

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR:
FIRST: **Maria** MI: **B.**

NICKNAME:
LAST: **Ramirez** SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1119 E. San Antonio El Paso, TX 79901

Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 544-6115

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR:
FIRST: **John** MI: **L.**

NICKNAME:
LAST: **Williams** SUFFIX:

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1119 E. San Antonio El Paso, TX 79901

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 533-9016

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
2 / 02 / 05 THROUGH 4 / 17 / 05

11 ELECTION

ELECTION DATE: Month Day Year **5 / 7 / 05**
ELECTION TYPE: Primary Runoff General Special

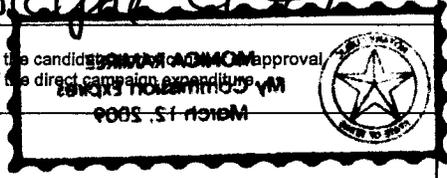
12 OFFICE

OFFICE HELD (if any)
Municipal Ct #1

13 OFFICE SOUGHT (if known)
Municipal Ct #1

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditures.
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

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

*** This box is for notice of political expenditures 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$

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

\$

2225⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

9,548⁰⁰

CONTRIBUTION BALANCE

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

\$

5,375⁰⁰

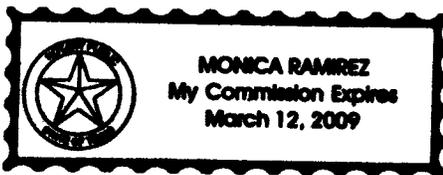
OUTSTANDING LOAN TOTALS

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

\$

5,000⁰⁰

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Ramirez, this the 7 day of April, 2009, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **184^{rw}**

2 FILER NAME **Mariz Ramirez**

3 ACCOUNT # (Ethics Commission Use)

4 Date
3/4

5 Full name of contributor out-of-state PAC (ID#: _____)
Sib Abraham

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**717 San Antonio, 3rd Fl
El Paso, TX 79901**

500⁰⁰

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/4

Full name of contributor out-of-state PAC (ID#: _____)
Hector Zarameta

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**615 E. Schuster Bldg 1
El Paso, TX 79902**

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/7

Full name of contributor out-of-state PAC (ID#: _____)
Kamie Smith

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**747 E San Antonio 203
El Paso, TX 79901**

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/11

Full name of contributor out-of-state PAC (ID#: _____)
Clara Hernandez

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**500 E. San Antonio
El Paso, TX 79901**

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/11

Full name of contributor out-of-state PAC (ID#: _____)
Enrique Ramirez

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1006 Magoffin
El Paso, TX 79901**

\$100⁰⁰

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 PLEDGED CONTRIBUTIONS
PLEGGED ✓

SCHEDULE A

NONE

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME Maria Ramirez		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: → → → → → →			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Penny Anderson	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code 500 E. San Antonio, 5th El Paso, TX 79901	100 ⁰⁰	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Marina Chavez	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 8 1119 E. San Antonio El Paso, TX 79901	500 ⁰⁰	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Tom Hughes	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	50 ⁰⁰	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Herb Marsh	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code El Paso, TX	100 ⁰⁰	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Martha Hogan	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code El Paso, TX 799	50 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 of 4**

2 FILER NAME **Mariz Ramirez**

3 ACCOUNT # (Ethics Commission #)

4 Date
3/11

5 Full name of contributor out-of-state PAC (ID#)
Penny Anderson

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**500 E. San Antonio
El Paso, TX 79901**

\$ 100⁰⁰

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/31

Full name of contributor out-of-state PAC (ID#)
Mariza Chavez

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1119 E. San Antonio
El Paso, TX 79901**

\$ 500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/14

Full name of contributor out-of-state PAC (ID#)
Tom Hughes

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**747 E San Antonio 202
El Paso, TX (01)**

\$ 50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/17

Full name of contributor out-of-state PAC (ID#)
Herb Marsh

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1020 Montana
El Paso, TX 01**

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21

Full name of contributor out-of-state PAC (ID#)
Martha Hogan

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**472 Moore Land
El Paso, TX 79907**

\$ 50⁰⁰

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.

