

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: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Kyle R <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">McAlister</p>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; margin: 10px 0;"> Abilene City Secretary APR 26 2016 Filed for Record </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">2573 Lincoln, Abilene, TX 79601</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 668-5694		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Shannel <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Anderson</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center;">1266 Kingsbury Abilene, TX 79602</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 665-1262		
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 checked="" 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 3 / 29 / 2016 THROUGH 4 / 29 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Abilene City Council Place 5	13 OFFICE SOUGHT (if known) Abilene City Council Place 5	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

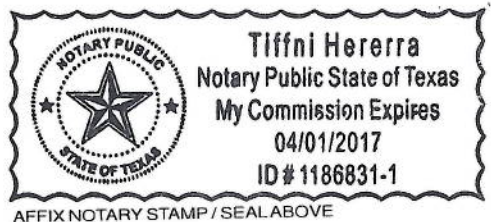
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME KYLE McALISTER	15 Filer ID (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 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	COMMITTEE TYPE Kyle McAlister/Friends for Kyle McAlister
		COMMITTEE NAME Kyle McAlister/Friends for Kyle McAlister
		COMMITTEE ADDRESS 2573 Lincoln, Abilene, TX 79601
		COMMITTEE CAMPAIGN TREASURER NAME Shannel Anderson
	COMMITTEE CAMPAIGN TREASURER ADDRESS 1266 Kingsbury, Abilene, TX 79602	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1175.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1978.84
	4. TOTAL POLITICAL EXPENDITURES	\$ 1944.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 945.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kyle McAlister, this the 26th day of April, 20 16, to certify which, witness my hand and seal of office.

Tiffni Hererra Signature of officer administering oath
Tiffni Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>KYLE McALISTON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1175.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1978.84</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Kyle McAlister

3 Filer ID (Ethics Commission Filers)

4 Date

3-30-16

5 Full name of contributor

Cam and Joan Hurst

out-of-state PAC (ID#: _____)

6 Contributor address;

7 Lamar Circle

City: State; Zip Code

Abilene, TX 79601

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/2/16

Full name of contributor

Scott Dueser

out-of-state PAC (ID#: _____)

Contributor address;

PO Box 701

City: State; Zip Code

Abilene, TX 79604

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

President/CEO

Employer (See Instructions)

First Financial Bank

Date

4/2/16

Full name of contributor

Mrs JJ Matthews

out-of-state PAC (ID#: _____)

Contributor address;

PO Box 176

City: State; Zip Code

Abilene, TX 79604

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/2/16

Full name of contributor

Joseph Canon

out-of-state PAC (ID#: _____)

Contributor address;

102 Tiquewood

City: State; Zip Code

Abilene, TX 79606

Amount of contribution (\$)

\$100

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total on page Schedule A1

2

3 For (3) Federal Contributions Plans

2 FILER NAME

Kyle McAlister

4 Date

4/3/16

5 Full name of contributor

Catherine Meyer

6 Contributor address

1633 Smith Dr

City State Zip Code

Abilene, TX 79601

7 Amount of contribution (\$)

\$25

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

AISD

Date

4/9/16

Full name of contributor

Jack and Becky Rentz

Contributor address

18 Pinehurst

City State Zip Code

Abilene, TX 79606

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Rentech

Date

4-11-16

Full name of contributor

JOE & JANA CRAWFORD

Contributor address

1910 CAMPBELL DR. ABL, TX 79603

City State Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

ABILENE AERO

Date

Full name of contributor

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.

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		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
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)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind 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)
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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)
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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)
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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)
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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		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
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"/>
16 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/Bookkeeping
Charitable Expenses
Communications/Communications Media
Conferences/Conferences/Retreats/Conferences
Dues/Registration

Event Expenses
Fees
Fundraising Expenses
Gift Awards/Memorials/Expenses
Legislative

Loan Repayment/Personal
Office/Personal/Event Expenses
Political Expenses
Printing Expenses
Travel/Work/Travel/Travel

Special Fundraising Expenses
Transportation/Equipment & Related Expenses
Travel/Travel
Travel/Travel/Travel
Other (enter a category not otherwise listed)

The Instruction Guide explains how to complete this form.

