

# 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 #<br>(Ethics Commission Filers)  | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <u>MR</u> FIRST <u>ROSE</u> MI <u>A.</u><br>NICKNAME LAST SUFFIX<br><u>CANNADAY</u>   | <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> <small>OFFICE USE ONLY</small><br/>                 Date Received <b>JAN 17 2014</b><br/>                 City Secretary's Office             </div> |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>104 W. Northgate</u><br><u>IRVING, TX 75062</u>  |  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><u>(972) 871-0019</u>   |  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <u>MR</u> FIRST <u>LOWELL</u> MI<br>NICKNAME LAST SUFFIX<br><u>CANNADAY</u>   |  |                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>104 W. Northgate</u><br><u>IRVING, TEXAS 75062</u>  |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><u>(469) 261-9701</u>   |  |                      |
| 9 REPORT TYPE  | <input checked="" 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |                      |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><u>7 / 1 / 2013</u> <u>12 / 31 / 2013</u>  |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>/ /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br><u>IRVING City Council</u><br><u>PLACE 5</u>  | 13 OFFICE SOUGHT (if known)  |                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

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

\$ \_\_\_\_\_

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

\$ 5,000.00

EXPENDITURE  
TOTALS

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

\$ \_\_\_\_\_

4. TOTAL POLITICAL EXPENDITURES

\$ 5,124.99

CONTRIBUTION  
BALANCE

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

~~\$ 16,591.82~~ \$ 16,591.82

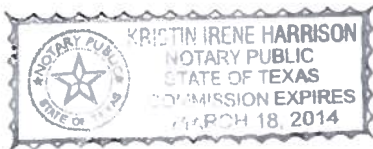
OUTSTANDING  
LOAN TOTALS

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

\$ 17,480.81

\$ 17,480.81

18 AFFIDAVIT



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

*Rose A. Cannaday*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rose A. Cannaday, this the 17 day of January, 20 14, to certify which, witness my hand and seal of office.

*Kristin Irene Harrison*  
Signature of officer administering oath

Kristin Irene Harrison  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |                                       |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A:<br><u>1</u> |
|---|---------------------------------------|

|                                      |  |
|--------------------------------------|--|
| 2 FILER NAME <u>ROSE A. CANNADAY</u> | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------------|--|

|  |  |   |  |
|--|--|---|--|
| 4 Date<br><u>12/13/13</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>MARTY AND ROBERT PAGE</u> | 7 Amount of contribution (\$)<br><u>\$5,000</u>   | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>5609 Bent Tree Drive<br/>Dallas, TX 75248</u> |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                                |
|---|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|--------------------------------|

|      |  |   |  |
|------|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable) |
|      |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|      |  |   |  |
|------|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable) |
|      |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|      |  |   |  |
|------|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable) |
|      |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|      |  |   |  |
|------|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                       | In-kind contribution description (if applicable) |
|      |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |                           |
|---|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule B: |
|---|---------------------------|

|              |  |
|--------------|--|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------|--|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨ | \$ |
|---|----|

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable) |
| 7 Pledgor address;      City;   State;   Zip Code |  | (If travel outside of Texas, complete Schedule T) |                                       |
| .....   |  |   |                                       |

|  |                                |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|--|--------------------------------|

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address;      City;   State;   Zip Code |  | (If travel outside of Texas, complete Schedule T) |                                     |
| .....   |  |   |                                     |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address;      City;   State;   Zip Code |  | (If travel outside of Texas, complete Schedule T) |                                     |
| .....   |  |   |                                     |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address;      City;   State;   Zip Code |  | (If travel outside of Texas, complete Schedule T) |                                     |
| .....   |  |   |                                     |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor address;      City;   State;   Zip Code |  | (If travel outside of Texas, complete Schedule T) |                                     |
| .....   |  |   |                                     |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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

# LOANS

# SCHEDULE E

|  |  |   |
|--|--|---|
| <b>The instruction Guide explains how to complete this form.</b>               |  | <b>1</b> Total pages Schedule E:  |
| <b>2</b> FILER NAME  |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨                   |  | <b>\$</b>   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)   |
| <b>6</b> Is lender a financial Institution?<br><br>Y    N                      | <b>8</b> Lender address;    City;    State;    Zip Code                        | <b>10</b> Interest rate   |
|  |  | <b>11</b> Maturity date   |
| <b>12</b> Principal occupation / Job title (See Instructions)                  |  | <b>13</b> Employer (See Instructions)   |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> none           |  | <b>15</b> Check if personal funds were deposited into political account<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)  |
|  | <b>18</b> Guarantor address;    City;    State;    Zip Code                    |   |
| <b>20</b> Principal Occupation (See Instructions)                              |  | <b>21</b> Employer (See Instructions)   |
| <b>Date of loan</b>  | <b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)   | <b>Loan Amount (\$)</b>   |
| <b>Is lender a financial Institution?</b><br><br>Y    N                        | <b>Lender address;    City;    State;    Zip Code</b>                          | <b>Interest rate</b>  |
|  |  | <b>Maturity date</b>  |
| <b>Principal occupation / Job title (See Instructions)</b>                     |  | <b>Employer (See Instructions)</b>  |
| <b>Description of Collateral</b><br><input type="checkbox"/> none              |  | <b>Check if personal funds were deposited into political account</b><br><input type="checkbox"/>    |
| <b>GUARANTOR INFORMATION</b><br><br><input type="checkbox"/> not applicable    | <b>Name of guarantor</b>   | <b>Amount Guaranteed (\$)</b>   |
|  | <b>Guarantor address;    City;    State;    Zip Code</b>                       |   |
| <b>Principal Occupation (See Instructions)</b>                                 |  | <b>Employer (See Instructions)</b>  |

