Burdette

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. -

COMMITTEE TYPE

COMMITTEE NAME

ME GENERAL

COMMITTEE ADDRESS

E II SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

E I additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,730.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$22,455.57

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

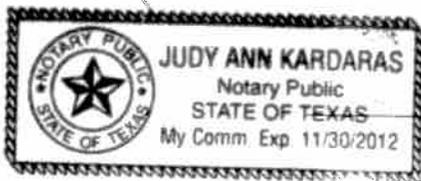
( \$ 2,230.28)

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5,000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carter Burdette this the 8th day of June, 2012, which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Judy Ann Kardaras

Notary Public, State of Texas

# 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 Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 Date  
02/09/09

5 Full name of contributor Dennis Shingleton  
6 Contributor address: City; State; Zip Code  
8600 Crosswind Road  
Fort Worth, Texas 76178

7 Amount of contribution (\$) 18 In-kind contribution description (if applicable)  
\$100.00 I  
(If travel outside of Texas, complete Schedule 1)

g Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
03/11/09

Full name of contributor Gary Fickes  
Contributor address; City; State; Zip Code  
4021 Hilltop Drive  
Southlake, Texas 76092

Amount of contribution (\$) I In-kind contribution description (if applicable).  
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/18/09

Full name of contributor Lander Irwin   
out-of-state PAC (ID#:  
Contributor address; City; State; Zip Code  
8019 Meadowvale Drive  
Houston, Texas 77063

Amount of contribution (\$) I In-kind contribution description (if applicable)  
\$30.00 I  
(If travel outside of Texas, complete Schedule 7)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/24/09

Full name of contributor Robert Bass   
out-of-state PAC (OW  
Contributor address; City; State; Zip Code  
201 Main Street  
Fort Worth, Texas 76102

Amount of contribution (\$) I In-kind contribution description (if applicable)  
\$3,000.00  
(If travel outside of Texas, complete Schedule 1)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/09

Full name of contributor John V. Roach II   
Contributor address; City; State; Zip Code  
3805 Alton Road  
Fort Worth, Texas 76109

Amount of contribution (\$) I In-kind contribution description (if applicable)  
\$500.00

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 Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/25/09	5 Full name of contributor David Pettit 6 Contributor address: City; State; Zip Code 2209 Irwin Drive Fort Worth, Texas 76110	7 Amount of contribution (\$) 7 \$200.00 8 In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
g Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)
Date 03/26/09	Full name of contributor HALFF Associates State PAC Contributor address; City; State; Zip Code 1201 N. Bowser Road Richardson, Texas 75081	Amount of contribution (\$) I \$200.00 In-kind contribution description (if applicable). I
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/09	Full name of contributor G. Malcolm Louden <input type="checkbox"/> out-of-state PAC (ID#: ) Contributor address; City; State; Zip Code 500 W. 7th Street Fort Worth, Texas 76102-4773	Amount of contribution (\$) I \$2,500.00 In-kind contribution description (if applicable) I (If travel outside of Texas, complete
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OW ) Contributor address; City; State; Zip Code	Amount of contribution (\$) I In-kind contribution description (if applicable) I (If travel outside of Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: ) Contributor address; City; State; Zip Code	Amount of contribution (\$) I In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS <b>NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form.

**i** Total pages this Schedule B:  
**3** ACCOUNT # (Ethics Commission filers)

**2** FILER NAME  
 Carter Burdette

**4** . TOTAL OF UNITEMIZED PLEDGES: \* K. b..... \$

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

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

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

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

Date	<b>Full name of pledgor</b> <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			

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			

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 (8)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule			

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME  
Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

0.41 c-. c g, \*

\$ 0.00

5 Date of loan  
03/30/09

7 Name of lender out-of-state  PAC (ID#:

Carter Burdette

9 Loan Amount (\$) \$5,000.00

6 Is lender a financial Institution?  
NO

8 Lender address; City; State; Zip Code  
4717 Lafayette Avenue  
Fort Worth, Texas 76107

10 Interest rate  
- 0 -

11 Maturity date

12 Principal occupation / Job title (See Instructions)  
Retired

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender 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  
 none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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.

