

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received RECEIVED APR 04 2019 Board of Education Date Hand-delivered or Date Postmarked 4-4-19 Receipt # Amount \$ Date Processed 4-4-19 Date Imaged 4-4-19			
		Mr.	Quinton		Q		
	NICKNAME	LAST	SUFFIX				
		Phillips					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE				
<input type="checkbox"/> Change of Address	PO Box 24615		Fort Worth, TX 76124				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	938-5282					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Mr.	Dante	J				
	NICKNAME	LAST	SUFFIX				
		Williams					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE				
(Residence or Business)	824 Green Heath Ave.		Fort Worth, TX 76120				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	874-0309					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	02	08	2019	THROUGH	04	03	2019
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	05	04	2019	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				School Board Trustee - District 3			

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)

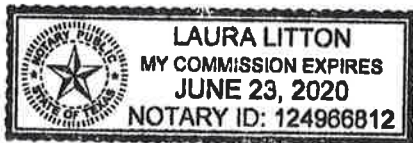
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 761.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,516.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 476.66
	4. TOTAL POLITICAL EXPENDITURES	\$ 1128.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,387.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 4th 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

SUBTOTALS - C/OH

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

19 FILER NAME Quinton 'Q' Phillips		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7755.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 723.54
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	\$ 520.04
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: 5
2 FILER NAME Quinton 'Q' Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Roberts Campaign	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO Box 24615 Fort Worth, TX 76124		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-employed
Date 02/20/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Gray	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2820 Galvez Ave Fort Worth, TX 76111		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) City of FW
Date 2/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair Boydstun	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 6319 Rosemont Ave Fort Worth, TX 76116		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 2/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Cheryl Kimberling	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2881 Manorwood Trail Fort Worth, TX 76109		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Multicultural Alliance

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: 5
2 FILER NAME Quinton 'Q' Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Oliver 6 Contributor address; City; State; Zip Code 6329 Lakeside Dr Lake Worth, TX 76135	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Fundraising		9 Employer (See Instructions) Center for Transforming Lives
Date 2/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myra Savage Contributor address; City; State; Zip Code 370 N State Hwy 360 Mansfield, TX 76063 Apt 4310	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Trust Officer		Employer (See Instructions) U.S. Trust
Date 2/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mimi Zimmerman Contributor address; City; State; Zip Code 5637 El Campo Fort Worth, TX 76107	Amount of contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Full time Student		Employer (See Instructions) N/A
Date 2/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ana Martinez Contributor address; City; State; Zip Code 2728 Explorador Grand Prairie, TX 75054	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ED		Employer (See Instructions) IDEA Public Schools
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Quinton 'Q' Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamey Ice 6 Contributor address; City; State; Zip Code 1700 6TH AVENUE Fort Worth, TX 76110	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) 6th Ave Homes
Date 3/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bret Helmer Contributor address; City; State; Zip Code 6450 Ridglea Crest Rd, Fort Worth, TX 76116	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) R4 Foundation
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Bere Contributor address; City; State; Zip Code 628 W North St Hinsdale, IL 60521-3153	Amount of contribution (\$) \$2000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Lewis Alston Contributor address; City; State; Zip Code 1421 mesa flats dr haslet, TX 76052	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Lockheed Martin

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: 5
2 FILER NAME Quinton 'Q' Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 3/07/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonya Veasey 6 Contributor address; City; State; Zip Code 6113 Cholla Dr. Fort Worth, TX 76112	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) real estate		9 Employer (See Instructions) REMAX
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TJ Dennis Contributor address; City; State; Zip Code 2640 Big Spring Dr Fort Worth, TX 76120	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) The Village Church
Date 3/07/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Buse Contributor address; City; State; Zip Code PO Box 7848 Fort Worth, TX 76111	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 3/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loretta Burns Contributor address; City; State; Zip Code 663 Springhill Drive Hurst, TX 76054	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) AB Christian Learning Center
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: 5
2 FILER NAME Quinton 'Q' Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Whitfield 6 Contributor address; City; State; Zip Code 2020 Glenco Terrace, Fort Worth, TX 76110	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) OD Wyatt
Date 3/19/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zac Thompson Contributor address; City; State; Zip Code 2023 Glenco Terrace Fort Worth, TX 76110	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real Estate Investment		Employer (See Instructions) ONM Living, LLC
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Poole Contributor address; City; State; Zip Code 3612 W.5 St, Fort Worth, TX 76107	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) UEA
Date 2/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason C.N. Smith Contributor address; City; State; Zip Code 2200 Alston Ave, Fort Worth, TX 76110	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Jason Smith

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Quinton 'Q' Phillips		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Burns 6 Contributor address; City; State; Zip Code 2420 S. Adams St, Fort Worth, TX 76110	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Bradshaw Contributor address; City; State; Zip Code 2009 6th Ave, Fort Worth, TX 76110	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Hardeman Contributor address; City; State; Zip Code 5714 Myers Rd, Arlington, TX 76017	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Fire Engineer		Employer (See Instructions) City of Fort Worth Fire Dept
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Quinton 'Q' Phillips		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 723.54	
5 Date 3/14/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly & Bill Gray 7 Contributor address; City; State; Zip Code 2820 Galvez Ave, Fort Worth, TX 76111	8 Amount of Contribution \$ \$723.54	9 In-kind contribution description Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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.

1 Total pages Schedule F1: 1	2 FILER NAME Quinton 'Q' Phillips	3 Filer ID (Ethics Commission Filers)
4 Date 3/7/19	5 Payee name Donate Way	
6 Amount (\$) \$100.30	7 Payee address; City; State; Zip Code PO Box 301267, Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/5/19	Payee name Smokey's BBQ	
Amount (\$) \$300	Payee address; City; State; Zip Code 5300 E. Lancaster, Fort Worth, TX 76112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 3/7/19	Payee name Walmart Super Center	
Amount (\$) \$119.74	Payee address; City; State; Zip Code 8401 Anderson Blvd, Fort Worth, TX 76120	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 Candidate / Officeholder name _____ Office sought _____ Office held _____	

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

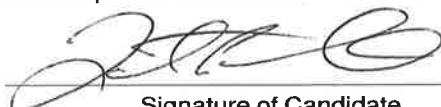
Check only one:

- 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