CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | Guide explains ho | w to complete this form. | 1 Filer ID (E | ilhics Commission Filers) | 2 Total pages file | d: |
|---|--|--|--|---|--|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR በ^ ኑ. | FIRST Dout d | | MI | | JSE ONLY |
| | NICKNAME | Garug | | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BC P. J. K Felf | | | ATE; ZIP CODE | | CEIVED Clu-24 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | | TENSION | Date Hand-delivered c | or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | | LAST | | мі | Rocolpt # Date Processed | Amouni S |
| | | Garás | | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | P.O. Bo | 650 | Jite #; | CITY; | STATE; | ZIP CODE |
| (Residence or Business) | + alfren | in , Tx 78355 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (361) | PHONE NUMBER | EXT | ENSION | | |
| 9 REPORT TYPE | January 15 | 301h day before ef | ection | Runoff | 15lh day after treasurer appo (Officeholder C | pintment |
| | July 15 | 8th day before elec | tion | Exceeded Modified Reporting Limit | Final Report (/ | Allach C/OH - FR) |
| 10 PERIOD COVERED | Month | Day Year | | Month | Day Year | |
| | 12. | 1 /2023 | THROUGH | 1/ | 15/202 | · 4 |
| 11 ELECTION | ELECTION D. | | | ELECTION TYPE | | |
| | Month Day | Yoar Primary | Runoff | Other Description | | |
| | 3/5. | 2024 General | Special | | | |
| 12 OFFICE | OFFICE HELD (if any | | 13 OFF | ICE SOUGHT (II known) | | |
| | (0001 | ty Attoms | | ounty A | Atomy | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTI THE CANDIDATE / OFFI CONSENT. CANDIDATE | CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIRE | CCEPTED OR POLITI MAY HAVE BEEN MA ED TO REPORT THIS | CAL EXPENDITURES MAN DE WITHOUT THE CANDIN INFORMATION ONLY IF TH | DE BY POLITICAL COMMI DATE'S OR OFFICEHOLDER EY RECEIVE NOTICE OF SL | TTEES TO SUPPORT R'S KNOWLEDGE OR ICH EXPENDITURES. |
| 8 A | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREA | SURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREA | SURER ADDRES | 5 | | |
| | | | | | | |
| | | GO TO P | AGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
|------------------------------------|--|---|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, O CONTRIBUTIONS MADE ELECTRONICALLY) | (OTHER THAN \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE | s of loans) |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1600 == |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD | LOANS AS OF THE \$ |
| 18 SIGNATURE I ST | wear, or affirm, under penalty of perjury, that the accompanying uired to be reported by me under Title 15, Election Code. | report is true and correct and includes all information |
| 104 | tender to be reported by me under Thile 15, Election Code. | |
| | \subset | |
| | | |
| | Sig | nature of Candidate or Officeholder |
| | Please complete either opti | on below: |
| (1) Affidavit | MIRANDA L. ZUNIGA Notary Public, State of Texas | |
| NOTARY STATE | Notary ID 133923851 Defore me by David T Clarcia | 174 |
| $20 \underline{24}$, to certify w | which, witness my hand and seal of office. | this the day of, |
| Signature of officer administeri | t miles hame of officer administering oatn | Tille of officer administering oath |
| | | |
| (2) Unsworn Declaration | | |
| My name is | , and my dat | e of birth is |
| My address is | , <u>`</u> , | |
| | (street) (city) | (state) (zip code) (country) |
| Executed in | County, State of, on the day | · · · · · · · · · · · · · · · · · · · |
| | | y of, 20 (month) (year) |
| | Signatu | re of Candidate/Officeholder (Declarant) |
| | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME 20 Filer ID (Ethics | Commission Filers) |
|---|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | Ş |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | S |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 1600- |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O | H \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | s |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |
| | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Consulling Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed 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) 4 Date 5 Payee name Notion Printing 7 Payee address; 1300 Treating Rd 6 Amount (\$) City: State; Zlp Code Reimbursement from political contributions (a) Category (See Categories Ilsted at the top of this schedule) (b) D intended 8 (b) Description PURPOSE OF duertising P. to EXPENDITURE Check if Iravel outside of Texas. Complete Schedule T. (c) Check if Auslin, TX, officeholder living expense 9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this achedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payes name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX; officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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 CATE | GORIE | S FOR BOX 8(a) | | |
|--|---------------------------------------|--|---|---|--|---------------------------------------|
| Advertising Expanse Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gft/Awards/Memorials Expense Legal Services The Instruction Guide explai | Office C Polling i Printing Selaries | epayment/Reimbursement Werhead/Reintal Expense Expense Expensa Wages/ContractLabor O complete this form. | Scikcitation/Fundralsin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor | ient & Related Expense |
| 1 Total pages Schedule H: | 2 FILER NA | \ME | | ······································ | 3 Filer ID (Ethics | Commission Filers) |
| 4 | | | | | | |
| 4 Date | 5 Business | name | | | | |
| 6 Amount (\$) | 7 Business | address; | | City; | State; | Zip Code |
| 8 | (a) Category | (See Calegories listed at the top of this s | chedule) | (b) Description | | <u> </u> |
| PURPOSE | | | | | | |
| EXPENDITURE | · · · · · · · · · · · · · · · · · · · | | | | | |
| | (c) 🗌 c | heck if Iravel outside of Texas, Complete Sc | hedule T. | Check il Austin, | TX, officeholder living ex | penso |
| 9 Complete <u>ONLY</u> If direct expenditure to benefit C/O | Candida H | te / Officeholder name | | Office sought | (| Office held |
| Date | Business | name | | | | |
| | | | | | | |
| Amount (\$) | Bushasa | | | | | |
| Anobri (\$) | Business | address; | | City; | State; | Zlp Code |
| PURPOSE OF EXPENDITURE | Category (| See Categories listed at the top of this so | hedulo) | Description | | · · · · · · · · · · · · · · · · · · · |
| | Ch | eck il Iravel oulside of Texas. Complete Sch | edule T. | Check if Austin, | TX, officeholder living exp | ense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidat 1 | e / Officeholder name | <u> </u> | Office sought | 0 | ffice held |
| Date | Business r | name | | | | |
| Amount (\$) | Business a | address; | | City; | State; | Zlp Code |
| PURPOSE OF EXPENDITURE | Category (s | See Categories listed at the top of this sc | hedulə) | Description | | |
| | Chi | eck if iravel outside of Texas, Complete Sch | edula T. | Check If Austin, | TX, officeholder living exp | onso |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | e / Officeholder name | | Office sought | ······ | flice held |
| | ΑΤΤΑ | CH ADDITIONAL COPIES O | F THIS S | SCHEDULE AS NEED | ED | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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

