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Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

COPY

### Campaign Finance Report



*Stan Stanart*

COUNTY CLERK  
HARRIS COUNTY, TEXAS

FileNo:	2017203
Received By Clerk:	7/13/2017
File Date:	July 13, 2017
Office:	Justice Of The Peace Pct. 2, Place 2
Candidate:	Risner, George
Treasurer:	Risner, Brady J.
Category:	Contributions And Expenditures
Delivered By:	Personal Appearance
Type:	COR

Harris County No Fee

ACTUAL

FF

UNOFFICIAL

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Judge</i>	FIRST <i>George</i>	MI <i>E.</i>
	NICKNAME	LAST <i>RISNER</i>	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
<input type="checkbox"/> Change of Address	<i>P.O. Box 6528 Pasadena, TX 77506</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(713)</i>	<i>516-6310</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Bradly</i>	MI <i>J.</i>
	NICKNAME	LAST <i>RISNER</i>	SUFFIX
Date Hand-delivered or Date Postmarked			
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<i>P.O. Box 6528 Pasadena, TX 77506</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(713)</i>	<i>516-6310</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 checked="" 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
	<i>1</i>	<i>15</i>	<i>17</i>
	THROUGH		Month Day Year
			<i>7 / 15 / 17</i>
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
	<i>11</i>	<i>4 / 14</i>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<i>Harris County Justice of the Peace Dist 2 A 2</i>	<i>SAME</i>	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

2017203

14 JC/OH NAME Judge George E. Risner 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.

GENERAL  
 SPECIFIC

COMMITTEE TYPE:  GENERAL  
COMMITTEE NAME: Committee to Re Elect George E. Risner  
COMMITTEE ADDRESS: P.O. Box 6528 Aledo TX 77506  
COMMITTEE CAMPAIGN TREASURER NAME: BRADLEY T. RISNER  
COMMITTEE CAMPAIGN TREASURER ADDRESS: P.O. Box 6528 Aledo TX 77506

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2550. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 202.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 7202.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 81,053. <sup>67</sup>
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.

George E. Risner  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George E. Risner this the 13th day of July, 2017, to certify which, witness my hand and seal of office.

Lyther Walker Lyther WALKER Clinic Coordinator  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Page - 3

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 2550.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 720296
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

2017203

## 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: <b>1 of 3</b>		2 FILER NAME <b>Judge George E. Rowen</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-27-17</b>		5 Payee name <b>Mackie Caves</b>			
6 Amount (\$) <b>1200.00</b>		7 Payee address; City; State; Zip Code <b>11814 Paige Place D, Houston TX 77089</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Action Items &amp; Fund Raisers</b>		(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		Office sought	
Date <b>1-26-17</b>		Payee name <b>MARINA TRUJILLO</b>			
Amount (\$) <b>800.00</b>		Payee address; City; State; Zip Code <b>14 ROSECASTLE DR. SPRING, TX 77379</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Rental Expense</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>2/14/17</b>		Payee name <b>WALMART</b>			
Amount (\$) <b>32.96</b>		Payee address; City; State; Zip Code <b>1107 Shaver St DASADOMA, TX 77506</b>			
PURPOSE OF EXPENDITURE <b>Gifts</b>		Category (See Categories listed at the top of this schedule) <b>Floral for VA Wedding</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: <b>2, 013</b>	2 FILER NAME <b>Judge George E. Rosen</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/9/17</b>	5 Payee name <b>South Belt Ellington Levee</b>	
6 Amount (\$) <b>35.00</b>	7 Payee address; City; State; Zip Code <b>11555 Bernier Houston, TX 77089</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp. donation</b>	(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	
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
	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
	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
	Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

2017203

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3 of 3</b>		2 FILER NAME: <b>Judge George E. Linder</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>6/1/17</b>		5 Payee name: <b>South Belt Ellington Center</b>			
6 Amount (\$): <b>35.00</b>		7 Payee address: <b>11555 Beamer Houston TX 77089</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule): <b>Advertising Exp.</b>		(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		Office sought	
Date: <b>5/19/17</b>		Payee name: <b>The Regina Renee Martinez Memorial Foundation</b>			
Amount (\$): <b>100.00</b>		Payee address: <b>P.O. Box 238 Salinas Park TX 72547</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <b>donation to memorial</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 ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name		Office sought	
Date: <b>4/27/17</b>		Payee name: <b>Mackie Caves</b>			
Amount (\$): <b>5000.00</b>		Payee address: <b>11811 East Fwy suite 600 Houston TX 77029</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule): <b>Gift/Awards/Action Memorials items fund</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 ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

