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CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) AJIKWAGA FELLI TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS () (OTHER THAN PLEOGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 13. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 0 TOTALS TOTAL POLITICAL EXPENDITURES \$ () CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 0 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subsuribed before me by ______ ____ to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering path Signature of officer administering oath (2) Unsworn Declaration My name is A JIKWAGA FELLI My address is 3549 FLOWING WAY

and my date of birth is

PLAHO TX 75074 U.S.A

(city)

(country)

COLLIN County, State of TEXAS, on the

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| A JIKWAGA FELLI 20 Filer ID (Ethics Co | mmission Filers) |
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| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ D |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ D |
| 3. SCHEDULE 8: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. SCHEDULE E: LOANS | \$ 0 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | s O |
| 6. SCHEDULE FZ: UNPAID INCURRED OBLIGATIONS | s O |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | s 0 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| FILER NAME A JIKWAGA FELLI Date 5 Full name of contributor out-of-state PAC (ID9 | | | | 4 701 |
|--|-----------------|--|------------------------|--|
| Date 5 Full name of contributor | The In | struction Gulde explains how to complete this fo | orm, | 1 Total pages Schedule A1: |
| Principal occupation / Job title (See Instructions) B | FILER NAME | JIKWAGA FELLI | | 3 Filer ID (Ethics Commission Filers) |
| Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-slate PAC (ID# | Date | | D#:) | 7 Amount of contribution (\$) |
| Date Full name of contributor out-of-state PAC (ID# | | | | |
| Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-et-state PAC (IDF | Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | lions) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# | Date | Full name of contributor out-of-state FAC (| (108) | Amount of contribution (\$) |
| Date Full name of contributor out-ot-state PAC (ID# | | | State; Zip Code | |
| Contributor address: City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-slate PAC (IDB) Amount of contribution (\$) Contributor address: City, State; Zip Code | Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-siste PAC (IDIF | Date | Full name of contributor | (104- | Amount of contribution (\$) |
| Date Full name of contributor Amount of contribution (\$) Contributor address; City, State; Zip Code | | | | |
| Contributor address: City, State: Zip Code | Principal occu | pation / Job title (See Instructions) | Employer (See Instru |) ctions) |
| | Date | Full name of contributor out-of-state PA | C (sDa). | Amount of contribution (\$) |
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| | | ATTACH ADDITIONAL COPIE | S OF THIS SCHEDULE A | IS NEEDED nal reporting requirements. |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedu | ile A2: |
|---|-------------|--------------------------------|--|
| FILER NAME A JIKWAGA FELLI | | 3 Filer ID (Ethics Con | mmission Filers) |
| TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| 7 Contributor address; City; State; | | Cohart & San Land | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employ | er (FOR NON-JUDICI | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contrib | utor's job title (FOR Ju | /DICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law fin | m of contributor's spou | se (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution \$ | In-kind contribution description |
| Contributor address; City; State; | Zip Code | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Emplo | | ide of Taxas. Complete Schedule T. IAL)(See Instructions) |
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| Contributor's employer/law firm (FOR JUDICIAL) | Law | îrm of contributor's spo | use (if any) (FOR JUDICIAL) |
| If contributor is a chilid, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
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PLEDGED CONTRIBUTIONS

SCHEDULE B

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If contributor is not-af-easts FAC, please say bedraction guide for additional reporting requi

LOANS

SCHEDULE E

| The In | struction Guide explains how to con | nplete this form. | 1 Total pages Schedule E: |
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| ILER NAME | IJIKWAGA FEL | LI | 3 Filer ID (Ethics Commission Filers |
| TOTAL OF UNI | TEMIZED LOANS | | \$ O |
| Date of loan | 7 Name of lender out-of-st | late PAC (IDI):) | 9 Loan Amount (\$) |
| Is lender a financial Institution? | 8 Lender address; Cily; | State; Zip Code | 10 Interest rate |
| Y N | | | 11 Maturity date |
| Principal occupati | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| Description of Co | llateral | 15 Check if personal fur account (See Instru | nds were deposited into political |
| B CHARANTOR | 17 Name of quarantor | | 10 4 |
| INFORMATION not applicab | | State; Zip Code | 19 Amount Guaranteed (\$) |
| INFORMATION Inot applicab Principal Occup | 18 Guarantor address; City; le pation (See Instructions) | State; Zip Code 21 Employer (See Instructions) | 19 Amount Guaranteed (\$) |
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| INFORMATION Inot applicab Principal Occup | 18 Guarantor address; City | State; Zip Code 21 Employer (See Instructions) of-state PAC (ID#: | |
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| INFORMATION Inot applicable Principal Occup Date of loan Is lender a financial Institution? Y N | 18 Guarantor address; City | State; Zip Code 21 Employer (See Instructions) of-state PAC (ID#: | Loan Amount (\$) Interest rate Maturity date |
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| Date of loan Is lender a financial Institution? Y N Principal occup Description of C Inone GUARANTOR | 18 Guarantor address; City: Detail (See Instructions) Name of lender | State; Zip Code 21 Employer (See Instructions) of-stele PAC (IDIF: | Loan Amount (\$) Interest rate Maturity date Maturity date funds were deposited into political tructions) Amount Guaranteed (\$) |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(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

