

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

**FORM CTA**  
**PG 1**

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2	CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		NICKNAME	LAST	SUFFIX	Acct. #	Date Received	
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					<b>RECEIVED IN THE</b> <i>gpc</i> NOV 16 2009 <b>ELECTION OFFICE</b>
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	HD/PM		
5	OFFICE HELD (if any)	Date Processed					
6	OFFICE SOUGHT (if known)	Date Imaged					
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
10	CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Ray Bryant</i> Signature of Candidate</p> <p><i>11/16/09</i> Date Signed</p>					

**GO TO PAGE 2**



# 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:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ray  
Bryant

OFFICE USE ONLY

Date Received

REC JAN 19 2010

@

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

118 Pecanwood North, Kyle  
TX 78640

Date Hand-delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

262-0620

Receipt #

Amount

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Paula  
Alvarez

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1083, Kyle, TX 78640

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

268-6030

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

11/16/09

12/31/09

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

03/02/10

☒ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

resigned from Kyle City  
Council, District 6

13 OFFICE SOUGHT (if known)

County Commissioner, Pct 2

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

NA

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

Ray Bryant

16 ACCOUNT # (Ethics Commission Item)

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

NA

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

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

\$ 542

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

\$ 2942

EXPENDITURE  
TOTALS

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

\$ 93<sup>53</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 1,093<sup>53</sup>CONTRIBUTION  
BALANCE

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

\$ 1,848<sup>47</sup>OUTSTANDING  
LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Ray Bryant*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ray Bryant, this the 16<sup>th</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

*Beth Smith*  
Signature of officer administering oath

Beth Smith  
Printed name of officer administering oath

J.P. 2  
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 this Schedule A:

2

2 FILER NAME

Ray Bryant

3 ACCOUNT # (Ethics Commission files)

~~3~~

4 Date

12/07/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Reed & Nora Shaemaker

6 Contributor address; City; State; Zip Code

831 W. Bartlett, Buda TX  
78610

7 Amount of contribution (\$)

200<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

12/07/09

Full name of contributor

☐ out-of-state PAC (ID#)

Donald Vaughn

Contributor address; City; State; Zip Code

1617 Amberwood Loop, Kyle TX

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

12/28/09

Full name of contributor

☐ out-of-state PAC (ID#)

Herb Dyer

Contributor address; City; State; Zip Code

3803 Kenora Ct, Austin TX  
78738

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

12/31/09

Full name of contributor

☐ out-of-state PAC (ID#)

Diane Herrol

Contributor address; City; State; Zip Code

1528 Amberwood Loop Kyle TX

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

12/28/09

Full name of contributor

☐ out-of-state PAC (ID#)

Mark Murdock

Contributor address; City; State; Zip Code

11004 Plumewood, Austin TX  
78750

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

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 this Schedule A: <b>2</b>	
2 FILER NAME <b>Ray Bryant</b>				3 ACCOUNT # (Ethics Commission files)	
4 Date <b>11/21/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Donald Dacy</b>		7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code <b>301 Windy Hill, Kyle, TX 78640</b>					
9 Principal occupation \ Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>11/25/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lila Knight</b>		Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>P.O. Box 1990 Kyle TX 78640</b>					
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/05/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lucy Johnson</b>		Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>191 Cleveland Kyle TX 78640</b>					
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/05/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>C R + Cathy Conaway</b>		Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>8701 Bluecreek, Austin TX 78735</b>					
Principal occupation \ Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/07/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>William Johnson</b>		Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <b>4119 FM 150 W, Kyle TX 78640</b>					
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 EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Ray Bryant

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/20/09

Bordeaux's

6 Payee address; City; State; Zip Code

108 Center St, Kyle, TX 78640

600

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

deposit for Dec 7<sup>th</sup> fundraiser9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/2/09

Bordeaux's

Payee address; City; State; Zip Code

108 Center St, Kyle, TX 78640

400

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

final payment for fundraiser

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**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

MI

NICKNAME

LAST

SUFFIX

Ray

Bryant

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

118 Pecanwood North, Kyle TX 78640

☐ Change of Address**5 CANDIDATE/  
OFFICEHOLDER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512)

