

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT #(Ethics Commission filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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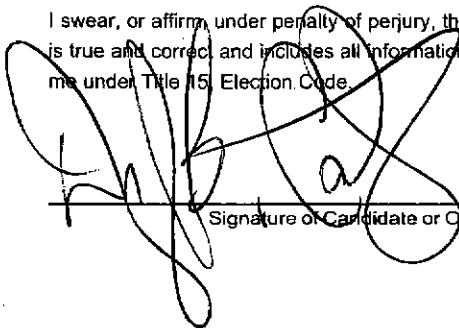
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,160.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,675.77
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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



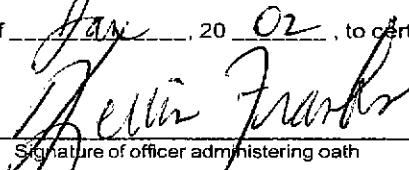
KEVIN FRANKS
MY COMMISSION EXPIRES
AUGUST 20, 2004



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DARREYL B. CARVER, this the 31st day of Jan, 2002, to certify which, witness my hand and seal of office.



Signature of officer administering oath

KEVIN FRANKS

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: <i>1 of 3</i>	
2 FILER NAME <i>DARRYL CARTER</i>		3 ACCOUNT # (Ethics Commission file#)	
4 Date <i>10/30/01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>SCOTT LEMOND</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>HOUSTON, TX. 77007</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>11/05/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BROWN</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>HOUSTON, TX. 77066</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>11/05/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DON SOWELL</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>11/05/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MATTHEW PLUMMER</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>11/05/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LAWRENCE BELL</i>	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: <i>2 of 3</i>	
2 FILER NAME <i>DARRYL CARTER</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/17/01</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>AFSCME</i>	7 Amount of contribution (\$) <i>\$1500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>WASHINGTON, D.C.</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10/17/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>IEC</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/17/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MARY ROSS</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/26/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>SCOTT HOWARD</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] HOUSTON, TX. 77019</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/30/01</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TRINITY BAPTIST CHURCH</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>[REDACTED] HOUSTON, TX. 77051</i>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 3 of 3	
2 FILER NAME DARRYL CARTER		3 ACCOUNT # (Ethics Commission files)	
4 Date 11/05/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHNNY TATES	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/07/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REGINALD HOWARD	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX 77054			
Principal occupation (Optional)		Employer (Optional)	
Date 11/07/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SAMUEL STEWART	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code HOUSTON, TX 77045			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 OF 8

2 FILER NAME

DARRYL CARTER CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

10/15/01

GEORGE DILLARD

6 Payee address; City; State; Zip Code

HOUSTON, TX. 77004

\$900.00

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

CONTRACT LABOR

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

Date

Payee name

Amount
(\$)

10/16/01

DEONNE CUNNINGHAM

Payee address; City; State; Zip Code

HOUSTON, TX. 77085

\$1000.00

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

CONTRACT LABOR

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

Date

Payee name

Amount
(\$)

10/17/01

KEOH

Payee address; City; State; Zip Code

ALAMEDA

16 210.00

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

RADIO ADS

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

Date

Payee name

Amount
(\$)

10/17/01

CHRIS WATSON

Payee address; City; State; Zip Code

HOUSTON, TX. 77004

\$1960

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

CONTRACT LABOR

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>2 OF 8</i>
2 FILER NAME <i>DARRELL B. CARTER CAMPAIGN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/18/01</i>	5 Payee name <i>SIAT</i>	7 Amount (\$) <i>\$ 180.35</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>DELIVERY</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/19/01</i>	Payee name <i>DEANNE CUNNINGHAM</i>	Amount (\$) <i>\$ 57.07</i>
Payee address; City; State; Zip Code <i>6131 TIFFANY DR. HOUSTON, TX. 77085</i>		
Purpose of payment (See instructions regarding type of information required.) <i>REIMBURSEMENT FOR EXPENSES</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/21/01</i>	Payee name <i>ELAINE BISHOP</i>	Amount (\$) <i>\$ 150.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>REIMBURSEMENT FOR EXPENSES</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/21/01</i>	Payee name <i>WILLIE BONDS</i>	Amount (\$) <i>\$ 200.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>RENTAL FEE</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 8

2 FILER NAME

DARRYL CARTER CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/21/01

5 Payee name

C-BARB CONLEY

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$263.00

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

ENGRAVED PENS

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

Candidate / Officeholder name Office sought Office held

Date

10/21/01

Payee name

SHARON DAVIS

Payee address; City; State; Zip Code

8335 BIRD MEADOW
MO. CTY. TX. 77489

Amount (\$)