| tal pages Schedule F1: 2 | HAIRWAGH LEL | LI 3 | Filer ID (Ethics Commission Filers) |
|--|--|------------------|--------------------------------------|
| ate | 5 Payee name | | |
| mount (\$) | 7 Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Calegories listed at the top of this schedule) | (b) Description | |
| | (c) Check il travel outside of Texas, Complete Schedule T. | Check II Auslin, | TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | 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 achedute) | Description | |
| | Check if (rave) outside of Texas. Complete Schedule T. | Check If Austin, | TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sought | Office held |
| Date | Рауее патте | | |
| Amount (\$) | Payee address; | City: | State; Zlp Code |
| PURPOSE OF EXPENDITURE | Category (See Categories iisled at the top of this schedule) | Description | |
| | Check if travel guiside of Texas. Complete Schedule T | Check if Aus | lin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advartising Expense
Accounting/Benking
Consulting Expense
Contributions/Denations Made By
Candidate/Officebolder/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 (online) a stranger and lister above

| | The instruction Guide explains how to comp | piete this form. |
|---|---|--|
| Total pages Schedule F2: | 2 FILERNAME AJIKWAGA FEL | LLI 3 Filer ID (Ethics Commission Fi |
| TOTAL OF UNITER | MIZED UNPAID INCURRED OBLIGATIONS | \$ |
| Date | 6 Payee name | |
| 7 Amount (\$) | 8 Payee address; | City; State; Zip Code |
| 9 TYPE OF EXPENDITURE | Political Non-Politica | al |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories (Island at the top of this achadule) | b) Description |
| | (C) Check if travel outside of Taxes. Complete Schedule T. | Chack if Austin, TX, officeholder fiving expense |
| Date | Payee name | |
| Amount (\$) | Payee address; | City; State; Zip Cod |
| TYPE OF EXPENDITURE | Political Non-Politi | tica) |
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| PURPOSE OF EXPENDITURE | Catagory (See Catagories deted at the top of this echedule) | |
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| T | he Instruction Guide explains how to complete this form, | 1 Total pages Schedule F3: |
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| ATIK | WAGA FELLI | 3 Filer ID (Ethics Commission Filers) |
| Date | 5 Name of person from whom investment is purchased | A NAME OF THE OWNER OF THE OWNER. |
| | | The second secon |
| | 6 Address of person from whom investment is purchased; | City; State; Zip Code |
| | | |
| | 7 Description of Investment | |
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| | | |
| | 8 Amount of investment (\$) | |
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| Date | Name of person from whom investment is purchased | |
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| | Address of person from whom investment is purchased; | City; State; Zip Code |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advartising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense GIMAwards/Memorials Expense Legal Services

Loan Repayment/Relimbursement 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

