CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ZIP CODE ADDRESS / PO BOX **OFFICEHOLDER** MAILING JAN 17 2023 ICVD **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN MI TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS CAMPAIGN APT # SUITE # STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Month COVERED THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Description Genera Special 12 OFFICE 13 OFFICE SOUGHT 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED of 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$3,0000		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,000		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$5,053.70		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ \$225,33		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$		
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 Please complete either option below:				
(1) Affidavit NOTARY STAMP/SEA				
		, day of,		
	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
	(5.1.52.)	state) (zip code) (country)		
Executed in	County, State of , on the day of(month	n) , 20 (year) .		
	Signature of Candi	date/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	LER NAME 20 Filer ID (Ethics Commission Fi		nission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
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		\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Bridgette Smith-L	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC SMES WALKER AHM 6 Contributor address; City; 8// Main Great #2900 /	State; Zip Code	7 Amount of contribution (\$) $42,590$		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Institute AMT IN M	tions)		
Date 67/2/120A	Full name of contributor out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$250 according to the contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date ()9/04/02	Full name of contributor out-of-state PACE FATHA HMMELL Contributor address; City; LITERATE PACE Contributor Address; City;	State; Zip Code	Amount of contribution (\$) \$250 60		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this for	1 Total pages Schedule A2:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date 6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution description			
7 Contributor address; City; State;	-				
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (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 In-kind contribution Contribution \$ description			
Contributor address; City; State;	Zip Code	 			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	or (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTA OU ADDITIONAL CODIEC OF	THE COLLEGE	U F AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount 9 In-kind contribution description
	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer	(See Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	Amount I In-kind contribution of Pledge \$ I description
Pledgor address; City; State; Zip Cod	de
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of pledgor □ out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of pledgor out-of-state PAC (ID#:) Amount of In-kind contribution Pledge \$ description
Pledgor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer	Check if travel outside of Texas. Complete Schedule T. (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE AS NEEDED

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

LOANS SCHEDULE E

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

			•
The	1 Total pages Schedule E:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS	\$	
5 Date of loan	7 Name of lender ut-of	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fu account (See Instru	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of	f-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fu account (See Instru	nds were deposited into political ctions)
none	Name of guarantor		Amount Guaranteed (\$)
INFORMATION			
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	V -
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS NE	EDED

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

SCHEDULE F1

		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office Ove Polling Ex ense Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
		The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER N	AME Bridgett	mith	Lanson	3 Filer ID (Ethic	s Commission Filers)
4 Date 27/2022	5 Payee na	Ime LGCV E	Becelly	1		
6 Amount (\$)	7 Payee ac	ldress;	,	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Categor DNTVI MUJE	y (See Categories listed at the the second of the second o	op of this schedule)	(b) Description Shert of Dep 10 (abc Mo)	arty bysker ney for med	tainnes Trail bill 5
	(c)	Check if travel outside of Texas. C	omplete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
04/02/22	Payee na	me N/MONTO	e			
Amount (\$) /01, 00	A G	dréss; 01 But	Kett Sh	cet the	State;	7700+
PURPOSE OF EXPENDITURE	Category MADE	(See Categories listed at the to buttom/donati by Officenology	of this schedule)	Description OUMATTON 90 OUN MAJOR + 6	Vates first Nacks for	all team Camp
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
)9/10/202A	Payee na	of Ready L	odge#c	206		
4500 00_	Payee ad	dress; Nest Si	heet	Rosenber	State:	Zip Code 77471
PURPOSE OF EXPENDITURE	Ponátio	(See Categories listed at the to	Hiteholder	Description Analyticable Awarenes	e Breust le 65 6 g14	MO
		Check if travel outside of Texas. Co	emplete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense titing Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	7 - 1	Emin Lange	3 Filer ID (Ethics Commission Filers)
4 Date / 15/24	5 Payee name Lynn July	59	/
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school domain Made by Minchel	ule) (b) Description	1 to compaign
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
09/06/2A	Payee name Endyste Smith	farsin	
Amount (\$) (1)	Payee address, 20126 Emerold Ru	in have Richa	Nord X 77 FG 9
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu IOUN PALYMENT PEIMBUSEMENT	Description (C) POITHTAI PAR	payment ok Denses from electron Unbursement of perunal h
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
09/22/22	Payeename Graphies		
Amount (\$) 87	Payee address; South Mares.	t Houston	State; Zip Code 77099
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul and the top of	Description Our Mag	nets
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
The second secon	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

SCHEDULE F1

	EXPENDITUR	E CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursemer Office Overhead/Rental Expens Polling Expense xpense Printing Expense Salaries/Wages/Contract Labor	e Transportation Equipment & Related Expense Travel In District Travel Out Of District	
Credit Card Payment	The Instruction Gui	de explains how to complete this form		
1 Total pages Schedule F1:	2 FILER NAME MALES	he Smith Laver	3 Filer ID (Ethics Commission Filers)	
4 Date 08/17/22	5 Payee name	1's Foundation		
6 Amount (\$)/	Payee address:	Richmond	State; Zip Code // 77466	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Commission of Categories listed at the Commission of Categories listed at the	ne top of this schedule) (b) Description (b) Description (c) Media (d) Media (d) Media (d)	Gala benefit foundation	
	(c) Check if travel outside of Texas	s. Complete Schedule T. Check in	Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			
By/20/28	Payee name MONTOUR	autres Campaiza	n	
Amount (\$) \$/00	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	e top of this schedule) Description Campus	ign dona FioN	
	Check if travel outside of Texas	Check if	Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	e Office sough	nt Office held	
09/26/24	ANDUC FIX	Bond United &	Beverly Walker Campuign	
Amount (\$)	Payee address;	120911 Housi	State; Zip Code 7 77249	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	tion by Campa	aignolonation	
	Check if travel outside of Texas		Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nan	ne Office soug	ht Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Openate	Fees Offic Food/Beverage Expense Pollii y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME GREATE SM	ith-Larsen	3 Filer ID (Ethics Commission Filers)	
09/30/2022	5 Payee name w Read V hox	lge #506		
\$ Amount (\$) 00	7 Payee address; 129 West Amof	Rogenberg	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	(b) Description full page (ad in GaldSouveninbo Beast CancerAngenss Gal	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 10/31 1/30 /0/31	Payee name MR/15 Faige		Chate: 7 Code	
Amount (\$)	Payee address; Wells Furgo	A ozenbe	State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description MUMMIN 5	month / Frees	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 2422	Payee name Wix-Com			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule ACURE 1951 NG EXPENSE	Description Description	ny-websttefees	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Payee address; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) Payee address; 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 Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	rm.			
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	AME BYRLANTE SMITH-LANSON	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	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.					
		Signatu	re of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	conly one:				
		I do not have unexpended contributions or unexpended interest or income earned from	om 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				
	Chec	only one:				
		I do not retain assets purchased with political contributions or interest or other incompared to the contributions of interest or other incompared to the contribution of the contribution of interest or other incompared to the contribution of the contribu	ne from political contributions.			
/	×	I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
5		EHOLDER plete this section o <i>nly</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who offile. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as			
			in a final policy			