\$200.35

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

REIMBURSEMENT FOR EXPENSES

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

Candidate / Officeholder name Office sought Office held

Date

10/24/01

Payee name

GOSPEL 1360

Payee address; City; State; Zip Code

Amount (\$)

\$300.00

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

RADIO ADS

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

Candidate / Officeholder name Office sought Office held

Date

10/24/01

Payee name

RIODEGATE CIVIC ASSOCIATION

Payee address; City; State; Zip Code

Amount (\$)

\$190.00

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

NEWSPAPER ADS

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 8

2 FILER NAME

DARAYL CARTER CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/26/01

5 Payee name

PHA GREEN PRINTING

6 Payee address; City; State; Zip Code

4403 AKARD
HOUSTON TX. 77047

7 Amount (\$)

\$950.00

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

PRINTING

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

Date

10/26/01

Payee name

KCOH

Payee address; City; State; Zip Code

Amount (\$)

\$1000.00

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

RADIO SHOW FEE

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

Date

10/26/01

Payee name

BARRY CROMWELL

Payee address; City; State; Zip Code

Amount (\$)

\$288.00

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

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

Date

10/26/01

Payee name

DAMON GASTON

Payee address; City; State; Zip Code

Amount (\$)

\$308.00

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

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

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 OF 8

2 FILER NAME

DARREL CARTER CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27/01

5 Payee name

JOSE MORALES

6 Payee address; City; State; Zip Code

7 Amount (\$)

\$ 308.00

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

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

Date

11/01/01

Payee name

RL CARRIERS

Payee address; City; State; Zip Code

Amount (\$)

\$ 115.24

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

DELIVERY

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

Date

11/01/01

Payee name

GEORGE DILLARD

Payee address; City; State; Zip Code

4707 CHENEVERT
HOUSTON, TX. 77004

Amount (\$)

\$ 900.00

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

CONTRACT LABOR

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

Date

11/01/01

Payee name

MAY WALKER

Payee address; City; State; Zip Code

3810 BELGRADE
HOUSTON, TX. 77045

Amount (\$)

\$ 500.00

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

CONTRACT LABOR

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 8

2 FILER NAME

DARRYL CARTER CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/01/01

SHARON DAVIS

6 Payee address; City; State; Zip Code

8335 BIRD MEADOW
MO. CTY. TX. 77489

\$1250.00

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

CONTRACT LABOR

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/01/01

ED KELLY

Payee address; City; State; Zip Code

4614 TRAIL LAKE
HOUSTON, TX. 77045

\$564.08

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

CONTRACT LABOR

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/02/01

DR ENTERPRISE

Payee address; City; State; Zip Code

\$1050.00

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

FIELD WORK

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/05/01

GEORGE DILLARD

Payee address; City; State; Zip Code

4704 CHEEVERT
HOUSTON, TX. 77004

\$80.00

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

REIMBURSEMENT FOR EXPENSES

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 OF 8

2 FILER NAME

DARRYL CARTER CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/06/01

DARRYL CARTER

6 Payee address; City; State; Zip Code

8181 EL MUNDO #3501
HOUSTON, TX. 77054

\$ 100.00

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

REIMBURSEMENT FOR EXPENSE

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/12/01

HLXP

Payee address; City; State; Zip Code

\$ 266.⁴⁸/_{XX}

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

LIGHT BILL

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/12/01

JWBELL

Payee address; City; State; Zip Code

\$ 570.64

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

TELEPHONE BILL

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/11/01

HARTMAN MGMT.

Payee address; City; State; Zip Code

\$ 304.56

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

RENT

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
8 of 8

2 FILER NAME

DARRYL CARTER CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/26/01

ED KELLY

6 Payee address; City; State; Zip Code

4614 TRAIL LAKE
HOUSTON TX. 77045

\$ 70.00

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

REIMBURSEMENT FOR EXPENSES

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

Date

Payee name

Amount (\$)

12/06/01

PHA GREEN PRINTING

Payee address; City; State; Zip Code

4403 AKARD
HOUSTON, TX. 77047

\$ 750.00

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

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

Date

Payee name

Amount (\$)

12/21/01

PHA GREEN PRINTING

Payee address; City; State; Zip Code

4403 AKARD
HOUSTON, TX. 77047

\$ 1000.00

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER 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 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 on file.

Signature of Officeholder