| Contributions/Donations Made By Candidate/Officeholder/Political (| Committee | Glft/Awards/Memorials Expense Legal Services | Printing Expense Salaries/Wages/Contra | Trav | el in District el Out Of District ir (enter a category r | not listed above) |
|---|-----------|---|--|---------------------|--|------------------------|
| | | The Instruction Guide expla | ains haw to complete th | ls form. | | |
| Total pages Schedule F4: | 2 FILER | AJIKWAGA | FELLI | 3 File | er ID (Ethics Cor | mmission Filers) |
| TOTAL OF UNITEM | ZED EXP | ENDITURES CHARGE | DTOACREDITC | ARD \$ | | |
| Date | 6 Payee | name | | | | |
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| | (c) | Check if travel outside of Texas. Com | nplate Schedule T. | Check II Auslin, TX | , afficeholder living a | expense |
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| TYPE OF EXPENDITURE | | Political | Non-Political | | trates. | |
| PURPOSE OF EXPENDITURE | Cal | egory (See Calegorias fisted at the te | op of this schedula) | Description | | |
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Rapsyment/Relmbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarles/Weges/Contract Labor Other (enter a calegory not liated above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ÄJIKWAGA FELLI 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; Zip Code Clty; State: political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Checkul travel outside of Texas, Compile Schedule T. Check II Austin, YX, afficeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; Zlp Code State: City: political contributions Intended Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder fiving expense Check if travel outside of Taxes Complete Schedule T Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date State: Zip Code Payee address: City: Amount (\$) Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Chack if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Weges/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME AJIKWAGA FELLI 4 Date Business name 6 Amount (\$) 7 Business address; City: State: Zlp Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check it travel outside of Texas, Complete Schedule T. Check If Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY II direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City: State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Business name Date City; State; Zlp Code Business address; Amount (\$) Description Category (See Categories listed at the top of this schadula) PURPOSE OF EXPENDITURE Check If Auslin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| | The Instruction Gulde explains how to compl | ete this form. | | |
|------------------------------|--|------------------------------------|---|---------|
| ual pages Schedule I: | 2 FILER NAME | 3 | Filer ID (Ethics Commission I | Filers) |
| | AJIKWAGA FELLI | | | |
| Date | 5 Payee name | | | |
| Amount (\$) | 7 Payee address; | City | State Zip Coo | de |
| PURPOSE OF EXPENDITURE | (a) Category (See Instructions for examples of scceptable categories.) | (b) Description (See insirequired) | ructions regarding type of information | |
| Date | Рауес пате | | | _ |
| Amount (\$) | Payee address; | City | State Zip Coo | de |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See ins | tructions regarding type of information | |
| Date | Payee name | | | - |
| Amount (\$) | Payee address; | City | State Zip Co | dę |
| PURPOSE OF EXPENDITURE | Category (See Instructions for examples of acceptable categories) | Description (See in regulard.) | nstructions regarding type of information | n |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City | State Zip (| Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories) | Description (Sec | e instructions regarding type of informa | ation |

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

SCHEDULE K

| If the requeste | ed information is not applicable, DO NOT include this page i | mane topoli. | |
|-----------------|--|--|----------------------|
| The In | nstruction Guide explains how to complete this form. | 1 Total pages Schedu | le K: |
| FILER NAME | AJIKWAGA FELLI | 3 Filer ID (Ethics C | Commission Filers) |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; St | ate; Zip Code | 3 Amount (\$) |
| | 7 Purpose for which amount is received | if political contribution re | sturned to filer |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; | A STATE OF THE PARTY OF THE PAR | Amount (\$) |
| | | If political contribution of | eturned to filer |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; | State; Zip Code | |
| | Purpose for which amount is received Chec | ck 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 | eck if political contributi | on returned to filer |
| | ATTACH ADDITIONAL COPIES OF THIS SCHE | DULEAS NEEDED | |

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

SCHEDULE T

| If the requested inform | nation is not | applicable, bo Not include this p | rage in the report, | | | |
|---|--|---|-------------------------------------|--|--|--|
| The Instruction | n Guide expl | ains how to complete this form. | 1 Total pages Schedule T: | | | |
| FILER NAME AJI | KWAGI | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | | | | |
| 5 Contribution / Expenditure reported on: | | | | | | |
| Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC 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 / Expendi | ture reported o | on: | | | | |
| Schedule A2 | | lule B Schedule B(J) Schedu | ule C2 Schedule D Schedule F1 | | | |
| Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS | | | | | | |
| Dates of travel Name of person(s) traveling | | | | | | |
| Departure city or name of departure location | | | | | | |
| 6 Lynnau | 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 / Expanditure reported on: | | | | | | |
| Schedule A2 | Schedu | | ie C2 Schedule D Schedule F1 | | | |
| Schedule F2 | Schedu | | lle H Schedule COH-UC Schedule B-SS | | | |
| Dates of travel | | | | | | |
| 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 SCHEDULE AS NEEDED | | | | | | |
| | | | Revised 8/17/ | | | |

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 | CIOHNAME AJIKWAGA FELLI | 2 Filer ID (Ethics Commission Filers) | | | | |
| 3 | | | | | | |
| 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. | | | | | |
| 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 paths I may not convert assets purchased with political contributions or interest or other income personal use. I also understand that I must dispose of assets purchased with political correquirements of Election Code, § 254.204. | come from political contributions to ntributions in accordance with the | | | | |
| | Sign | ature of Candidate | | | | |
| _ | DFFICEHOLDER - 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 file. I am also aware that I will be required to file reports of unexpended contributions if, after an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | er filing the last required report as | | | | |
| | Signa | ture of Officeholder | | | | |