10

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **3 of 4**

2 FILER NAME **Meriz Ramirez**

3 ACCOUNT # (Ethics Commission file)

4 Date **4/4**

5 Full name of contributor out-of-state PAC (ID#) **Eduardo Camba**

7 Amount of contribution (\$) **150⁰⁰**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**2601 Montana
El Paso, TX 19903**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **3/21**

Full name of contributor out-of-state PAC (ID#) **Reed Leverton**

Amount of contribution (\$) **25⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**300 E Main St #1240
El Paso, TX 79901**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/21**

Full name of contributor out-of-state PAC (ID#) **Albert Flores**

Amount of contribution (\$) **50⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**501 Jarvis Ave, Ste F
El Paso, TX 79901**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/21**

Full name of contributor out-of-state PAC (ID#) **Ray Velarde**

Amount of contribution (\$) **100⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1216 Montana
El Paso, TX 79908**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/21**

Full name of contributor out-of-state PAC (ID#) **Luis Gutierrez**

Amount of contribution (\$) **100⁰⁰**

In-kind contribution description (if applicable)

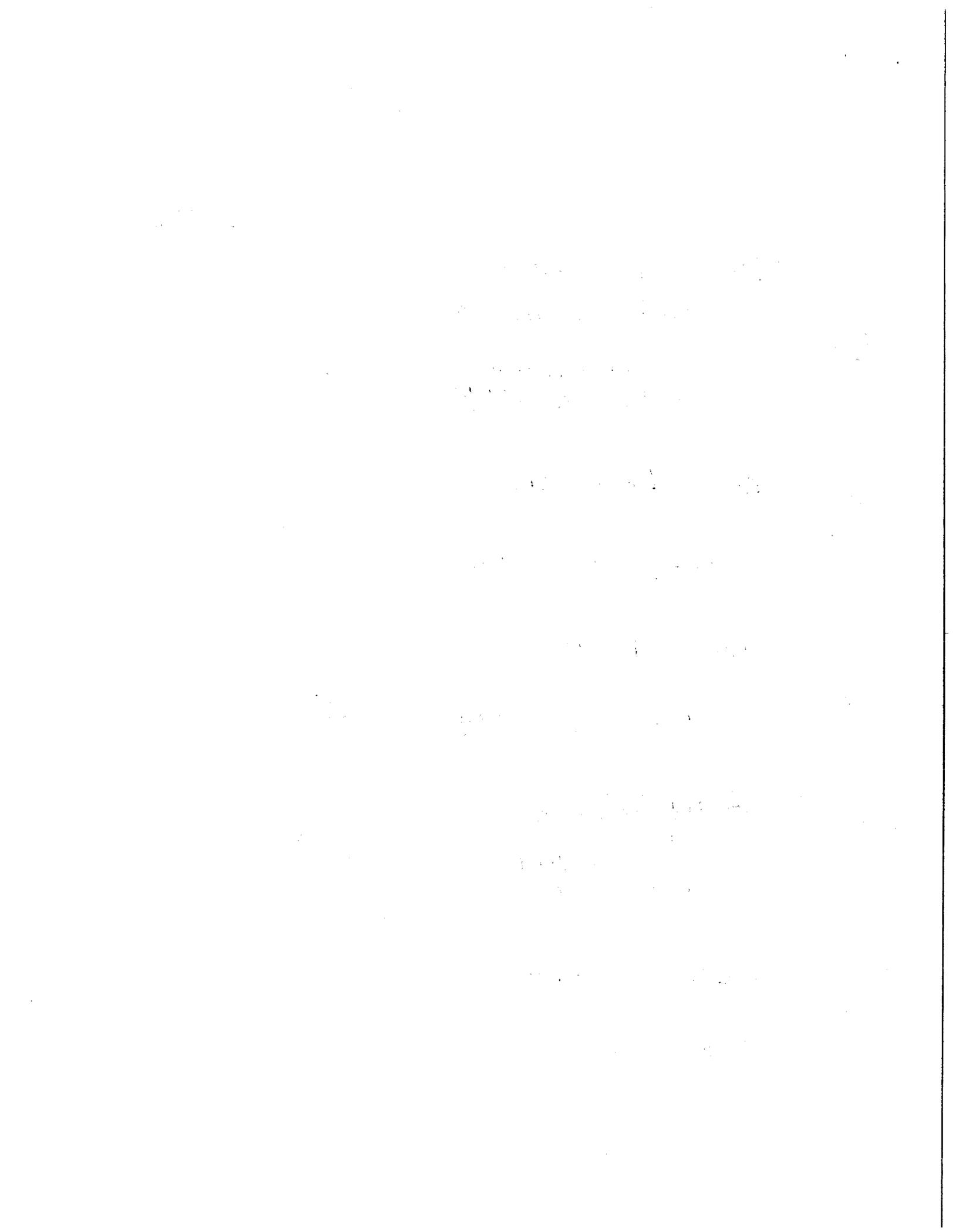
Contributor address; City; State; Zip Code
**501 Jarvis Ave
El Paso, TX 79901**

