GCANDIDATE / OFFICEHOLDER GCAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: | |
|--|--|--|---|--|
| The C/OH Instruction | Guide explains how to complete this form. | (Ethios Commission Files) | 17 | |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST | MI | OFFICE USE ONLY | |
| NAME | NICKNAME LAST | SUFFIX | Date Received | |
| | Rangel | TIL | 910 11 12 AM | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX; APT / SUITE#; CITY; | STATE; ZIP CODE | RECEIVED N | |
| ADDRESS | 2259 Lipsromb, Ft | . W+, TX 76110 | MAY 13 WILLIAM | |
| change of address 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | Receipt # CITY OF FOR Amount | |
| OFFICEHOLDER PHONE | (188Z) 365-3693 | MA | Date Processed | |
| 6 CAMPAIGN TREASURER | MS/MRS/MB FIRST | MI A | Date Imaged | |
| NAME | NICKNAME LAST | SUFFIX | | |
| | Rangel | III | | |
| 7 CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | CITY; STATE; | ZIP CODE | |
| ADDRESS (residence or business) | 2259 Lipscombi | FX WTITY | 16110 | |
| 8 CAMPAIGN TREASURER | AREA CODE PHONE NUMBER | EXTENSION | | |
| PHONE | (682) 365-3093 | NA | | |
| 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 [imit | Final report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year THROUGH | Month Day | Year | |
| OOVERLED | 10/2014 THHOUGH | 04/30/ | 2014 | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year Primary | Runoff G | Special Special | |
| | 05/10/2014 | Tulion | ieneral Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | | |
| | NLA | City Coun | icil Dist.9 | |
| GO TO PAGE 2 | | | | |

CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | van Ra | 1 | 5 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 Juan Rangel Election Committee COMMITTEE ADDRESS SPECIFIC 2259 Lips comb | | | | |
| . additional pages | | COMMITTEE CAMPAIGN TREASURER NAME To angel, The committee CAMPAIGN TREASURER ADDRESS 2259 Lips Comby Fit | -W3.7×76110 | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | \$ \$ C | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ <0 | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD | AY \$ O | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL F | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | HE \$ | | |
| 18 AFFIDAVIT | GUY NORRIS VI NOTARY PUI STATE OF TE MY COMM. EXP. | is true and correct and includes all me under Title 15, Election Code. EXAS 9/30/15 | perjury, that the accompanying report information required to be reported by didate or Officeholder | | |
| AFFIX NOTARY STAN | | TUAN PANIS TIT | | | |
| Sworn to and sub- | of MM | , 20 <u>IY</u> , to certify which, witness m | | | |
| MX/ | | Printed name of officer administering oath | NoThry PUBLIC Title of officer administering oath | | |
| Algnature of officer administering oath Printed name of officer administering oath Ittle of officer administering oath | | | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | The | Instruction Guide explains how to complete this | 1 Total pages Schedule A: | | |
|---|-----------------|--|---------------------------|-------------------------------|---|
| 2 | FILER NAME | Juan Rangol | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 | Date | 5 Full name of contributorout-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | | 6 Contributor address; City; State; Zip Code | | | |
| | | | | (If travel outside | of Texas, complete Schedule T) |
| 9 | Principal occup | nation / Job title (See Instructions) | 10 Employer (See | Instructions) | |
| | Date | Full name of contributor ut-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | (If travel outside | of Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See | Instructions) | |
| *************************************** | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code | | | |
| | | | | <u> </u> | of Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See | Instructions) | |
| | Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code | | (If travel outside | of Texas, complete Schedule T) |
| | Principal occup | pation / Job title (See Instructions) | Employer (See | | |
| | Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | Contributor address; City; State; Zip Code | | (If travel outside | of Texas, complete Schedule T) |
| | Principal occup | oation / Job title (See Instructions) | Employer (See | | |
| | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| exas Ethics Comr | nission | P.O. Box 12070 | Austin, Texas | 78711-2070 | (512) 463-5800 | (TDD 1-800-735-2989 |
|------------------|----------------|--------------------------|-----------------------|--------------------|-------------------------|--|
| | | NTRIBUTION | NS | | | SCHEDULE B |
| The | nstruction | Guide explains how to | complete this fo | orm. | 1 Total pages Sche | dule B: |
| | | | | | 3 ACCOUNT # (Eth | nics Commission Filers) |
| FILER NAME | Tva | n Rango | <u> </u> | | | |
| TOTA | LOF UNIT | TEMIZED PLEDGE | S: 0001 | 000000000 | 10000 | \$ |
| Date | 6 Full nan | ne of pledgor 🔲 out- | of-state PAC (ID#: |) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor | address; City; S | State; Zip Code | | ļ | |
| | | | | | (If travel outside o | of Texas, complete Schedule T) |
| O Principal occu | pation / Job t | itle (See Instructions) | 1 | 1 Employer (See li | | |
| Date | Full nar | ne of pledgor 🔲 out- | -of-state PAC (ID#: |) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgo | r address; City: S | | | | |
| | | | | | (If travel outside | of Texas, complete Schedule T) |
| | - ti / lob | title (See Instructions) | | Employer (See | | |
| Principal occu | pation / Job | une (See mandenerie) | | | | |
| Date | | | t-of-state PAC (ID#: | | Amount of pledge (\$) | In-kind description (if applicable) |
| | | | | . \ | (If travel outside | of Texas, complete Schedule T) |
| Principal occu | pation / Job | title (See Instructions) | | Employer (See | | |
| Date | Full na | me of pledgor 🔲 ou | ut-of-state PAC (ID#: | | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledge | or address; City; | State; Zip Code | | | |
| | | | | Employer (See | | of Texas, complete Schedule T) |
| Principal occi | upation / Job | title (See Instructions) | | Employer (See | nistration | \ |
| Date | Full na | | ut-of-state PAC (ID#: | | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledg | or address; City; | State; Zip Code | | (If travel outside | e of Texas, complete Schedule T |
| Principal occ | upation / Job | title (See Instructions) | | Employer (See | | |
| | - antributor | ATTACH ADDITI | ONAL COPIES C | FTHIS SCHEDUL | E AS NEEDED | g requirements. |

