

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Joe	MI A.
	NICKNAME	LAST McComb	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	P. O. Box 1689 Corpus Christi, TX 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 739-3152	EXTENSION
	Date Hand-delivered or Date Postmarked Rebecca Huerta City Secretary		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joe	MI A.
	NICKNAME	LAST McComb	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	5323 St. Andrews Drive Corpus Christi, TX 78413		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 739-3152	EXTENSION
	Date Received 10/10/16		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <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		Month / Day / Year	
08 / 12 / 2016		09 / 30 / 2016	
THROUGH			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11	08	2016	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	N/A		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

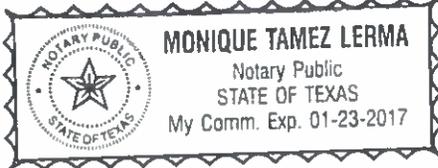
14 C/OH NAME Joe A. McComb 15 Filer ID (Ethics Commission Filers)

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.

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		Joe McComb Campaign Committee
	COMMITTEE ADDRESS	P. O. Box 1689 Corpus Christi, TX 78403
	COMMITTEE CAMPAIGN TREASURER NAME	Joe A. McComb
	COMMITTEE CAMPAIGN TREASURER ADDRESS	5323 St. Andrews Drive Corpus Christi, TX 78413

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 565.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,390.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,177.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,185.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, 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.

Joe A. McComb

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe A. McComb this the 10th day of October, 2016, to certify which, witness my hand and seal of office.

Monique Tamez Lerma Monique Tamez Lerma Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Joe A. McComb

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE**

N/A

**SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,390.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,177.95
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Joe McComb SEE ATTACHED LIST		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

Contributor:
Mr. Paul Cameron Jr.
5306 River Oaks
Corpus Christi, TX 78413
Date: 8/16/2016 AMT: \$200.00

Contributor:
Mr. L. J. Cohen
210 Mitchell Street
Corpus Christi, TX 78411
Date: 8/22/2016 AMT: \$250.00

Contributor:
Mr. & Mrs. Bill Furguson
3202 Roscher Road
Corpus Christi, TX 78418
Date: 8/25/2016 AMT: \$1,000.00

Contributor:
Mr. Bradley Lomax
309 N. Water Street
Corpus Christi, TX 78401
Date: 8/25/2016 AMT: \$350.00

Contributor:
Mr. & Mrs. Robert Adler
106 Rainbow Lane
Corpus Christi, TX 78411
Date: 9/6/2016 AMT: \$250.00

Contributor:
Mrs. Beverly Thomason
101 N. Upper Broadway #1111
Corpus Christi, TX 78401
Date: 9/6/2016 AMT: \$100.00

Contributor:
VALERO Political Action Committee
P. O. Box 696000
San Antonio, TX 78269
Date: 9/8/2016 AMT: \$750.00

Contributor:
Mr. Raymond Gignac
3260 Ocean Drive
Corpus Christi, TX 78412
Date: 9/12/2016 AMT: \$500.00

Contributor:
Mrs. Janet Jones
3420 Ocean Drive
Corpus Christi, TX 78411
Date: 9/12/2016 AMT: \$1,000.00

Contributor:
Mr. Dan Smith
4121 Cott
Corpus Christi, TX 78411
Date: 9/16/2016 AMT: \$100.00

Contributor:
Mr. Edward Martin
5814 Oso Parkway
Corpus Christi, TX 78414
Date: 8/18/2016 AMT: \$1,000.00

Contributor:
Mrs. Leah Olivarri
33 Camden Place
Corpus Christi, TX 78412
Date: 8/22/2016 AMT: \$500.00

Contributor:
Mr. John McGregor
545 N. Upper Broadway 3406
Corpus Christi, TX 78401
Date: 8/25/2016 AMT: \$250.00

Contributor:
Dr. David Chapman
13725 Northwest Blvd.
Corpus Christi, TX 78410
Date: 8/25/2016 AMT: \$150.00

Contributor:
Mr. William Goldston
13721 Tajamar
Corpus Christi, TX 78418
Date: 9/6/2016 AMT: \$200.00