Total pages Schedule F:  
3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME Carter Burdette

4 Date  
03/30/09

5 Payee name The Election Group

6 Payee address; City; State; Zip Code  
Fort Worth, Texas

7 Amount (\$)  
\$20,000.00

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

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)  
(if travel outside of Texas, complete Schedule 1)

- 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 1)

- 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 7)

- 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 <b>Instruction Guide</b> explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name N/A	B Amount (5)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	an Reimbursement from political contributions intended
Date	Payee name	Amount (5)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	m Reimbursement from political contributions intended
Date	Payee name	Amount (5)
	Payee address; City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule 1)	i n Reimbursement from political contributions Intended
Date	Payee name	Amount (5)
	Payee address; City; State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	m Reimbursement from political contributions intended
Date	Payee name	Amount (5)
	Payee address: City: State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	1 _ 1 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 <b>Guide</b> explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME Carter Burdette		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name N/A	7 Amount (5)
	6 Business address; City; State; Zip Code	
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule 1)		9 .. 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 (S)
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 (5)
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 (5)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule 1)		.- Complete if direct expenditure o 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.

1 Total **pages** Schedule I:

2 FILER NAME

Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 01/08/09</p>	<p>5 Payee name The Fort Worth Club Payee address; City; State; Zip Code 6 306 W.7<sup>th</sup> Street, Fort Worth, Texas 76102 7 Purpose of expenditure (See instructions regarding type of information required.) Dues</p>	<p>8 Amount (\$) \$167.79</p>
<p>Date 01/08/09</p>	<p>Payee name Camp Bowie District Payee address; City; State; Zip Code Fort Worth, Texas Purpose of expenditure (See instructions regarding type of information required.) Donation</p>	<p>Amount (\$) \$160.00</p>
<p>Date 01/17/09</p>	<p>Payee name National Cowboys of Color Museum Payee address; City; State; Zip Code 240 Scott Avenue, Fort Worth, Texas 76103 Purpose of expenditure (See instructions regarding type of information required.) Donation</p>	<p>Amount (\$) \$50.00</p>
<p>Date 01/17/09</p>	<p>Payee name I Have a Dream Foundation Payee address; City; State; Zip Code 3601 Hulen Street, Fort worth, Texas 76107 Purpose of expenditure (See instructions regarding type of information required.) Donation</p>	<p>Amount (\$) \$50.00</p>
<p>Date 02/17/09</p>	<p>Payee name Fort Worth Club Payee address; City; State; Zip Code 306 W.7<sup>th</sup> Street, Fort Worth, Texas 76102 Purpose of expenditure (See instructions regarding type of information required.) Dues</p>	<p>Amount (\$) \$167.79</p>

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

Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 Date  
03/05/09

5 Payee name AT&T Mobility

6 Payee address; City; State; Zip Code

Dallas, Texas

8 Amount (\$)

\$46.10

7 Purpose of expenditure (See instructions regarding type of information required.)

Cell phone

Date  
03/09/09

Payee name Fort Worth Museum of Science and History

Payee address; City; State; Zip Code

Fort Worth, Texas 76107

Amount (\$)

\$1,500.00

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

Donation

Date  
03/23/09

Payee name Kay Granger Campaign

Payee address: City; State; Zip Code

715 Jones Street, Suite 101, Fort Worth, Texas 76102

Amount (\$)

\$100.00

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

Political donation

Date  
03/24/09

Payee name AT&T Mobility

Payee address: City; State; Zip Code

Dallas, Texas

Amount (\$)

\$46.10

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

Cell phone

Date

Payee name

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

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**CREDITS (optional)****SCHEDULE K**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K**2** FILER NAME

Carter Burdette

**3** ACCOUNT # (Ethics Commission Semi**4** Date**5** Payor name N/A**8** Amount (\$)**6** Payor address; City; State; Zip Code**7** Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

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 Carter Burdette

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B    • Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C    E | 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:

- A     Schedule B    • Schedule C     Schedule D     Schedule F    E | Schedule G
- 11 Schedule H    • Schedule N    • COH-UC     COH-T    • PAC-C    • 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:

- A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- H    • Schedule N     COH-UC     COH-T    PAC-C     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" --**

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 that designating a report as, a final report terminates my campaign treasurer appointment. I do not accept any campaign contributions or make any campaign expenditures without a campaign on file.

my candidacy. I understand I also understand that I may treasurer appointment

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:

11. 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:

III 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 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.

does not have a campaign contributions if, at the time or other income from

Signature

of Officeholder