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: 4 of 4

2 FILER NAME Mariz Ramirez

3 ACCOUNT # (Ethics Commission files)

4 Date
3/21

5 Full name of contributor out-of-state PAC (ID#:
Theresa Cavallero

7 Amount of contribution (\$)
100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
300 E. MAIN, STE. 1134
EL PASO, TX. 79901

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor, out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

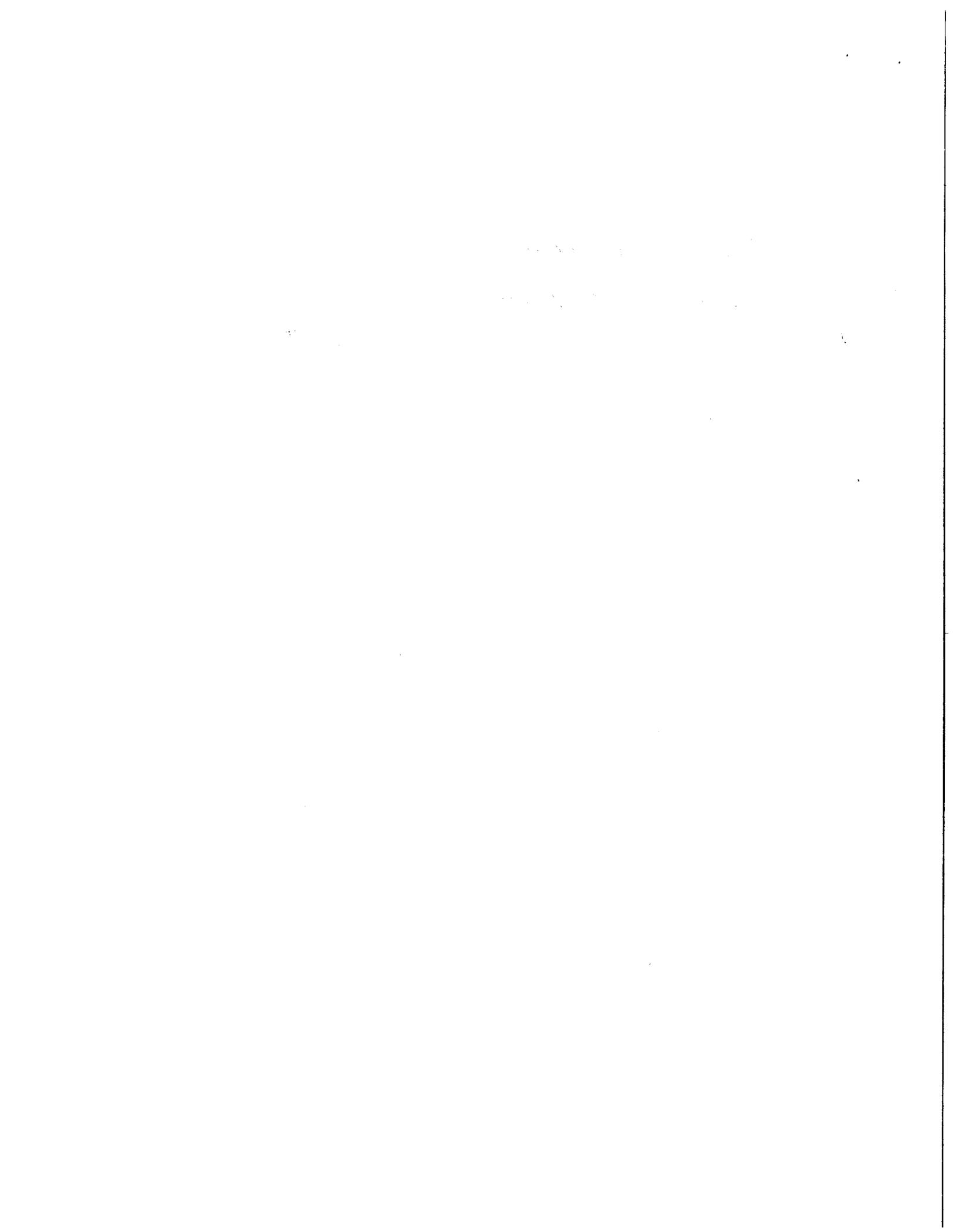
Contributor address; City; State; Zip Code

