

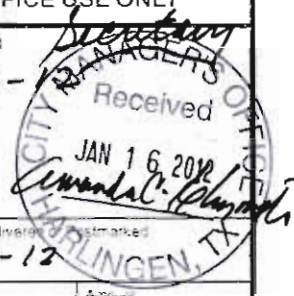
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filer)

2 Total pages filed: **11**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms NICKNAME	FIRST Kori LAST	MI J SUFFIX	OFFICE USE ONLY Date Received 1-16-12 Date Hand-delivered or Postmarked 1-16-12 Receipt # Amount Date Processed Date Imaged	
					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX 2405	APT / SUITE # Treasure Hills Court	CITY Harlingen TX	STATE TX	ZIP CODE 78550
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 428-9900	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms NICKNAME	FIRST Kori LAST	MI J SUFFIX		

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **2405 Treasure Hills Court**

CITY: **Harlingen TX** STATE: **TX** ZIP CODE: **78550**

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(936)** PHONE NUMBER: **428-9900** EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: **07 / 15 / 11** THROUGH Month Day Year: **01 / 15 / 12**

11 ELECTION

ELECTION DATE: Month Day Year: **/ /**

ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (Many): **n/a**

13 OFFICE SQUAD (If known): **n/a**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kori J Marra 15 ACCOUNT # (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,800.00</u>
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4	TOTAL POLITICAL EXPENDITURES	\$ <u>11,148.57</u>
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>Ø</u>
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kori Marra, in the 14th day of January, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Zintia G. Rodriguez

Printed name of officer administering oath

Notary Public

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 6	
2 FILER NAME Kori J Marra		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 10/25/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) R. William DeBrooke	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code PO Box 2723 Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rick Guerrero	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 23865 Grimes Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Frank Boggus	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO Box 1111 Harlingen TX 78551		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ann Phillips	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 222 E. Austin Ave Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Juan Salas	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6135. m st Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Kon J Marra		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 10-25-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David Allex	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code PO Box 531180 Harlingen TX 78553		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mia dela Garza	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2632 Clifford Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William Henry Godwin	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 313 Hanmore Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Erika Mascha	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1616 Sam Houston St Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Alicia Johnson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 825 N. 5th Street Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 6	
2 FILER NAME Kori J Marra		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-25-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe White	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1695 Walnut Court Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-25-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lupe Gonzales	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO Box 208 Harlingen TX 78551		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-25-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Garza	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2814 Lotus St Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradley Boreaux	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 802 Parkview Circle Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matt Gorges	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1275 N. Stuart Place Road Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. 6	
2 FILER NAME Kori J Marra		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/25/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herschel Zinn	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 19951 Kilbourn Road Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Dahm	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2938 Lazy Lake Dr. Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabot Gaslin	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 118 Wildwood Ave Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horraine Woolam	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2346 Harlingen TX 78551		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Therese Berube	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2225 Ella Ave Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Kori J Marra		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-25-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jo Rae Wagner	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3010 Pinehurst Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Scaef	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code Po Box 1064 San Benito TX 78586		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-20-11	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#) Nancy Woolam	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2407 Treasure Hills Ct Harlingen TX 78550		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Melissa Tice	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 15111 Kelley Road Harlingen TX 7855		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Richard Doane	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 108 E. Harrod Eden TX 76837		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **6**

2 FILER NAME: **Kori Marra** 3 ACCOUNT # (Elections Commission Filer)

4 Date 12/10/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Richard Doane	7 Amount of contribution (\$) 2000.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 108 E Harrod Eden TX 76837		<small>If travel outside of Texas, complete Schedule T.</small>	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		<small>If travel outside of Texas, complete Schedule T.</small>	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		<small>If travel outside of Texas, complete Schedule T.</small>	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		<small>If travel outside of Texas, complete Schedule T.</small>	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		<small>If travel outside of Texas, complete Schedule T.</small>	

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 2		2 FILER NAME Kori Marra		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 10/18/2011		5 Payee name CM Graphics & Sign			
6 Amount (\$) 348.57		7 Payee address: City: State: Zip Code 1018 E. Jefferson Ave Ste A Harlingen TX 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Campaign Signs		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/28/20		Payee name Valerie Garcia			
Amount (\$) \$4,400.00		Payee address: City: State: Zip Code 2009 East Harrison Ave Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/20/11		Payee name Valerie Garcia			
Amount (\$) 2000.00		Payee address: City: State: Zip Code 2009 East Harrison Ave Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/28/11		Payee name Valerie Garcia			
Amount (\$) 1000.00		Payee address: City: State: Zip Code 2009 East Harrison Ave Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME: Kori Marra	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/10/11	5 Payee name Valerie Garcia
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6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 2009 East Harrison Ave Harlingen TX 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Legal Expenses	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/11	Payee name Valerie Garcia
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Amount (\$) 400.00	Payee address; City; State; Zip Code 2009 East Harrison Ave Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Legal Expenses	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/05/11	Payee name Valerie Garcia
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 2009 East Harrison Ave Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Legal Expenses	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

Kori J Marra

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.

Kori J Marra

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.

Kori J Marra

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