1 Total amount reported: \$1,000		2 FILER NAME: Kyle McAlister		3 Filer ID: (Texas, County, and Precinct)	
4 Date: 4/5/16		5 Payee name: KTXS			
6 Amount (\$): \$255		7 Payee address: 4420 N Clack Abilene, TX 79602			
8 PURPOSE OF EXPENDITURE: Advertising		(a) Category (check all that apply): Advertising		(b) Description: <input type="checkbox"/> Check for advertising/Travel/Conference/Travel <input type="checkbox"/> Check for Austin, TX officeholder living expense	
9 Complete <u>NO</u> if direct expenditure to benefit office		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council plc 5	
Date: 4-5-16		Payee name: USPS		Office held: same	
Amount (\$): \$4.90		Payee address: Abilene, TX 79601			
8 PURPOSE OF EXPENDITURE: Advertising/stamps		(a) Category (check all that apply): Advertising/stamps		(b) Description: <input type="checkbox"/> Check for advertising/Travel/Conference/Travel <input type="checkbox"/> Check for Austin, TX officeholder living expense	
9 Complete <u>NO</u> if direct expenditure to benefit office		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council plc 5	
Date: 4/6/16		Payee name: Facebook		Office held: same	
Amount (\$): \$31.63		Payee address: Menlo Park, CA			
8 PURPOSE OF EXPENDITURE: Advertising		(a) Category (check all that apply): Advertising		(b) Description: <input type="checkbox"/> Check for advertising/Travel/Conference/Travel <input type="checkbox"/> Check for Austin, TX officeholder living expense	
9 Complete <u>NO</u> if direct expenditure to benefit office		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council plc 5	
				Office held: same	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 6	2 FILER NAME Kyle McAlister	3 Filer ID (Ethics Commission Filers)
4 Date 3-29-16	5 Payee name Kyle McAlister	
6 Amount (\$) \$250	7 Payee address; City; State; Zip Code 2573 Lincoln Abilene, TX 79601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimburse for FB ads	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kyle McAlister Office sought: Abilene City Council plc 5 Office held: same	
Date 3-29-16	Payee name Choice Media	
Amount (\$) \$800	Payee address; City; State; Zip Code 1174 S. 1st Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Billboard advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kyle McAlister Office sought: Abilene City Council plc 5 Office held: same	
Date 3/31/16	Payee name 3rd Street Printing	
Amount (\$) \$370.22	Payee address; City; State; Zip Code 1230 N 3rd Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Kyle McAlister Office sought: Abilene City Council plc 5 Office held: same	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Charitable Expense
Communication/Telephone/Mail
Candidate Office/ Campaign Committee
Contribution Payment

Event Expense
Fuel
Food/Beverage/Supplies
Gift Awards/Memorabilia Expense
Legal Services

Loan Payments/Fund Transfer
Office Overhead/Rental Expense
Printing Expense
Printing Expense
Salaries/Wages/Contract Labor

Transportation/Travel Expense
Transportation/Equipment/Railroad Expense
Travel in District
Travel Out of District
Other Interim Campaign Activities

The instruction Guide explains how to complete this form.

1 Total amount Schedule F1		2 FILER NAME Kyle McAlister		3 Filer ID (Ethics Commission Filer)	
4 Date 6 3-31-16		5 Payee name Facebook			
6 Amount (\$) \$32.21		7 Payee address City: State Zip Code Menlo Park, CA			
8 PURPOSE OF EXPENDITURE Advertising		(a) Category (use G required item at the top of this schedule)		(b) Description <input type="checkbox"/> Check this category if this is a Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc. 5	
Date 3-29-16		Payee name USPS			
Amount (\$) \$9.80		Payee address City State Zip Code 341 Pine St, Abilene, TX 79601			
PURPOSE OF EXPENDITURE Postage		Category (use G required item at the top of this schedule)		Description <input type="checkbox"/> Check this category if this is a Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc 5	
Date 3-31-16		Payee name WalMart			
Amount (\$) \$78.35		Payee address City State Zip Code 1650 State Hwy 351 Abilene, TX 79601			
PURPOSE OF EXPENDITURE Advertising expenses		Category (use G required item at the top of this schedule)		Description <input type="checkbox"/> Check this category if this is a Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc 5	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Computing Expense
Duplicating Expenses
Miscellaneous
Telephone
Travel
Transportation
Utilities
Wages
Other

Food Expense
Fuel
Furniture
Miscellaneous
Office Supplies
Printing
Travel
Transportation
Utilities
Wages
Other

Legal Fees
Printing
Travel
Transportation
Utilities
Wages
Other

Travel
Transportation
Utilities
Wages
Other

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule F1 6		2 FILER NAME Kyle McAlister		3 Filer ID (Filers: Candidates Only)	
4 Date 4-4-16		5 Payee name WalMart			
6 Amount (\$) \$11.27		7 Payee address 1650 State Hwy 351 Abilene, TX 79601			
8 PURPOSE OF EXPENDITURE Advertising		(a) Category (Use Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel or other fees (complete Schedule F) <input type="checkbox"/> Check if Abilene, TX officeholder living expense	
9 Complete (X, Y) if direct expenditure to benefit C/C/H		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc. 5	
Date 4-4-16		Payee name Lowe's		Office held same	
Amount (\$) \$30.28		Payee address 1634 E Musgrave Abilene, TX 79601			
PURPOSE OF EXPENDITURE Material for signs		Category (Use Categories listed at the top of this schedule) Material for signs		Description <input type="checkbox"/> Check if travel or other fees (complete Schedule F) <input type="checkbox"/> Check if Abilene, TX officeholder living expense	
Complete (X, Y) if direct expenditure to benefit C/C/H		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc 5	
Date 4-6-16		Payee name USPS		Office held same	
Amount (\$) \$19.60		Payee address 341 Pine St. Abilene, TX 79601			
PURPOSE OF EXPENDITURE Postage		Category (Use Categories listed at the top of this schedule) Postage		Description <input type="checkbox"/> Check if travel or other fees (complete Schedule F) <input type="checkbox"/> Check if Abilene, TX officeholder living expense	
Complete (X, Y) if direct expenditure to benefit C/C/H		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc 5	
				Office held same	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting Expense
Consulting Expense
Domestic Travel (including Motor Vehicle)
Candidate's Campaign Finance or Campaign
Sole and Payment