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

K Maria Ramirez

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

2/25/05

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

Law Office of Maria Ramirez

9 Loan Amount (\$)

5,000⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

*1119 E. San Antonio
El Paso, TX 79901*

10 Interest rate

.01

11 Maturity date

12/1/05

12 Principal occupation / Job title (See Instructions)
Attorney / Law office

13 Employer (See Instructions)

14 Description of Collateral

none

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

NONE

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender out-of-state PAC (ID#)

~~*Law Office of Maria Ramirez*~~

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

.01

Maturity date

12/1/05

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

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: 102
2 FILER NAME: Mzriz Ramirez		3 ACCOUNT # (Ethics Commission filers)
4 Date: 3/3	5 Payee name: Apparel Enterprises	7 Amount (\$): 406⁰⁰
6 Payee address; City; State; Zip Code: 9508 Carnegie El Paso, TX 79925		
8 Purpose of payment (See instructions regarding type of information required.): Signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date: 3/3	Payee name: Martin Soto	Amount (\$): 200⁰⁰
Payee address; City; State; Zip Code: 12208 Ma^{ganes} El Paso, TX 79936		
Purpose of payment (See instructions regarding type of information required.): Campaign signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date: 3/9	Payee name: Vantage Point	Amount (\$): 92⁰¹
Payee address; City; State; Zip Code: 1109 Arizona El Paso, TX		
Purpose of payment (See instructions regarding type of information required.): photograph		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date: 3/9	Payee name: Clear Channel	Amount (\$): 850⁰⁰
Payee address; City; State; Zip Code: 2305 Sparkman Street El Paso, TX 79903		
Purpose of payment (See instructions regarding type of information required.): billboard		9 ** 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

SCHEDULE **F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule **F** **20/2**

2 FILER NAME **Maniz Ramirez**

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/1

5 Payee name
Clear Channel
6 Payee address; City; State; Zip Code
**2305 Sparkman
El Paso, TX 79903**

8 Amount (\$)
8,000⁰⁰
 Reimbursement from political contributions intended

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <div style="text-align: center; font-size: 1.5em; margin-top: 10px;"><i>None</i></div>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)	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 (\$)
Purpose of payment (See instructions regarding type of information required.)	** 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.)	** 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.)	** 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.

1 Total pages Schedule I:

2 FILER NAME

None

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>None</i>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

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

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

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

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

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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 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