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



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|                           |   |  |
|---------------------------|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME<br><i>ROSE A. CANNADAY</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|                           |                                    |
|---------------------------|------------------------------------|
| 4 Date<br><i>10/28/13</i> | 5 Payee name<br><i>Cape Brazil</i> |
|---------------------------|------------------------------------|

|                                 |  |
|---------------------------------|--|
| 6 Amount (\$)<br><i>\$19.84</i> | 7 Payee address; City; State; Zip Code<br><i>2510 Gray Ln Carrollton, TX</i> |
|---------------------------------|--|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>consultant exp</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

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

|                         |                              |
|-------------------------|------------------------------|
| Date<br><i>11/20/13</i> | Payee name<br><i>DENNY'S</i> |
|-------------------------|------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><i>\$28.42</i> | Payee address; City; State; Zip Code<br><i>4115 W airport Irving, TX</i> |
|-------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>consultant exp</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

|                      |                                     |
|----------------------|-------------------------------------|
| Date<br><i>12/13</i> | Payee name<br><i>SALVATION ARMY</i> |
|----------------------|-------------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><i>\$250.00</i> | Payee address; City; State; Zip Code<br><i>IRVING, TEXAS</i> |
|--------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>EVENT EXP Award</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|                        |                                |
|------------------------|--------------------------------|
| Date<br><i>12/3/13</i> | Payee name<br><i>Tup:Wamba</i> |
|------------------------|--------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><i>\$36.58</i> | Payee address; City; State; Zip Code<br><i>12270 INWOOD Rd</i> |
|-------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>consultant - Urban Center</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                           |   |  |
|---------------------------|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME<br><i>ROSE A. CANNAJAY</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| 4 Date<br><i>11/22/2013</i> | 5 Payee name<br><i>Red Lobster</i> |
|-----------------------------|------------------------------------|

|                                  |   |
|----------------------------------|---|
| 6 Amount (\$)<br><i>\$ 49.33</i> | 7 Payee address; City; State; Zip Code<br><i>4205 W airport dr<br/>IRVING, TX</i> |
|----------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Campaign consulting pool</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

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

|                           |  |
|---------------------------|--|
| Date<br><i>12/27/2013</i> | Payee name<br><i>Las Colinas Finance Station - Post Office</i> |
|---------------------------|--|

|                                 |   |
|---------------------------------|---|
| Amount (\$)<br><i>\$ 110.40</i> | Payee address; City; State; Zip Code<br><i>Las Colinas,</i> |
|---------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Adv. Expense</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

|                         |                              |
|-------------------------|------------------------------|
| Date<br><i>11/22/13</i> | Payee name<br><i>STAPLES</i> |
|-------------------------|------------------------------|

|   |   |
|---|---|
| Amount (\$)<br><i><del>14</del> 50.07</i> | Payee address; City; State; Zip Code<br><i>Highway 114 Irving, TX</i> |
|---|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Office Exp. -</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|                         |                                      |
|-------------------------|--------------------------------------|
| Date<br><i>11/24/13</i> | Payee name<br><i>Venzon Wireless</i> |
|-------------------------|--------------------------------------|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><i>\$ 654.89</i> | Payee address; City; State; Zip Code<br><i>Beltline Rd, Irving, TX</i> |
|---------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Office Expense</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|                           |   |  |
|---------------------------|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME<br><i>ROSE A. CANNADAY</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|                           |   |
|---------------------------|---|
| 4 Date<br><i>10/14/13</i> | 5 Payee name<br><i>Christians in Public Service</i> |
|---------------------------|---|

|                               |   |
|-------------------------------|---|
| 6 Amount (\$)<br><i>\$110</i> | 7 Payee address; City; State; Zip Code<br><i>4041 W. Wheatland Rd #156-302<br/>Dallas, TX 75237</i> |
|-------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Event Exp / membership</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