Contributor:
Mr. Mikal Watts
Four Dominion Drive, Bldg. 3, Suite 100
San Antonio, TX 78257
Date: 8/29/2016 AMT: \$1,000.00

Contributor:
Mr. & Mrs. Fred Braselton
6910 Palleas Street
Corpus Christi, TX 78413
Date: 9/12/2016 AMT: \$500.00

Contributor:
Mr. & Mrs. Charles Schultz
7417 Lugano
Corpus Christi, TX 78413
Date: 9/12/2016 AMT: \$100.00

Contributor:
Mr. Rolando Barrera
2621 Camargo Drive
Corpus Christi, TX 78415
Date: 9/1/2016 AMT: \$100.00

Contributor:
Dr. Charles Kirkham
4525 Lake Bistineau Drive
Corpus Christi, TX 78413
Date: 9/12/2016 AMT: \$100.00

Contributor:
Mr. Jonathan McComb
4925 Greenbriar Drive
Corpus Christi, TX 78413
Date: 8/22/2016 AMT: \$250.00

Contributor:
Mr. Wes Hoskins
308 Pebble Beach
Portland, TX 78374
Date: 8/24/2016 AMT: \$250.00

Contributor:
Dr. & Mrs. Richard Davis
349 Wilshire Place
Corpus Christi, TX 78411
Date: 8/25/2016 AMT: \$100.00

Contributor:
Dr. Ray Graf
31 Hewit Drive
Corpus Christi, TX 78404
Date: 8/26/2016 AMT: \$350.00

Contributor:
Mrs. Rose Royce Huegele
4350 Ocean Drive #501
Corpus Christi, TX 78412
Date: 9/6/2016 AMT: \$200.00

Contributor:
Mr. Richard Schendel
P. O. Box 701
Corpus Christi, TX 78403
Date: 9/7/2016 AMT: \$100.00

Contributor:
Mr. Willard Hammonds
4418 Ocean Drive
Corpus Christi, TX 78411
Date: 9/12/2016 AMT: \$500.00

Contributor:
Mr. & Mrs. Carl Crull
8025 Villefranche Drive
Corpus Christi, TX 78414
Date: 9/12/2016 AMT: \$150.00

Contributor:
Mr. H. C. Cazalas
7806 Etienne Drive
Corpus Christi, TX 78414
Date: 9/16/2016 AMT: \$100.00

Contributor:
Mrs. Hattie Dunlap
729 Crestview Drive
Corpus Christi, TX 78412
Date: 9/14/2016 AMT: \$100.00

Contributor:
Mrs. Betty Peerman
101 N. Upper Broadway #1112
Corpus Christi, TX 78401
Date: 9/21/2016 AMT: \$100.00

Contributor:
Mr. E. V. Bonner
P. O. Box 9400
Corpus Christi, TX 78469
Date: 9/21/2016 AMT: \$500.00

Contributor:
Mr. & Mrs. Alfred Hook
466 Carmel Parkway
Corpus Christi, TX 78411
Date: 9/22/2016 AMT: \$100.00

Contributor:
Mr. Wayne Squires
3642 Aransas Street
Corpus Christi, TX 78411
Date: 9/22/2016 AMT: \$1,000.00

Contributor:
Mrs. Johnnie Ray Seale
144 Lakeshore Drive
Corpus Christi, TX 78413
Date: 9/23/2016 AMT: \$75.00

Contributor:
Mr. & Mrs. Thomas Painschab
6718 Meadowheights Drive
Corpus Christi, TX 78414
Date: 9/26/2016 AMT: \$100.00

Contributor:
Mr. John Carlson
5250 St. Andrews Drive
Corpus Christi, TX 78413
Date: 9/26/2016 AMT: \$100.00

Contributor:
Mr. Ruben Bonilla
P. O. Box 5080
Corpus Christi, TX 78465
Date: 9/23/2016 AMT: \$500.00

Contributor:
Mr. & Mrs. Bradley Smith
5221 Wentworth Drive
Corpus Christi, TX 78413
Date: 9/28/2016 AMT: \$75.00