| exas Ethics Commis | sion P.O. Box 12070 | Austin, Texas 78711-2070 | (512) 463-5800 | (1001-800-733-2300 |
|-----------------------------|--|--|--------------------|----------------------------------|
| LOANS | | | | SCHEDULE E |
| The | Instruction Guide explains how | to complete this form. | 1 Total pa | ages Schedule E: |
| | | | 3 ACCOL | JNT # (Ethics Commission Filers) |
| FILER NAME | ian Rango | | | |
| | AL OF UNITEMIZED LOANS | s: 0000000000 | 10000 | \$ |
| 5 Date of loan | 7 Name of lender | out-of-state PAC (ID#: |) | 9 Loan Amount (\$) |
| is lender | 8 Lender address; City; | State; Zip Code | | 10 Interest rate |
| a financial Institution? | | | | 11 Maturity date |
| Y N 12 Principal occupat | tion / Job title (See Instructions) | 13 Employer (See Inst | tructions) | |
| | lletoral | 15 Check if personal fu | ınds were deposite | d into political account |
| 14 Description of Co | materal | | | |
| I none I none I none | 17 Name of guarantor | | | 19 Amount Guaranteed (\$) |
| not applicable | 18 Guarantor address; | City; State; Zip Code 21 Employer (See Ins | | · |
| 20 Principal Occupa | ation (See Instructions) | 21 Employer (See Ins | il deligney | |
| Date of loan | Name of lender | out-of-state PAC (4D#: | | Loan Amount (\$) |
| Is lender a financial | Lender address; City; | State; Zip Code | | Interest rate |
| Institution? | | | | Maturity date |
| • | ation / Job title (See Instructions) | Employer (See Ins | tructions) | |
| Description of Co | ollateral | Check if personal for | unds were deposite | ed into political account |
| none | | | | |
| GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$ |
| not applicable | Guarantor address; | City; State; Zip Code | | |
| Principal Occup | ation (See Instructions) | Employer (See Inst | tructions) | |
| lf le | ATTACH ADDITIO ender is out-of-state PAC, pleas | NAL COPIES OF THIS SCHEDUL e see instruction guide for addi | EAS NEEDED | requirements. |