262-0620

**6 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Paula

Alvarado

**7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

107 W. South St., Kyle TX 78640

**8 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(512)

557-1995

**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

01 / 01 / 10

THROUGH

Month Day Year

01 / 21 / 10

**11 ELECTION**

ELECTION DATE

Month Day Year

11 / 2 / 2010

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special**12 OFFICE**

OFFICE HELD (if any)

N/A

**13 OFFICE SOUGHT (if known)**

Hays County Commissioner

**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

N/A

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**Ray Bryant**16 ACCOUNT # (Ethics Commission files)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**N/A

-- 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)**

\$

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

\$

**4. TOTAL POLITICAL EXPENDITURES**

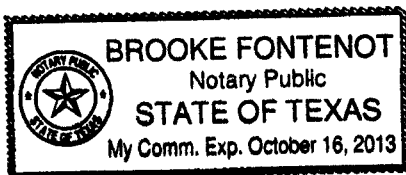
\$

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

\$

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

\$

**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.

Ray Bryant

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ray Bryant, this the 1<sup>st</sup> day  
of February, 20 10, to certify which, witness my hand and seal of office.

Brooke Fontenot

Signature of officer administering oath

Brooke Fontenot

Printed name of officer administering oath

Notary Public

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 this Schedule A:	
2 FILER NAME <i>Ray Bryant</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
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 (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
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 (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B:

2 FILER NAME

Ray Bryant

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)8 Amount of  
pledge (\$)9 In-kind description  
(if applicable)

7 Pledgor address;      City;    State;    Zip Code

10 Principal occupation \ Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☒ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;    State;    Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor 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

Ray Bryant

**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:    ⇒    ⇒    ⇒    ⇒    ⇒    ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a  
financial Institution?

Y        N

**8** Lender address;    City;    State;    Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR  
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address;    City;    State;    Zip Code**17** Principal Occupation**18** 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

Description of Collateral

☐ noneGUARANTOR  
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.

1 Total pages Schedule F:

2 FILER NAME

Ray Bryant

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Super Cheap Signs

6 Payee address; City; State; Zip Code

9804 Gray Blvd, Austin TX 78758

7 Amount (\$)

\$55.13

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Ray Bryant

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <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 <i>Ray Bryant</i>		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

Ray Bryant

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name ..... Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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

CREDITS (optional)		SCHEDULE K
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>Ray Bryant</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name	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	
<div>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</div>		



**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:

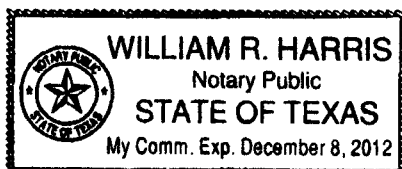
☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political 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

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <i>Roy</i> NICKNAME LAST SUFFIX <i>Bryant</i>		<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> JUL 08 2010 <b>ELECTION OFFICE</b> <i>A</i> Receipt # Amount Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box, Kyle, TX 78640</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(512) 262-0620</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <i>Paula</i> NICKNAME LAST SUFFIX <i>Alvarez</i>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>107 W. South St., Kyle TX 78640</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(512) 557-1995</i>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month Day Year Month Day Year <i>01 / 22 / 2010</i> THROUGH <i>06 / 30 / 2010</i>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <i>11 / 02 / 2010</i> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>N/A</i>		<b>13 OFFICE SOUGHT (if known)</b> <i>Hays County Commissioner</i>
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	<p>-- 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. --</p> <p>Name <i>N/A</i></p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p> <p><input type="checkbox"/> additional pages</p>		
<b>GO TO PAGE 2</b>			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <u>Ray Bryant</u>		<b>16 ACCOUNT #</b> (Ethics Commission filers)
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	<small>.. 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. ..</small>	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>3096.99</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11,351.99</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>523.99</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9065.14</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4164.75</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

**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.

Ray Bryant  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ray Bryant, this the 8 day of July, 20 10, to certify which, witness my hand and seal of office.

William R. Harris  
Signature of officer administering oath

William R. Harris  
Printed name of officer administering oath

Personal Banker  
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 this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

02/23/10

Thomas Arndt-Dannenbaum Engineering Corp.