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

|                         |   |
|-------------------------|---|
| Date<br><i>10/17/13</i> | Payee name<br><i>Hallmark Creations</i> |
|-------------------------|---|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><i>\$76.72</i> | Payee address; City; State; Zip Code<br><i>N. MacArthur Irving, TX</i> |
|-------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Adv Exp.</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

|                         |                              |
|-------------------------|------------------------------|
| Date<br><i>11/07/13</i> | Payee name<br><i>Le Peep</i> |
|-------------------------|------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><i>\$54.00</i> | Payee address; City; State; Zip Code<br><i>O'Connor Irving, TX</i> |
|-------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Consulting Exp</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

|                         |                                      |
|-------------------------|--------------------------------------|
| Date<br><i>11/12/13</i> | Payee name<br><i>Minnie Hallmark</i> |
|-------------------------|--------------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><i>\$71.29</i> | Payee address; City; State; Zip Code<br><i>Stony Rd Irving, TX</i> |
|-------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Adv. Exp</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                           |   |  |
|---------------------------|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME<br><i>ROSE A. CANNADAY</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|        |  |
|--------|--|
| 4 Date | 5 Payee name<br><i>People Calling People</i> |
|--------|--|

|                                   |  |
|-----------------------------------|--|
| 6 Amount (\$)<br><i>\$3000.00</i> | 7 Payee address; City; State; Zip Code<br><i>PLANO, TX</i> |
|-----------------------------------|--|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Contract labor website design/printing</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

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

|                       |                             |
|-----------------------|-----------------------------|
| Date<br><i>1/2/13</i> | Payee name<br><i>STAPLE</i> |
|-----------------------|-----------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><i>\$48.24</i> | Payee address; City; State; Zip Code<br><i>3538 W August Dr<br/>Irving, TX</i> |
|-------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Print Exp</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

|                       |                                   |
|-----------------------|-----------------------------------|
| Date<br><i>7/2/13</i> | Payee name<br><i>Colman Baker</i> |
|-----------------------|-----------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>\$7.34</i> | Payee address; City; State; Zip Code<br><i>118 E John Carpenter Dr<br/>Irving, TX</i> |
|------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Consult - gas well</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

|                         |                              |
|-------------------------|------------------------------|
| Date<br><i>11/29/13</i> | Payee name<br><i>Verizon</i> |
|-------------------------|------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>250.00</i> | Payee address; City; State; Zip Code<br><i>Beltshire 183<br/>Irving, TX</i> |
|------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Office Expense</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                           |   |  |
|---------------------------|---|--|
| 1 Total pages Schedule F: | 2 PILER NAME<br><i>ROSE A. CANNADAY</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|                          |  |
|--------------------------|--|
| 4 Date<br><i>6-18-13</i> | 5 Payee name<br><i>IRVING LAS COLINAS ROTARY</i> |
|--------------------------|--|

|                                 |   |
|---------------------------------|---|
| 6 Amount (\$)<br><i>\$55.00</i> | 7 Payee address; City; State; Zip Code<br><i>IRVING, TX</i> |
|---------------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Expense - Fltgs</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

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

|                       |                                   |
|-----------------------|-----------------------------------|
| Date<br><i>6-1-13</i> | Payee name<br><i>NAACP IRVING</i> |
|-----------------------|-----------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><i>75.00</i> | Payee address; City; State; Zip Code<br><i>IRVING, TX</i> |
|-----------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Fundraising Exp NAACP</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)   | <b>7</b> Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |   |

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule H: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|               |                        |
|---------------|------------------------|
| <b>4</b> Date | <b>5</b> Business name |
|---------------|------------------------|

|                      |  |
|----------------------|--|
| <b>6</b> Amount (\$) | <b>7</b> Business address; City; State; Zip Code |
|----------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|                                  |  |   |
|----------------------------------|--|---|
| <b>1</b> Total pages Schedule I: | <b>2</b> FILER NAME  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                                     |
| <b>4</b> Date                    | <b>5</b> Payee name  |   |
| <b>6</b> Amount (\$)             | <b>7</b> Payee address; City; State; Zip Code                                |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date                             | Payee name   |   |
| Amount (\$)                      | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE           | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date                             | Payee name   |   |
| Amount (\$)                      | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE           | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date                             | Payee name   |   |
| Amount (\$)                      | Payee address; City; State; Zip Code   |   |
| PURPOSE OF EXPENDITURE           | <b>(a)</b> Category (See instructions for examples of acceptable categories) | <b>(b)</b> Description (See instructions regarding type of information required.) |

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

|  |   |               |
|--|---|---------------|
| 4 Date                                 | 5 Name of person from whom amount is received<br><br>.....<br>6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount (\$) |
| 7 Purpose for which amount is received |   |               |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received |   |             |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received |   |             |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received |   |             |

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule T:              |
| 2 FILER NAME   |  | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |  |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |  |  |
| 6 Dates of travel  | 7 Name of person(s) traveling  |  |
|  | 8 Departure city or name of departure location                               |  |
|  | 9 Destination city or name of destination location                           |  |
| 10 Means of transportation   | 11 Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E   |  |  |
| Dates of travel  | Name of person(s) traveling  |  |
|  | Departure city or name of departure location                                 |  |
|  | Destination city or name of destination location                             |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)    |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E   |  |  |
| Dates of travel  | Name of person(s) traveling  |  |
|  | Departure city or name of departure location                                 |  |
|  | Destination city or name of destination location                             |  |
| Means of transportation  | Purpose of travel (including name of conference, seminar, or other event)    |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |  |



# 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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

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