Food Expense
Fuel
Fundraising Expense
Out-of-State/Memorials Expense
Legal Services

Loan Payment (including interest)
Office Overhead/rental Expense
Printing Expense
Printing Expense
Special/Miscellaneous/Personal

Substantiation/Retaining Expense
Transportation (including related Expense)
Travel (not out of state)
Travel (not out of state)
Other (enter a code if you do not use above)

The Instruction Guide explains how to complete this form.

1 Total pages of Schedule F1: 6		2 FILER NAME: Kyle McAlister		3 Filer ID (Enter 0, 1, 2, 3, 4, 5, 6, 7, 8, 9)	
4 Date: 4-7-16		5 Payee name: WalMart			
6 Amount (\$): \$20.54		7 Payee address: City, State Zip Code 1650 State Hwy 351 Abilene, TX 79601			
8 PURPOSE OF EXPENDITURE		(a) Category (Use 0-9 codes based on the top of this schedule)		(b) Description	
Advertising supplies		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/TH		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council Plc. 5	
Date: 4-7-16		Payee name: WalMart			
Amount (\$): \$9.57		Payee address: City, State Zip Code 1650 State Hwy 351 Abilene, TX 79601			
PURPOSE OF EXPENDITURE		(a) Category (Use 0-9 codes based on the top of this schedule)		(b) Description	
Advertising supplies		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/TH		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council Plc 5	
Date: 4-7-16		Payee name: USPS			
Amount (\$): \$19.60		Payee address: City, State Zip Code 341 Pine St. Abilene, TX 79601			
PURPOSE OF EXPENDITURE		(a) Category (Use 0-9 codes based on the top of this schedule)		(b) Description	
Postage		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/TH		Candidate / Officeholder name: Kyle McAlister		Office sought: Abilene City Council Plc 5	
Date: 4-7-16		Payee name: USPS			
Amount (\$): \$19.60		Payee address: City, State Zip Code 341 Pine St. Abilene, TX 79601			
PURPOSE OF EXPENDITURE		(a) Category (Use 0-9 codes based on the top of this schedule)		(b) Description	
Postage		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense		<input type="checkbox"/> Check 4-7-16 TX officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

4 Travel/Travel Expense
Accounting Bookkeeping
Computing Expense
Copies/Supplies/Stationery/Mailing
Telephone Expense
Postage/Post and Courier (50%)
Postage/Postage

Event Expense
Food
Fundraising Expense
Gift Awards/Memorabilia
Lodging/Travel

Union Dues/Political Fundraising
Office/Operational/Rent/Utilities
Printing Expense
Public Relations
Salaries/Wages/Contract Labor

Constitution/Political Party Expense
Equipment/Office Equipment/Related Expense
Travel/Travel
Transportation Expense
Other (enter category if not listed above)

The instruction Guide explains how to complete this form.

1. This page is part of Form 7061		2. FILER NAME Kyle McAlister		3. Filer ID (Political Organization Only)	
4. Date 4-11-16		5. Payee name USPS			
6. Amount (\$) \$18.80		7. Payee address City State Zip Code 341 Pine St. Abilene, TX 79601			
8. PURPOSE OF EXPENDITURE Postage		(a) Category (see categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Campaign/Political/Party/Related Expense <input checked="" type="checkbox"/> Other (Abilene, TX) (Officer/Holder) Living Expense	
9. Complete YES if direct expenditure to benefit OTH		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc. 5	
Date 4-11-16		Payee name Facebook			
Amount (\$) \$17.07		Payee address City State Zip Code Menlo Park, CA			
PURPOSE OF EXPENDITURE Advertising		Category (see categories listed at the top of this schedule)		Description <input type="checkbox"/> Campaign/Political/Party/Related Expense <input checked="" type="checkbox"/> Other (Abilene, TX) (Officer/Holder) Living Expense	
Complete NO if direct expenditure to benefit OTH		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc 5	
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"/> Campaign/Political/Party/Related Expense <input checked="" type="checkbox"/> Other (Abilene, TX) (Officer/Holder) Living Expense	
Complete NO if direct expenditure to benefit OTH		Candidate / Officeholder name Kyle McAlister		Office sought Abilene City Council Plc 5	
Date		Payee name			
Amount (\$)		Payee address City State Zip Code			

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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	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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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
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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		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	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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
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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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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	

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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		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business 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		Business name			
Amount (\$)		Business 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <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			
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

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	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
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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
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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		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

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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		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) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<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) 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)	

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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

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