6 Contributor address; City; State; Zip Code

19907 Kennemer Dr., Pflugerville, TX 78660

\$500<sup>00</sup>

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)

02/26/10

Beth &amp; Everett Smith

Contributor address; City; State; Zip Code

116 Cedar Dr., Mountain City, TX 78610

\$200<sup>00</sup>

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)

02/26/10

Beth Nelson

Contributor address; City; State; Zip Code

P.O. Box 1524, Kyle TX 78640

\$100<sup>00</sup>

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)

02/26/10

Duwain Whitis &amp; Barbara Vinson

Contributor address; City; State; Zip Code

1540 S. Turnerville Rd., Buda TX 78610

\$100<sup>00</sup>

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)

02/26/10

Michael Bishop &amp; Kathryn Luckett

Contributor address; City; State; Zip Code

501 Oak Forest Dr., Buda TX 78610

\$100<sup>00</sup>

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 this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

04/02/10

HDR, Inc.

Contributor address; City; State; Zip Code

8404 Indiana Hills Dr., Omaha NE 68114

\$500<sup>00</sup>

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)

04/08/10

John Sanford

Contributor address; City; State; Zip Code

P.O. Box 8, Buda TX 78610

\$250<sup>00</sup>

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)

04/10/10

Joe Phillips

Contributor address; City; State; Zip Code

P.O. Box 1810, McAllen TX 78505

\$250<sup>00</sup>

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)

04/10/10

Joe Phillips

Contributor address; City; State; Zip Code

P.O. Box 1810, McAllen TX 78505

\$750<sup>00</sup>

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)

04/10/10

Lila Knight

Contributor address; City; State; Zip Code

P.O. Box 1990, Kyle TX 78640

\$500<sup>00</sup>

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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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 this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

04/13/10

David Braun

6 Contributor address; City; State; Zip Code

P.O. Box 466, Dripping Springs TX  
78620\$500<sup>00</sup>

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)

04/15/10

Sean &amp; Eileen Compton

Contributor address; City; State; Zip Code

2601 Great Oaks Pkwy, Austin TX 78756

\$150<sup>00</sup>

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)

04/22/10

Andrew Ramirez

Contributor address; City; State; Zip Code

10301 Rier Plantation Dr., Austin TX 78747

\$200<sup>00</sup>

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)

04/24/10

Donald Dacey

Contributor address; City; State; Zip Code

301 Windy Hill Road, Kyle TX 78640

\$100<sup>00</sup>

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)

04/25/10

Lucy C. Johnson

Contributor address; City; State; Zip Code

191 Cleveland, Kyle TX 78640

\$500<sup>00</sup>

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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



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145 0

Revised 09/01/2003

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The instruction guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

04/27/10

Jerry Harris/Brown McCarroll L.L.P.

Contributor address; City; State; Zip Code

111 Congress, Suite 1400, Austin TX 78701

\$500<sup>00</sup>

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)

04/28/10

Rob &amp; Karen Reyes

Contributor address; City; State; Zip Code

3409 Trickleing Spring Way, Pflugerville  
TX 78660\$150<sup>00</sup>

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)

04/29/10

Steve Tucker

Contributor address; City; State; Zip Code

3717 Allegro Lugar, Austin TX 78749

\$100<sup>00</sup>

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)

05/01/10

Pamela Nelson

Contributor address; City; State; Zip Code

206 Treestop Way, Buda TX 78610

\$100<sup>00</sup>

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)

05/03/10

Halff Associate State PAC

Contributor address; City; State; Zip Code

1201 North Bowser Rd, Richardson TX  
75081\$250<sup>00</sup>

Principal occupation \ Job title (See instructions)

Employer (See instructions)

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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 this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

05/06/10

Beth &amp; Everett Smith

6 Contributor address; City; State; Zip Code

116 Cedar Dr, Mountain City 78610

\$100<sup>00</sup>

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)

05/06/10

Eddy &amp; Mary Etheredge

Contributor address; City; State; Zip Code

P.O. Box 603, Kyle TX 78640

\$150<sup>00</sup>

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)

05/06/10

George Murfee

Contributor address; City; State; Zip Code

2601 Vekasquez, Austin TX 78703

\$200<sup>00</sup>

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)

05/06/10

J.A. &amp; Sherri Williams

Contributor address; City; State; Zip Code

P.O. Box 1846, San Marcos TX 78667

\$55<sup>00</sup>

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)