Contributor:
Mr. & Mrs. James Kirkland
7418 Lake Superior Drive
Corpus Christi, TX 78413
Date: 9/28/2016 AMT: \$250.00

Contributor:
Mr. & Mrs. Allen Carson
5034 Bromley
Corpus Christi, TX 78413
Date: 9/21/2016 AMT: \$100.00

Contributor:
TREPAC Texas Association of Realtors PAC
P. O. Box 2246
Austin, TX 78768
Date: 9/21/2016 AMT: \$2,500.00

Contributor:
Mr. & Mrs. Donald Anthony
7022 Tree Top Place
Corpus Christi, TX 78413
Date: 9/22/2016 AMT: \$250.00

Contributor:
Mr. Robert Wheeler
137 Southern
Corpus Christi, TX 78404
Date: 9/22/2016 AMT: \$100.00

Contributor:
Mr. Morgan Spear
56 Camden Place
Corpus Christi, TX 78412
Date: 9/23/2016 AMT: \$100.00

Contributor:
Mr. Brent Herndon
800 N. Shoreline-Suite 2200 S
Corpus Christi, TX 78401
Date: 9/26/2016 AMT: \$100.00

Contributor:
Mr. Christopher Clark
P., O. Box 1214
Corpus Christi, TX 78401
Date: 9/26/2016 AMT: \$500.00

Contributor:
Dr. John McIntyre
5488 S. Padre Island Dr. #2042
Corpus Christi, TX 78411
Date: 9/27/2016 AMT: \$100.00

Contributor:
Mr. & Mrs. Charles Mellenbruch
617 Miramar Place
Corpus Christi, TX 78411
Date: 9/28/2016 AMT: \$75.00

Contributor:
Dr. & Mrs. Claude McLelland
5326 River Oaks
Corpus Christi, TX 78413
Date: 9/29/2016 AMT: \$100.00

Contributor:
Mr. Don Feferman
318 Bermuda Place
Corpus Christi, TX 78411
Date: 9/21/2016 AMT: \$150.00

Contributor:
Mr. & Mrs. Andy Agan
118 Whiteley Drive
Corpus Christi, TX 78418
Date: 9/22/2016 AMT: \$200.00

Contributor:
Mr. & Mrs. Philip Skrobarczyk
250 Melrose
Corpus Christi, TX 78404
Date: 9/22/2016 AMT: \$500.00

Contributor:
Mr. Phil Boeck
4910 Greenbriar Drive
Corpus Christi, TX 78413
Date: 9/23/2016 AMT: \$250.00

Contributor:
Mr. & Mrs. David Engel
230 Amistad
Corpus Christi, TX 78404
Date: 9/23/2016 AMT: \$1,000.00

Contributor:
Mr. Jim Moloney
3435 Ocean Drive
Corpus Christi, TX 78411
Date: 9/26/2016 AMT: \$200.00

Contributor:
Mr. A. C. Jones IV
500 N. Shoreline-Suite 700 N
Corpus Christi, TX 78401
Date: 6/27/2016 AMT: \$100.00

Contributor:
Mr. Joe Frazer
333 Bermuda Place
Corpus Christi, TX 78411
Date: 9/27/2016 AMT: \$100.00

Contributor:
Mr. & Mrs. Ernest Sims
1717 Waldron Road
Corpus Christi, TX 78418
Date: 9/28/2016 AMT: \$250.00

Contributor:
Ms. Carroll Matthews
342 Claremore Street
Corpus Christi, TX 78412
Date: 9/29/2016 AMT: \$100.00

Contributor:
Mr. Jim Atkins
510 Hooper
Corpus Christi, TX 78411
Date: 9/29/2016 AMT: \$100.00

Contributor:
Mr. Barry Andrews
2730 Irving Boulevard
Dallas, TX 75207
Date: 9/29/2016 AMT: \$1,000.00

Contributor:
Dr. & Mrs. Gordon Welch
350 Pasadena
Corpus Christi, TX 78411
Date: 9/30/2016 AMT: \$200.00

