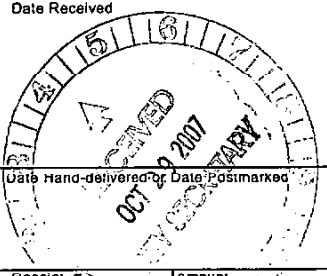


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR NICKNAME <i>MI.</i> FIRST LAST <i>J. Brad</i> MI SUFFIX <i>Bateau</i> | OFFICE USE ONLY Date Received  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 <i>3408 Delano Houston, TX 77004</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(832) 283-5471</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR NICKNAME <i>Ms.</i> FIRST LAST <i>Veralisa</i> MI SUFFIX <i>R.</i> <i>Allen</i> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3235 Alabama St Houston, TX 77004-4603</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(713) 592-9060</i> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>9 / 28 / 2007 10 / 27 / 2007</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>11 / 06 / 2007</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <i>N/A</i> | 13 OFFICE SOUGHT (if known) <i>City Council Member District I</i> | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <i>N/A</i> Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

| | |
|--|--|
| 15 C/OH NAME <i>J. Brad Batteay</i> | 16 ACCOUNT # (Ethics Commission Filer) |
|--|--|

| | | |
|--|---|--|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | ** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ** | |
| | COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME <i>Natasha R. Allen</i> |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS <i>3235 Alabama St Houston, TX 77004-4603</i> | |

| | | |
|-------------------------|---|------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <i>0.00</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>0.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ <i>—</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>205.00</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>0.00</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>100.00</i> |

19 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: <u> 7 </u> | |
| 2 FILER NAME <i>J. Brad Batters</i> | | 3 ACCOUNT # (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 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 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 (\$) | In-kind contribution description (if applicable) |
| 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 (\$) | In-kind contribution description (if applicable) |
| 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 (\$) | In-kind contribution description (if applicable) |
| 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 (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM 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 this Schedule B: <u>1</u> | |
| 2 FILER NAME <i>J. Brad Bateman</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ | | | \$ |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of pledge (\$) | In-kind description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 1 |
|---|---|

| | |
|---------------------------------------|--|
| 2 FILER NAME <i>J. Brad Batten</i> | 3 ACCOUNT # (Ethics Commission filers) |
|---------------------------------------|--|

| | |
|--|----------------|
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | \$ <i>0.60</i> |
|--|----------------|

| | | |
|----------------|---|--------------------|
| 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 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code | 18 Amount Guaranteed (\$) |
|---|---|---------------------------|

| | |
|-------------------------|-------------|
| 19 Principal Occupation | 20 Employer |
|-------------------------|-------------|

| | | |
|--------------|---|------------------|
| 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 |
|--|

| | | |
|--|---|------------------------|
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
|--|---|------------------------|

| | |
|----------------------|----------|
| Principal Occupation | Employer |
|----------------------|----------|

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

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: 2 |
| 2 FILER NAME <i>J. Beard</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name <i>Affordable Business Service</i> 6 Payee address; City; State; Zip Code <i>3235 Alabama St Houston, TX 77004</i> | 7 Amount (\$) <i>100.00</i> |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Data Preparation</i> (If travel outside of Texas, complete Schedule T) | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name <i>Houston Sign Co., Inc</i> Payee address; City; State; Zip Code <i>5801 Chimney Rock Rd Houston, TX 77081</i> | Amount (\$) <i>100.00</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Sign</i> (If travel outside of Texas, complete Schedule T) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name <i>Shannock</i> Payee address; City; State; Zip Code <i>1025 Alabama Houston, TX 77004</i> | Amount (\$) <i>5.00</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Fuel</i> (If travel outside of Texas, complete Schedule T) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule G: <u>2</u> |
| 2 FILER NAME <u>J. Brad Batten</u> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name <u>Houston Sign Co., Inc</u> | 8 Amount (\$) <u>100.60</u> |
| 6 Payee address; City; State; Zip Code <u>5801 Chimney Rock Rd</u> | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Signs</u> (If travel outside of Texas, complete Schedule T) | | |
| Date | Payee name <u>Shamrock</u> | Amount (\$) <u>5.00</u> |
| Payee address; City; State; Zip Code <u>1025 Alabama Houston, TX 77004</u> | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) <u>Fuel</u> (If travel outside of Texas, complete Schedule T) | | |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | |
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | <input type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

SCHEDULE H

The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2

2 FILER NAME J. Brad Batteau 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------|---|---------------|
| 4 Date | 5 Business name | 7 Amount (\$) |
| | 6 Business address; City; State; Zip Code | |

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 -- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 1

2 FILER NAME

J. Brad Batteau

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name | 8 Amount (\$) |
|--------|---|---------------|
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) | |
| | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |
| | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |
| | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |
| | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

| | |
|---|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: |
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission filers) |

| | | |
|-----------------|---|----------------------|
| 4 Date | 5 Payor name <i>Affordable Business Svc</i> | 8 Amount (\$) |
| <i>10/21/07</i> | 6 Payor address, City, State, Zip Code <i>3235 Alabama St Houston, TX 77004</i> | <i>100.00</i> |
| | 7 Reason for credit <i>Data Repatriation</i> | |

| | | |
|------|--------------------------------------|-------------|
| Date | Payor name | Amount (\$) |
| | Payor address; City; State; Zip Code | |
| | Reason for credit | |

| | | |
|------|--------------------------------------|-------------|
| Date | Payor name | Amount (\$) |
| | Payor address; City; State; Zip Code | |
| | Reason for credit | |

| | | |
|------|--------------------------------------|-------------|
| Date | Payor name | Amount (\$) |
| | Payor address; City; State; Zip Code | |
| | Reason for credit | |

| | | |
|------|--------------------------------------|-------------|
| Date | Payor name | Amount (\$) |
| | Payor address; City; State; Zip Code | |
| | Reason for credit | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

SCHEDULE T

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

| | | |
|--|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

| | | |
|--|---|--|
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

J. Brad Battean

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

J. Brad Battean

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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder