

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

DON T. CATES

16 ACCOUNT # (Ethics Commission file)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)

\$ *0*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *0*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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.



Don T. Cates

Signature of Candidate or Officeholder

A-FIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don T. Cates, this the 12th day of Jan, 2008, to certify which, witness my hand and seal of office.

Margaret Ruth Burchett
Signature of officer administering oath

Margaret Ruth Burchett
Printed name of officer administering oath

Notary
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:	
2 FILER NAME DON T. CATES		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NONE	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
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

NONE

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME DON TICATES 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 6 Full name of pledgor 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 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 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 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 Pledgor address; City; State; Zip Code Amount of pledge (\$) In-kind description (if applicable)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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LOANS

SCHEDULE E

None

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME <i>DON T. CATES</i>	3 ACCOUNT # (Ethics Commission filers)
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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)
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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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)
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Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

NONE

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>DON TICAJES</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
	6 Payee address; City; State; Zip Code	
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete 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 payment (See instructions regarding type of information required.)		** Complete 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 payment (See instructions regarding type of information required.)		** Complete 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 payment (See instructions regarding type of information required.)		** Complete 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 payment (See instructions regarding type of information required.)		** Complete 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

NONE

<p>The INSTRUCTION GUIDE explains how to complete this form.</p>	<p>1 Total pages Schedule G:</p>
<p>2 FILER NAME</p> <p style="text-align:center"><i>DON T. CATES</i></p>	<p>3 ACCOUNT # (Ethics Commission filers)</p>

<p>4 Date</p>	<p>5 Payee name</p> <p>.....</p> <p>6 Payee address; City; State; Zip Code</p>	<p>8 Amount (\$)</p>
<p>7 Purpose of expenditure (See instructions regarding type of information required.)</p>		<p><input type="checkbox"/> Reimbursement from political contributions intended</p>

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		<p><input type="checkbox"/> Reimbursement from political contributions intended</p>

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		<p><input type="checkbox"/> Reimbursement from political contributions intended</p>

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		<p><input type="checkbox"/> Reimbursement from political contributions intended</p>

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		<p><input type="checkbox"/> Reimbursement from political contributions intended</p>

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

SCHEDULE H

NONE

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <i>W. T. Cates</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

None

SCHEDULE I

<p>The INSTRUCTION GUIDE explains how to complete this form.</p>	<p>1 Total pages Schedule I:</p>
<p>2 FILER NAME <i>Wm T. Cates</i></p>	<p>3 ACCOUNT # (Ethics Commission filers)</p>

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

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		

<p>Date</p>	<p>Payee name</p> <p>.....</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
<p>Purpose of expenditure (See instructions regarding type of information required.)</p>		

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CREDITS (optional)

SCHEDULE K

<p>The INSTRUCTION GUIDE explains how to complete this form.</p>	<p>1 Total pages Schedule K:</p>
<p>2 FILER NAME</p>	<p>3 ACCOUNT # (Ethics Commission filers)</p>

4 Date	<p>5 Payor name</p> <p>.....</p> <p>6 Payor address; City; State; Zip Code</p>	8 Amount (\$)
	<p>7 Reason for credit</p>	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address; City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address; City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address; City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address; City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

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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 ACCOUNT # (Ethics Commission (Mors))

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, 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