

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
	JUDGE	ALFRED	BURTON	RECEIVED JUL 12 1997 ELECTIONS ADMINISTRATION
	BURT	CARNES		

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
<input type="checkbox"/> Change of Address	310 CHERRYWOOD CIR TAYLOR, TX 76574				

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	HD / PM
				Amount
	SELF			Date Processed

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	310 CHERRYWOOD CIR TAYLOR, TX 76574				

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	365-8466	

8 REPORT TYPE	<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 JC/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	97		6	30	97

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
	/	/	/				

11 OFFICE	12 OFFICE SOUGHT (if known)
OFFICE HELD (if any) JUDGE, 368 th DISTRICT COURT	

13 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 NIA				
	Address / PO Box Apt / Suite # City State Zip Code				
<input type="checkbox"/> additional pages	NONE				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** This listing includes 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

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

\$ - 0 -

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

\$ - 0 -

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 80818

CONTRIBUTION
BALANCE

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

\$ 128213

OUTSTANDING
LOAN TOTALS

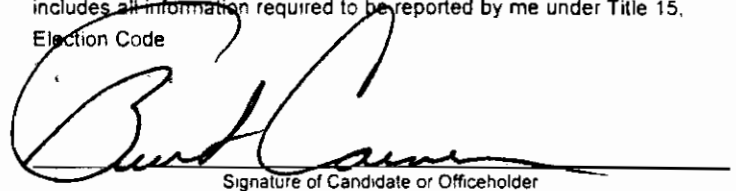
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 AFFIDAVIT

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

Election Code

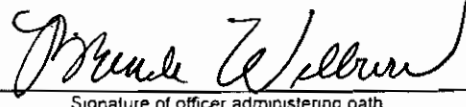


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Burt Carnes, this the 15th day of July.

19 97, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Brenda Wittburn

Print name of officer administering oath

Deputy District Clerk

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A(J)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A(J)
1

2 FILER NAME **ALFRED BUXTON CARNES** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor NONE	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) NIA	8 In-kind contribution description (if applicable) NIA
6 Contributor address, City, State, Zip Code				

9 Contributor's principal occupation 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code				

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code				

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, parents' law firm(s) (if any)

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B(J) **1**

2 FILER NAME **ALFRED BURTON CARNES** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$ **NONE**

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC NONE	8 Amount of pledge (\$) NIA	9 In-kind description (if applicable) NIA
7 Pledgor address, City, State, Zip Code			

10 Pledgor's principal occupation 11 Pledgor's job title

12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address, City, State, Zip Code			

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind contribution description (if applicable)
Pledgor address, City, State, Zip Code			

Pledgor's principal occupation Pledgor's job title

Pledgor's employer/law firm Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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

LOANS (JUDICIAL)

SCHEDULE E(J)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E(J) <i>1</i>
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2 FILER NAME <i>ALFRED BURTON CARNES</i>	3 ACCOUNT # (Ethics Commission filers)
---	--

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ NONE

5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC <i>NONE</i>	9 Loan Amount (\$)
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6 Is lender a financial institution? Y N	8 Lender address. City, State, Zip Code	10 Interest rate 11 Maturity date
--	--	--

12 Lender's Principal Occupation	13 Lender's Job Title
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14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (if any)
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16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral <input type="checkbox"/> none

18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor 20 Guarantor address. City State. Zip Code	21 Amount Guaranteed (\$)
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22 Guarantor's Principal Occupation	23 Guarantor's Job Title
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24 Guarantor's Employer/Law Firm	25 Law Firm of guarantor's spouse (if any)
----------------------------------	--

26 If guarantor is child, law firm of parent(s) (if any)
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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 5
2 FILER NAME ALFRED BURTON CARNES		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-21-97	5 Payee name Austin American Statesman	7 Amount (\$) \$152.95
6 Payee address, City, State, Zip Code PO Box 2000 Austin, TX 78768-2000		
8 Purpose of expenditure Subscription		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1-29-97	Payee name American Cancer Society	Amount (\$) 45.00
Payee address, City, State, Zip Code 2433-B Ridge point Austin TX		
Purpose of expenditure Donation - Fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-11-97	Payee name H. E. B.	Amount (\$) 10.79
Payee address, City, State, Zip Code 1100 S. I-35 Georgetown TX 78628		
Purpose of expenditure Coffee - Attorneys & Visitors		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-13-97	Payee name Williamson Co. Child Welfare Board	Amount (\$) 75.00
Payee address, City, State, Zip Code PO Box 1065 Georgetown, TX 78627-1065		
Purpose of expenditure Donation - Fundraiser		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / 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 5

2 FILER NAME ALFRED BURTON CARNES 3 ACCOUNT # (Ethics Commission filers)

4 Date 2-13-97 5 Payee name Palm Valley Lutheran Brotherhood 7 Amount (\$) \$ 15.00 6 Payee address, City, State, Zip Code 2500 Palm Valley Blvd. Round Rock, TX 78664