2017203

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>1 of 3</b>
2 FILER NAME <b>Judge George E. Risner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/14/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Angie Bobados</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City: State: Zip Code <b>511 College Ave South Houston 77587</b>		
8 Contributor's principal occupation <b>City Cate South Houston</b>		9 Contributor's job title <b>owner</b>
10 Contributor's employer/law firm <b>NO</b>		11 Law firm of contributor's spouse (if any) <b>NO</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City: State: Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City: State: Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

2017203

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>2 of 3</b>
2 FILER NAME <b>Judge George E. Risner</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>May 31 / 17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Pipe Filter's Local 211-COPE Account</b>	7 Amount of contribution (\$) <b>\$ 2000.00</b>
6 Contributor address; City; State; Zip Code <b>1301 West 13th Street West Park TX 77536</b>		9 Contributor's job title <b>President of Union</b>
8 Contributor's principal occupation <b>Pipe Filter Local Union</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
10 Contributor's employer/law firm <b>Pipe Filter's Local Union 211</b>		12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>

Date <b>4/19/17</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC ID#: <b>Pepper (Cec) Bogdanow</b>	Amount of contribution (\$) <b>72587100.00</b>
Contributor address; City; State; Zip Code <b>571 College Ave South Houston TX 77587</b>		9 Contributor's job title <b>Father of owner</b>
Contributor's principal occupation <b>Rest. Business</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
Contributor's employer/law firm <b>571 College Ave South Houston TX 77587</b>		12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>

Date <b>3/15/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>GARY L. BOLTON</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>228 Sutherland Ln League City TX 77573-6291</b>		9 Contributor's job title <b>Identity Manager</b>
Contributor's principal occupation <b>Property Management</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
Contributor's employer/law firm <b>N/A</b>		12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>

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

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

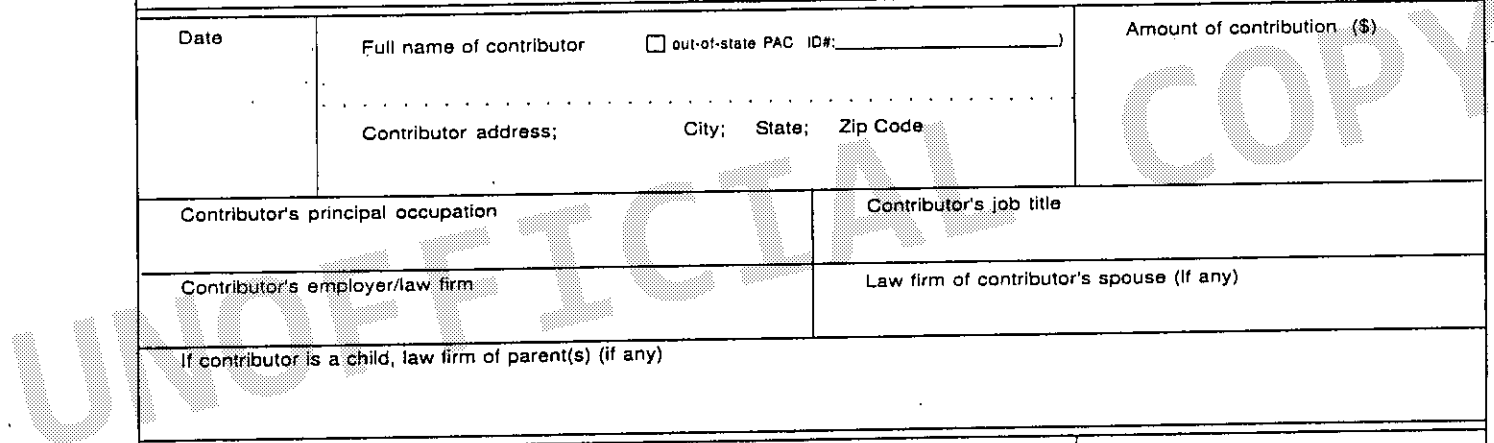
2017203

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>3 of 3</i>
2 FILER NAME <i>Judge George E. Rosen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/5/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>HARRY BOGDANAS</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>511 College Ave South Houston TX 77587</i>		
8 Contributor's principal occupation <i>Ret. Business</i>		9 Contributor's job title <i>owned city Gate Houston</i>
10 Contributor's employer/law firm <i>N/A</i>		11 Law firm of contributor's spouse (if any) <i>N/A</i>
12 If contributor is a child, law firm of parent(s) (if any) <i>N/A</i>		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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



# 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

Judge George E. Risser

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.

RECORDER'S MEMORANDUM:

At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

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

George E. Risser