

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>12</b>																						
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:40%; font-size: small;">MI</td> </tr> <tr> <td><b>Mr.</b></td> <td><b>Quinton</b></td> <td><b>Q</b></td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Phillips</b></td> </tr> </table>	MS / MRS / MR	FIRST	MI	<b>Mr.</b>	<b>Quinton</b>	<b>Q</b>	NICKNAME	LAST	SUFFIX	<b>Phillips</b>			<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>   Date Received   <div style="color: red; font-size: 1.2em; font-weight: bold;">RECEIVED</div>  <div style="color: red; font-size: 1.2em; font-weight: bold;">APR 26 2019</div>  <div style="color: red; font-size: 1.2em; font-weight: bold;">Board of Education</div> </div>											
MS / MRS / MR	FIRST	MI																							
<b>Mr.</b>	<b>Quinton</b>	<b>Q</b>																							
NICKNAME	LAST	SUFFIX																							
<b>Phillips</b>																									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: small;">APT / SUITE #;</td> <td style="width:25%; font-size: small;">CITY;</td> <td style="width:25%; font-size: small;">STATE; ZIP CODE</td> </tr> <tr> <td><b>PO Box 24615</b></td> <td></td> <td><b>Fort Worth, TX</b></td> <td><b>76124</b></td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE	<b>PO Box 24615</b>		<b>Fort Worth, TX</b>	<b>76124</b>														
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<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td><b>824 Green Heath Ave.</b></td> <td></td> <td><b>Fort Worth, TX</b></td> <td></td> <td><b>76120</b></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>824 Green Heath Ave.</b>		<b>Fort Worth, TX</b>		<b>76120</b>												
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%; font-size: x-small;">THROUGH</td> <td style="width:10%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td><b>04</b></td> <td><b>04</b></td> <td><b>2019</b></td> <td></td> <td><b>04</b></td> <td><b>26</b></td> <td><b>2019</b></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	<b>04</b>	<b>04</b>	<b>2019</b>		<b>04</b>	<b>26</b>	<b>2019</b>								
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<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)																							
		<b>School Board Trustee - District 3</b>																							

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
**Quinton 'Q' Phillips**

**15 Filer ID (Ethics Commission Filers)**

**16 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.

<input type="checkbox"/> GENERAL  <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		Great Fort Worth Association of Realtors
	COMMITTEE ADDRESS	2650 Parkview Dr., Fort Worth, TX 76102
	COMMITTEE CAMPAIGN TREASURER NAME	Elizabeth McCoy
COMMITTEE CAMPAIGN TREASURER ADDRESS		2650 Parkview Dr., Fort Worth, TX 76102

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 560
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8506.26
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 100.07
	4. TOTAL POLITICAL EXPENDITURES	\$ 4730.07
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$10,196.43
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Quinton Q Phillips, this the 26<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Laura Litton  
Printed name of officer administering oath

Asst.  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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COVER SHEET PG 2**

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COMMITTEE TYPE

COMMITTEE NAME

GENERAL

United Educators Association

SPECIFIC

COMMITTEE ADDRESS

4900 SE Loop 820 #200, Fort Worth, TX 76140

COMMITTEE CAMPAIGN TREASURER NAME

Steven Poole

COMMITTEE CAMPAIGN TREASURER ADDRESS

4900 SE Loop 820 #200, Fort Worth, TX 76140

Additional Pages

**17 CONTRIBUTION  
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(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

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**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

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4. **TOTAL POLITICAL EXPENDITURES**

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**CONTRIBUTION  
BALANCE**

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

\$ \$10,196.43

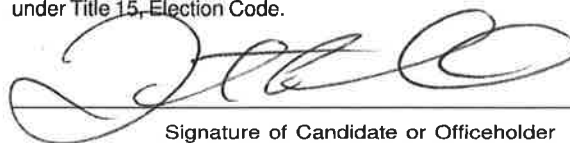
**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
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\$

**18 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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <b>Quinton 'Q' Phillips</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8506.26
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4730.07
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**Quinton 'Q' Phillips**

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/2019

5 Full name of contributor

Christene Moss

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

5625 Eisenhower Dr., Fort Worth, TX, 76112

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

4/17/2019

Full name of contributor

Derek Carson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3800 MEDFORD RD, FORT WORTH, TX 76103

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Cantey Hanger LLP

Date

4/15/2019

Full name of contributor

TJ Hardeman

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

7208 Robinhood Ln, Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Microsoft

Date

4/15/2019

Full name of contributor

Jared Williams

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

8413 Beaufort ct Fort Worth, TX 76123

Principal occupation / Job title (See Instructions)

Community Member

Employer (See Instructions)

Self-Employed

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

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**Quinton 'Q' Phillips**

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/2019

5 Full name of contributor

Blake & Coletta Moorman

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

PO Box 3523, Fort Worth, TX 76113

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

City of Fort Worth

Date

4/11/2019

Full name of contributor

Susan Bulla

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

5510 Ledgestone Drive, Fort Worth, TX 76132

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Insurance agent

Employer (See Instructions)

self

Date

4/15/2019

Full name of contributor

Ken Schaefer

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

2705 Manorwood Trl, Fort Worth, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

Schaefer Advertising Co

Date

4/11/2019

Full name of contributor

Ascend PAC

out-of-state PAC (ID#: 820848334)

Contributor address;

City; State; Zip Code

1700 Kalorama Rd, NW Apt 404,  
Washington, DC 20009

Amount of contribution (\$)

\$3000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>Quinton 'Q' Phillips</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  04/23/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Association of Realtors <b>6</b> Contributor address; City; State; Zip Code 2650 Parkview Dr. Fort Worth TX 76102	<b>7</b> Amount of contribution (\$)  \$3000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Quinton 'Q' Phillips</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12/2019	<b>5</b> Payee name Printplace	
<b>6</b> Amount (\$) (\$573.27)	<b>7</b> Payee address; City; State; Zip Code 1130 Ave H, Arlington TX 76011	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 04/09/2019	Candidate / Officeholder name Office sought Office held	
Payee name Printplace		
Amount (\$) 362.02	Payee address; City; State; Zip Code 1130 Ave H, Arlington TX 76011	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/5/2019	Candidate / Officeholder name Office sought Office held	
Payee name Printplace		
Amount (\$) \$298.62	Payee address; City; State; Zip Code 1130 Ave H, Arlington TX 76011	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>Quinton 'Q' Phillips</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/5/2019	<b>5</b> Payee name Printplace	
<b>6</b> Amount (\$) \$266.22	<b>7</b> Payee address; City; State; Zip Code 1130 Ave H, Arlington TX 76011	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/8/19	Candidate / Officeholder name WIX	
Amount (\$) 132.00	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 4/25/19	Payee name Stay Express Hotel	
Amount (\$) \$500	Payee address; City; State; Zip Code 2000 Beach St, Fort Worth, TX 76103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>Quinton 'Q' Phillips</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/25/19	<b>5</b> Payee name MULHOLLAND	
<b>6</b> Amount (\$) \$1,948.50	<b>7</b> Payee address; City; State; Zip Code 1332 N. Main St, Fort Worth, TX 76164	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/25/19	Candidate / Officeholder name MULHOLLAND	
Amount (\$) 549.37	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 Filer ID (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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

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