Contributor:
Mr. & Mrs. Tommy Steel
5322 River Oaks
Corpus Christi, TX 78413
Date: 9/30/2016 AMT: \$250.00

Contributor:
Mr. Randall Poelma
5151 Flynn Parkway-Suite 602
Corpus Christi, TX 78411
Date: 9/29/2016 AMT: \$100.00

Contributor:
Linebarger Goggan Blair & Sampson, LLP
P. O. Box 17428
Austin, TX 78760
Date: 9/29/2016 AMT: \$500.00

Contributor:
Mr. & Mrs. Robert Seeds
2213 Ivy Drive
Corpus Christi, TX 78418
Date: 9/30/2016 AMT: \$200.00

Contributor:
Ms. Rachel Canales
1374 Sandpiper Drive
Corpus Christi, TX 78412
Date: 9/30/2016 AMT: \$250.00

Contributor:
Mr. & Mrs. Richard Scanio
P. O. Box 2546
Corpus Christi, TX 78403
Date: 9/29/2016 AMT: \$1,000.00

Contributor:
Hauseman & Stewart, PLLC
615 N. Upper Broadway - #2000
Corpus Christi, TX 78401
Date: 9/30/2016 AMT: \$500.00

Contributor:
Mr. & Mrs. Lee Durst
5838 Ocean Drive
Corpus Christi, TX 78412
Date: 9/30/2016 AMT: \$150.00

Contributor:
Mr. & Mrs. Donald Taft
P. O. Box 270505
Corpus Christi, TX 78427
Date: 9/30/2016 AMT: \$500.00

**END OF REPORTING PERIOD FOR:
8/12/2016 THRU 9/30/2016**

**TOTAL CONTRIBUTIONS FOR
REPORTING PERIOD: \$25,390.00**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Joe McComb		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

2 FILER NAME **Joe McComb** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES \$ 0

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check 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 contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check 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 contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check 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 contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Joe McComb		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Joe McComb SEE ATTACHED LIST	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Payee: Corpus Christi Stamp Works
P. O. Box 2189
Corpus Christi, TX 78403
8/26/2016 \$ 26.25
Bank stamp

Payee: Mindy Skoglund
6306 Maximus Drive
Corpus Christi, TX 78414
9/8/2016 \$ 370.00
Campaign Asst.

Payee: Mindy Skoglund
6306 Maximus Drive
Corpus Christi, TX 78414
9/16/2016 \$ 320.00
Contract labor

Payee: Postmaster
802 N. Tancahua Street
Corpus Christi, TX 78401
9/6/2016 \$ 235.00
postage

Payee: Reach Ministries
401 N. Shoreline Blvd.
Corpus Christi, TX 78401
9/9/2016 \$ 65.00
Event expense

Payee: Ready or Not Foundation
2601 Morgan Ave.
Corpus Christi, TX 78465
9/27/2016 \$ 100.00
Event expense

Payee: Arrow Display
1343 South Staples
Corpus Christi, TX 78404
9/7/2016 \$ 2,435.63
signs

Payee: Office Depot
1737 S. Staples
Corpus Christi, TX 78404
9/13/2016 \$ 126.07
Office supplies

Payee: Northwest Business Association
P. O. Drawer 260994
Corpus Christi, TX 78426
9/27/2016 \$ 500.00
Advertising

END OF REPORTING PERIOD FOR:
8/12/2016 THRU 9/30/2016

TOTAL EXPENSES FOR
REPORTING PERIOD: \$4,177.95

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Joe McComb	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0	
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME Joe McComb NOT APPLICABLE		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Joe McComb	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Joe McComb	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) 0 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME Joe McComb	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$) 0	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Joe McComb	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) 0	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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

2 FILER NAME **Joe McComb NOT APPLICABLE** 3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME Joe McComb NOT APPLICABLE		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) travelling	
	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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) travelling	
	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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) travelling	
	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)	

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**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 Joe McComb NOT APPLICABLE	2 Filer ID (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