| 2 FILER NAME 5 Payee name 7 Payee address; | City | 3 Filer ID (Ethics | Commission Filers |
|---|---|--|---|
| 7 Payee address; | City | State | •••••••••••••••••••••••••••••••••••••• |
| | City | State | |
| | | | Zlp Code |
| a) Category (See instructions for examples of acceptable categories.) | (b) Description (See in required.) | structions regarding type | of information |
| Payee name | | | |
| Payee address; | City | State | Zip Code |
| Category (See instructions for examples of acceptable categories.) | Description (See in required.) | structions regarding type | of Information |
| Рауее пате | | | ининин — <u>аналар</u> и и түүнөнүөн малари и түүнөнүөн |
| Payee address; | City | State | Zip Code |
| Category (See instructions for examples of acceptable categories.) | Description (See in: required.) | structions regarding type c | f Information |
| Payee name | | | |
| Payee address; | City | State | Zip Code |
| Category (See instructions for examples of acceptable categories.) | Description (See ine required.) | Irucilana regarding lype o | f information |
| | Payee address; Category (See Instructions for examples of acceptable categories.) Payee name Payee address; Category (See Instructions for examples of acceptable categories.) Payee name Payee address; Category (See Instructions for examples of acceptable categories.) | Payse address; City Category (See instructions for examples of acceptable categories.) Description (See in required.) Payse name City Payse address; City Category (See instructions for examples of acceptable categories.) Description (See instructions for examples of acceptable categories.) Payse address; City Category (See instructions for examples of acceptable categories.) Description (See instruction (See instructions for examples of acceptable categories.) Payse address; City Category (See instructions for examples of acceptable categories.) Description (See instruction (See instructions for examples of acceptable categories.) Payse address; City Category (See instructions for examples of acceptable categories.) Description (See instruction (See in | Payee address; City State Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of required.) Payee name City State Payee address; City State Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of required.) Payee address; City State Payee name Description (See instructions regarding type of categories.) Category (See instructions for examples of acceptable categories.) Payee address; City State Payee address; City State Category (See instructions for examples of acceptable Description (See instructions regarding type of categories.) Payee address; City State Category (See instructions for examples of acceptable Description (See instructions regarding type of category (See instructions for examples of acceptable |

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

SCHEDULE K

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

| 2 FILER NAME | | |
|--------------|---|--|
| | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; State | |
| | 7 Purpose for which amount is received Check if p | pilitical contribution returned to filer |
| Date | Name of person from whom amounl is received | Amount (\$) |
| | Address of person from whom amount is received; City; State | a; Zip Code |
| | Purpose for which amount is received Check if po | ultical contribution returned to filer |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; | |
| | Purpose for which amount is received Check If po | litical contribution returned to filer |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State | Zlp Code |
| | Purpose for which amount is received | ltical contribution returned to filer |