POLITICAL EXPENDITURES

SCHEDULE F

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Salaries/Wages/Col Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Office Overhead/Re The Instruction Guide explains how to compare the company of the company o | ntract Labor Loan sing Expense Trans Contri iot Ca ental Expense OTHE complete this form. | Repayment/Reimbursement portation Equipment & Related Expense ibutions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above) |
|--|--|---|---|
| 1 Total pages Schedule F: | 2 FILER NAME Van Range | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | el outside of Texas, complete Schedule T) |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (li trave | |
| Complete ONLY if direct expenditure to benefit C/C | 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 senedule) | | vel outside of Texas, complete Schedule T) Office held |
| Complete ONLY if direct expenditure to benefit C/0 | Candidate / Officeholder name OH | Office sought | Office Hold |
| 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 the | vel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name OH | 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 tra | ivel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit Complete. | t Candidate / Officeholder name C/OH | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEI | EDED Rovised 04/19/2 |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

| Fees | Printing Expense Office Overhead/H | |
|---|--|---|
| | The Instruction Guide explains how to | 3 ACCOUNT # (Ethics Commission Filers) |
| 1 Total pages Schedule G: | 2 FILER NAME TO an Pange | 3 / 2000 5 () () |
| 4 Date | 5 Payee name | |
| Relmbursement from potitical contributions intended | 7 Payee address; City; State; Zip Code | The Objection T |
| 8 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 (\$) Reimbursement from political contributions | 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) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Reimbursement from political contributions intended | | Tours complete Schadule T) |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (II travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 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) |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

| | EXPENDITURE CA | ATEGORIES F | FOR BOX 8(a) |) | |
|---|---|--|-----------------|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense | Gift/Awards/Memorials Expense Si Legal Services Si Food/Beverage Expense Ti Polling Expense Ti | s/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Solicitation (Parts of Contract Labor Solicitation/Fundraising Expense Travel In District Out Of District Solicitation (Parts of Contract Labor Solicitation/Fundraising Expense Fundraising Fundraising Expense Fundraising Fundraising Fundr | | Loan Repaym Transportatio Contributions Candidate | nent/Reimbursement n Equipment & Related Expense //Donations Made By //Officeholder/Political Committee or a category not listed above) |
| Fees | Printing Expense The Instruction Guide ex | | | | |
| | | kpiains now to c | ompiete the re | 3 ACC | OUNT # (Ethics Commission Filers) |
| 1 Total pages Schedule H: | 2 FILER NAME Van Rang- | <u>e</u> | | | |
| 4 Date | 5 Business name | | | | |
| 6 Amount (\$) | 7 Business address; City; State | ; Zip Code | | | |
| | | | | | |
| 8 PURPOSE | (a) Category (See categories listed at the top of | f this schedule) | (b) Description | n (If travel outside | of Texas, complete Schedule T) |
| 8 PURPOSE OF EXPENDITURE | | | 000 | .t. t | Office held |
| 9 Complete ONLY if direct expenditure to benefit C/ | Candidate VOfficeholder name OH | | Office soug | JII. | |
| Date | Business name | | | | |
| Amount (\$) | Business address; City; State | e; Zip Code | | | |
| Amount (#) | | | | | |
| | Category (See categories listed at the top o | f this schedule) | Description | n (If travel outside | of Texas, complete Schedule T) |
| PURPOSE OF EXPENDITURE | Category (see categories listed at the top of | , mio sonodaro, | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit Co | Candidate / Officeholder name | | Office sou | ght | Office held |
| Date | Business name | | | | |
| Amount (\$) | Business address; City; State | e; Zip Code | | | |
| PURPOSE | Category (See categories listed at the top of | of this schedule) | Description | on (If travel outsid | e of Texas, complete Schedule T) |
| OF EXPENDITURE | | | | | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C | Candidate / Officeholder name | | Office sou | ght | Office field |
| Date | Business name | | | | |
| Amount (\$) | Business address; City; Stat | te; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the lop | of this schedule) | Description | on (If travel outsic | le of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit Complete. | t Candidate / Officeholder name C/OH | | Office sou | ıght | Office held |
| | ATTACH ADDITIONAL CO | OPIES OF THIS | SCHEDULE | SNEEDED | |
| | ATTACHADDITIONALO | | | | Revised 04/19/2013 |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| | The Instruction Guide explains how | | | |
|--------------------------------|---|--|--|--|
| 1 Total pages Schedule I: | 2 FILERNAME Juan Pange | 3 ACCOUNT # (Ethics Commission Filers) | | |
| 4 Date | 5 Payee name | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See Instructions regarding type of Information required.) | | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See Instructions regarding type of Information required.) | | |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