8 Purpose of expenditure Banquet - Tickets 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

Date 3-3-97 Payee name Hill Country News Amount (\$) 24.00 Payee address, City, State, Zip Code PO Box 1777, Cedar Park, TX 78613-0000

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

Date 3-3-97 Payee name Round Rock Leader Amount (\$) 29.50 Payee address, City, State, Zip Code PO Box 459 Round Rock, TX 78680-0459

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

Date 3-3-97 Payee name Taylor Daily Press Amount (\$) 70.00 Payee address, City, State, Zip Code 211 W. 3rd Taylor, TX 76574

Purpose of expenditure Subscription -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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 5
2 FILER NAME ALFRED BURTON CARNES		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-18-97	5 Payee name Taylor High School Golf Boosters Assn.	7 Amount (\$) 25.00
6 Payee address, City, State, Zip Code 712 Fowler St. Taylor TX 76574		
8 Purpose of expenditure Donation - Fundraiser		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3-19-97	Payee name Taylor Chamber of Commerce	Amount (\$) 25.00
Payee address, City, State, Zip Code 1519 N. Main Taylor TX 76574		
Purpose of expenditure Banquet Tickets		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 3-21-97	Payee name H. F. B.	Amount (\$) 4.00
Payee address, City, State, Zip Code 1100 S. I-35 Georgetown TX 78628		
Purpose of expenditure Refreshments - Grand Jury Commission		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 4-7-97	Payee name Growing Concern Florist	Amount (\$) 39.78
Payee address, City, State, Zip Code 1900 N. Main Taylor TX 76574		
Purpose of expenditure Stone Funeral - Flowers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / 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

5

2 FILER NAME

ALFRED BURTON CARNEJ

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-17-97

5 Payee name

H.E.B.

7 Amount (\$)

10.24

6 Payee address, City, State, Zip Code

1100 S. I-35 Georgetown TX 78628

8 Purpose of expenditure

Refreshments - Grand Jury

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

4-28-97

Payee name

H.E.B.

Amount (\$)

7.55

Payee address, City, State, Zip Code

1100 S. I-35 Georgetown TX 78628

Purpose of expenditure

Coffee - Attorneys & Visitors

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

5-2-97

Payee name

Merchant's Press Inc

Amount (\$)

81.98

Payee address, City, State, Zip Code

PO Box 112 Taylor TX 76574

Purpose of expenditure

Stationery

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

5-2-97

Payee name

Williamson Co. Sun

Amount (\$)

28.00

Payee address, City, State, Zip Code

PO Box 39 Georgetown TX 78628

Purpose of expenditure

Subscription

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / 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

5

2 FILER NAME

ALFRED BURTON CARNES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-23-97

David Love Store

6 Payee address: City State Zip Code

706 S. Austin, Georgetown TX 78626

41.83

8 Purpose of expenditure

Taylor Wedding - Gift

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

5-27-97

Clarksville Pottery

Payee address: City State Zip Code

9722 Great Hills Austin TX 78759

98.51

Purpose of expenditure

Faught Retirement Gift

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

6-30-97

Williamson County Bar Assn

Payee address: City State Zip Code

Tornado Relief Fund

24.00

Purpose of expenditure

Donation - Benefit

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address: City State Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / 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 <i>1</i>
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2 FILER NAME <i>ALFRED BURTON CARNES</i>	3 ACCOUNT # (Ethics Commission filers)
---	--

4 Date	5 Payee name <i>None</i>	8 Amount (\$)
	6 Payee address, City, State, Zip Code	<i>None</i>
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	<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 <i>1</i>
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2 FILER NAME <i>Alfred Burton Carnes</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name <i>None</i>	7 Amount (\$) <i>None</i>
	6 Business address, City, State, Zip Code	

8 Purpose of payment	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address, City, State, Zip Code	

Purpose of payment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date	Business name	Amount (\$)
	Business address, City, State, Zip Code	

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

Date	Business name	Amount (\$)
	Business address, City, State, Zip Code	

Purpose of payment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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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

1

2 FILER NAME

ALFRED BURTON CARNES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

None

6 Payee address, City, State, Zip Code

7 Purpose of expenditure

8 Amount (\$)

None

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

Amount (\$)

Date

Payee name

Payee address, City, State, Zip Code

Purpose of expenditure

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 <u>1</u>
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2 FILER NAME ALFRED BURTON CARNES	3 ACCOUNT # (Ethics Commission filers)
---	--

4 Date	5 Payor name None	8 Amount (\$)
	6 Payor address: City, State, Zip Code	None
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address, City, State, Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

ALFRED BURTON CARNES

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

None

5 Lender address, City, State, Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address, City, State, Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address, City, State, Zip Code

not applicable

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

1

2 FILER NAME

ALFRED BURTON CARNES

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

None

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM JC/OH - FR

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

•• Complete only if "Report Type" on JC/OH 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 a candidate ••

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 appointment on file.

Signature of Officeholder