Revised 11/15/2022

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

SCHEDULE T

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

| The Inst | ruction Guid | e explains how to complete th | is form. | 1 Total pages Schedule T: |
|--------------------------|-----------------|---------------------------------------|--|--|
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor | / Corporation | or Labor Organization / Pledgor / | Payee | |
| 5 Contribution / Expen | diture reporte | d on: | | |
| | | | | |
| Schedule A2 | | tedule B | Schedule C2 | Schedule D Schedule F1 |
| Schedule F2 | LD | nedule F4 🗌 Schedule G | Schedule H | Schedule COH-UC Schedule B-SS |
| 6 Dates of travel | 7 Name o | of person(s) traveling | | |
| | 8 Departi | ure city or name of departure locat | lon | |
| | 9 Destina | tion city or name of destination lo | cation | |
| 10 Means of transporta | l | 11 Purpose of travel (including | nama ai naciarana - | |
| | | | name of comerence, | seminar, or other event) |
| Name of Contributor | / Corporation | or Labor Organization / Pledgor / | Payee | |
| Contribution / Expension | diture reporte | d on: | | an a |
| , | , | | | |
| Schedule A2 | | edule B Schedule B(J) | Schedule C2 | Schedule D Schedule F1 |
| Schedule F2 | | edule F4 Schedule G | Schedule H | Schedule COH-UC Schedule B-SS |
| Dates of travel | | f person(s) traveling | | |
| | Departu | ire cily or name of departure locati | on | |
| | Destina | lion city or name of destination loc | cation | |
| Means of transporta | lion | Purpose of travel (including r | name of conference, s | seminar, or other event) |
| | | 1 | <u> </u> | |
| Name of Contributor | Corporation | or Labor Organization / Pledgor / | Payee | |
| Contribution / Expend | liture reported | i on: | | |
| Schedule A2 | Schedu | | | |
| | _ | | Schedule C2 | Schedule D Schedule F1 |
| Schedule F2 | Schedu | | Schedule H | Schedule COH-UC Schedule B-SS |
| Dates of travel | | f person(s) traveling | | ······································ |
| | Departu | re city or name of departure location | DN | |
| | Destinat | ion city or name of destination loc | ation | |
| Means of transportat | ion | Purpose of travel (including r | ame of conference, s | eminar, or other event) |
| | ٦A | TACH ADDITIONAL COPIES (| OF THIS SCHEDULI | ASNEEDED |
| | | | ······································ | |

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

FORM C/OH - FR

| personal use. I also understand that I must file an annu unexpended contributions or unexpended interest or incon | n page 1 is marked "Final Report" ** 2 Filer ID (Ethics Commission Filers) nditures in connection with my candidacy. I understand that asurer appointment. I also understand that I may not accept any out a campaign treasurer appointment on file. Signature of Candidate / Officeholder Signature of Candidate / Officeholder . ** nterest or income earned from political contributions. or income earned from political contributions. I understand that I nexpended interest or income earned on political contributions to use the next of the second contributions to use the second contribution contributions to use the second contribution contribution contribution contributions to use the second contribution contributis contribution contribution contrib |
|--|---|
| C/OH NAME SIGNATURE I do not expect any further political contributions or political expended esignating a report as a final report terminates my campaign treat campaign contributions or make any campaign expenditures without the second sec | 2 Filer ID (Ethics Commission Filers) nditures in connection with my candidacy. I understand that asurer appointment. I also understand that I may not accept any out a campaign treasurer appointment on file. Signature of Candidate / Officeholder Signature of Candidate / Officeholder |
| SIGNATURE I do not expect any further political contributions or political expended esignating a report as a final report terminates my campaign treat campaign contributions or make any campaign expenditures without the second seco | nditures in connection with my candidacy. I understand that asurer appointment. I also understand that I may not accept any out a campaign treasurer appointment on file. Signature of Candidate / Officeholder |
| I do not expect any further political contributions or political expendesignating a report as a final report terminates my campaign treat campaign contributions or make any campaign expenditures without a complete A & B below only if you are not an officeholder. 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 of may not convert unexpended political contributions or unexpended interest or may not contributions or unexpended interest or income unexpended contribution | nditures in connection with my candidacy. I understand that asurer appointment. I also understand that I may not accept any out a campaign treasurer appointment on file. Signature of Candidate / Officeholder |
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| 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 of may not convert unexpended political contributions or unexpended interest of may not contributions or unexpended interest or income unexpended contributions or unexpended under unexpe | asurer appointment. I also understand that I may not accept any out a campaign treasurer appointment on file. Signature of Candidate / Officeholder |
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| personal use. I also understand that I must file an annu unexpended contributions or unexpended interest or incon | nexpended interest or income earned on political contributions to |
| o the main open. I understand that I must dis | me earned on political contributions and that I may not retain me earned on political contributions longer than six years after spose of unexpended political contributions and unexpended ordance with the requirements of Election Code, § 254,204, |
| B. ASSETS | |
| Check only one: | |
| | |
| I do not retain assets purchased with political contributions | s or interest or other income from political contributions. |
| | interest or other income from political contributions. I understand interest or other income from political contributions to sets purchased with political contributions in accordance with the |
| | |
| | Signature of Candidate |
| | |
| OFFICEHOLDER • Complete this section only if you are an officeholder •• | |
| I am aware that I remain subject to filling requirements applicab file. I am also aware that I will be required to file reports of up | ble to an officeholder who does not have a campaign treasurer on nexpended contributions if, after filing the last required report as er income from political contributions, or assets purchased with cal contributions. |
| | Signature of Officeholder |