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

SCHEDULE K

| The | Instruction Guide explains how to complete this form. | 1 Total pages Sche | dule K: |
|--------------|---|--------------------|-------------------------|
| 2 FILER NAME | Juan Range | 3 ACCOUNT # (Et | hics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; State; Zip Code | | |
| | 7 Purpose for which amount is received | | |
| Date | Name of person from whom amount is received | | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | | |
| | Purpose for which amount is received | | <u>.</u> |
| Date | Name of person from whom amount is received | | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | | |
| | Purpose for which amount is received | | |
| Date | Name of person from whom amount is received | | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Cod | | |
| | Purpose for which amount is received | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDUL | E AS NEEDED | |

| | ITRIBUTION OF OUTSIDE OF | | EXPEND | ITURE | SCHEDULE T |
|--|--|-------------------------|-------------------|-------------------------|--------------------|
| The Instru | tion Guide explains how | to complete this form | 1. | 1 Total pages Schedule | Т: |
| 2 FILER NAME | an Range | | | 3 ACCOUNT # (Ethics C | Commission Filers) |
| | Corporation or Labor Organiz | ation / Pledgor / Payee | | | |
| | ure reported on: dule A Schedule E dule H Schedule N | | Schedule | D Schedule F | Schedule G |
| 6 Dates of travel | 7 Name of person(s) trave | ling | | | |
| | 8 Departure city or name o | f departure location | | | |
| | Destination city or name | | | | |
| 10 Means of transportation | n 11 Purpose of | ravel (including name o | of conference, se | eminar, or other event) | |
| Name of Contributor / C | orporation or Labor Organiza | ition / Pledgor / Payee | | | |
| Contribution / Expenditu | | | | | |
| —————————————————————————————————————— | dule A Schedule E | | Schedule | D Schedule F | Schedule G PAC-E |
| Dates of travel | Name of person(s) travelin | $\overline{}$ | | | |
| | Departure city or name of d | eparture location | | | |
| | Destination city or name of | destination location | | | |
| Means of transportation | Purpose of tra | vel (including name of | onference, sem | inar, or other event) | |
| Name of Contributor / C | orporation or Labor Organiza | ation / Pledgor / Payee | | | |
| Contribution / Expendit | re reported on: | | | | |
| | dule A Schedule E | | Schedule COH-T | Schedule F | Schedule G PAC-E |
| Dates of travel | Name of person(s) travelin | | | | |
| | Departure city or name of d | eparture location | | | |
| | Destination city or name of | destination location | | | |
| Means of transportation | Purpose of tra | vel (including name of | conference, sem | inar, or other event) | |
| | ATTACH ADDITI | ONAL COPIES OF TH | IIS SCHEDULE | ASNEEDED | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

| | DES | SIGNATION OF FINAL REPORT | |
|---|----------|---|---|
| | | The Instruction Guide explains how to complete thi Complete only if "Report Type" on page 1 is marked "F | |
| 1 | C/OH N | Juan Range J | 2 ACCOUNT # (Ethics Commission Filers) |
| 3 | SIGNA | ATURE | |
| | report a | expect any further political contributions or political expenditures in connection with my os a final report terminates my campaign treasurer appointment. I also understand that I neany campaign expenditures without a campaign treasurer appointment on file. | nay not accept any campaign contributions |
| | | Signal | ture of Candidate / Officeholder |
| 1 | | WHO IS NOT AN OFFICEHOLDER blete A & B below <i>only</i> if you are not an officeholder. •• | |
| | A. | CAMPAIGN FUNDS | |
| | Chec | k 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 not convert unexpended political contributions or unexpended interest or income earne use. I also understand that I must file an annual report of unexpended contributions a contributions or unexpended interest or income earned on political contributions long report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code, § | d on political contributions to personal and that I may not retain unexpended per than six years after filing this final s and unexpended interest or income |
| | В. | ASSETS | |
| | Checl | coply one: | |
| | | I do not retain assets purchased with political contributions or interest or other income f | rom political contributions. |
| | | I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income use. I also understand that I must dispose of assets purchased with political contribution of Election Code, § 254.204. | from political contributions to personal |
| i | | EHOLDER blete this section <i>only</i> if you are an officeholder ·· | |
| | | I am aware that I remain subject to filing requirements applicable to an officeholder who does I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | er filing the last required report as an |
| | | | Signature of Officeholder |