05/06/10

John Nawn

Contributor address; City; State; Zip Code

321 Pedigree Dr, Austin TX 78748

\$100<sup>00</sup>

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 this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

05/06/10

Keith & Jeanna Young-Dammenbaum  
6 Contributor address; City; State; Zip Code engineering

7315 Scenic Bk Austin TX 78736

\$500<sup>00</sup>

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)

05/06/10

Michael & Vicki Rubsam  
Contributor address; City; State; Zip Code

137 Amber Ash Dr.,

\$100<sup>00</sup>

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)

05/06/10

Tommy Warren  
Contributor address; City; State; Zip Code

P.O. Box 9269, The Woodlands TX 77387

\$500<sup>00</sup>

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)

05/07/10

Georgie Cunningham  
Contributor address; City; State; Zip Code

208 Nuthatch, Buda TX 78640

\$150<sup>00</sup>

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)

05/24/10

Israel Rocha  
Contributor address; City; State; Zip Code

4600 Monterey Oaks Blvd, Austin TX 78749

\$500<sup>00</sup>

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 this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

05/06/10

6 Contributor address; City; State; Zip Code

Robena Jackson  
5900 Rain Creek Pkway, Austin TX  
78759\$100<sup>00</sup>

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.



## PLEDGED CONTRIBUTIONS

## SCHEDULE B

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission file)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: 7 Pledgor address;      City;   State;   Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation \ Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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.			



<b>LOANS</b>		<b>SCHEDULE E</b>	
N/A			
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇒    ⇒    ⇒    ⇒    ⇒    ⇒    ⇒		\$	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)	
6 Is lender a financial institution?  Y        N	8 Lender address;    City;    State;    Zip Code	10 Interest rate	
		11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)	
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution?  Y        N	Lender address;    City;    State;    Zip Code	Interest rate	
		Maturity date	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)	
Principal Occupation		Employer	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 01/25/10	5 Payee name Super Cheap Signs (500 yard Signs) 6 Payee address; City; State; Zip Code 9804 Gray Blvd., Austin Tx 78758	7 Amount (\$) \$1555.55
--------------------	--	----------------------------

8 Purpose of payment (See instructions regarding type of information required.) 500 yard Signs	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 01/27/10	Payee name Super Cheap Signs Payee address; City; State; Zip Code 9804 Gray Blvd., Austin Tx. 78758	Amount (\$) \$50.88
------------------	--	------------------------

Purpose of payment (See instructions regarding type of information required.) 500 Business Cards	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 02/10/10	Payee name Texas Democrat Tx Van Donation Payee address; City; State; Zip Code Access to internet / Voter List	Amount (\$) \$75.00
------------------	---	------------------------

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 02/22/10	Payee name Super Cheap Signs Payee address; City; State; Zip Code 9804 Gray Blvd., Austin Tx. 78758	Amount (\$) \$1442.52
------------------	--	--------------------------

Purpose of payment (See instructions regarding type of information required.) 25 - 4x8' Signs	** 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

03/03/10

Christie Smith

6 Payee address; City; State; Zip Code

122 Retama, Kyle Tx 78640

\$300.00

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

Website Design

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/05/10

Harp Free Press

Payee address; City; State; Zip Code

109 W. Center St., Kyle Tx 78640

\$150.00

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

Donation

Political ad for City Council Member

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/06/10

TX Alcohol &amp; Beverage Commission

Payee address; City; State; Zip Code

7600 Cherry Chase Dr., Suite 200, Austin Tx 78752

\$201.00

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

Temporary Alcohol license fee

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/06/10

1836 Ink Printing

Payee address; City; State; Zip Code

122 S. Edward Gary, San Marcos, Tx 78666

\$211.09

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

200 Bumper Stickers

-- 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 05/06/10	5 Payee name Gary Hart 6 Payee address; City; State; Zip Code Austin, TX	7 Amount (\$) \$300 <sup>00</sup>
8 Purpose of payment (See instructions regarding type of information required.) Pmt to Sound Gary for Band (Old Funky Soul) for fundraiser		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/06/10	Payee name Texas Disposal Systems Payee address; City; State; Zip Code 12200 Carl Rd, Buda Tx 78610	Amount (\$) \$500 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) Facility fee for Fundraiser		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/12/10	Payee name Kelly Graphics Payee address; City; State; Zip Code 1409 Quaker Ridge, Austin Tx 78746	Amount (\$) \$591.40
Purpose of payment (See instructions regarding type of information required.) printing & mailing charge for Fundraiser invitation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/21/10	Payee name Carol Swanson Payee address; City; State; Zip Code 304 Turnstone Dr, Buda Tx 78610	Amount (\$) \$1000 <sup>00</sup>
Purpose of payment (See instructions regarding type of information required.) purchase of 1991 Ford Pickup for Campaign		-- 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

05/06/10

Office Max

6 Payee address; City; State; Zip Code

Austin TX

\$107.79

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

3 Sponsor Boards for fund raiser

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/06/10

Wal-Mart

Payee address; City; State; Zip Code

690 Old San Antonio Rd., Buda TX 78610

\$52.18

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

3-Easel Stands

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/06/10

Twin Liquors

Payee address; City; State; Zip Code

5401 FM 1626, Kyle TX 78640

\$311.37

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

6 Cases of Wine for Fund Raiser TDS

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/06/10

Texas Pie Company

Payee address; City; State; Zip Code

202 W. Center, Kyle TX 78640

\$992.50

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

Catering TDS fundraiser

-- 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 05/24/10	5 Payee name Hays Co. Tax Assessor	7 Amount (\$) \$98.00
6 Payee address; City; State; Zip Code Kyle Tx 78640		
8 Purpose of payment (See instructions regarding type of information required.) Transfer fees for 1991 Ford Ranger pickup		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/24/10	Payee name 4-Way Auto Repair	Amount (\$) \$115.00
Payee address; City; State; Zip Code Old Hwy 81 & FM 150, Kyle Tx 78640		
Purpose of payment (See instructions regarding type of information required.) A/C Recharge & Turn signal repair for 1991 Ford Ranger		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/24/10	Payee name 1836 Ink Printing	Amount (\$) \$227.33
Payee address; City; State; Zip Code 122 S. Edward Gary, San Marcos Tx 78666		
Purpose of payment (See instructions regarding type of information required.) 1000 Push Cards (English on one side & Spanish on the other)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 05/28/10	Payee name 4-Way Auto Repair	Amount (\$) \$200.00
Payee address; City; State; Zip Code Old Hwy 81 & FM 150; Kyle Tx 78640		
Purpose of payment (See instructions regarding type of information required.) Front Shocks & Balance on 1991 Ford Ranger Pickup		-- 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount  
(\$)

06/01/10

1836 Ink Printing

6 Payee address; City; State; Zip Code

122 S. Edward Gary, San Marcos TX 78666

\$59.54

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

1000 Business Cards

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

<b>PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</b>		<b>SCHEDULE H</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div>	7 Amount (\$)
6 Business address;      City;    State;    Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 <div style="display: flex; justify-content: space-between; font-size: 0.8em;"><div>.. Complete if direct expenditure to benefit C/OH ..</div><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>
Date	Business name <div style="text-align: center; font-size: 0.8em; margin-top: 5px;">Business address;      City;    State;    Zip Code</div>	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"><div>.. Complete if direct expenditure to benefit C/OH ..</div><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>
Date	Business name <div style="text-align: center; font-size: 0.8em; margin-top: 5px;">Business address;      City;    State;    Zip Code</div>	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"><div>.. Complete if direct expenditure to benefit C/OH ..</div><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>
Date	Business name <div style="text-align: center; font-size: 0.8em; margin-top: 5px;">Business address;      City;    State;    Zip Code</div>	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"><div>.. Complete if direct expenditure to benefit C/OH ..</div><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>
Date	Business name <div style="text-align: center; font-size: 0.8em; margin-top: 5px;">Business address;      City;    State;    Zip Code</div>	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<div style="display: flex; justify-content: space-between; font-size: 0.8em;"><div>.. Complete if direct expenditure to benefit C/OH ..</div><div>Candidate / Officeholder name</div><div>Office sought</div><div>Office held</div></div>
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name N/A 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

<b>CREDITS (optional)</b>		<b>SCHEDULE K</b>
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 N/A 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**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**

N/A

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