CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		use is a second						
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Etnics Commission Filers)	2 Total pages filed: 10				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Patrick	ME	OFFICE USE ONLY				
NAME	NICKNAME	LAST Quincy	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 5614 W. Grar #253 Richmond, TX	nd Pkwy S. Ste. 102	CITY; STATE, ZIP CODE	RECVD VIA EMAIL 02/26/2024 FORT BEND COUNTY ELECTIONS				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 534-0648	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Tunisha	Mł	Receipt # Amount \$				
NAME	NICKNAME	LAST Quincy	SUFFIX	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS	5614 W. Gra #253	no po box please); APT / St nd Pkwy S. Ste. 102	JITE #. CITY;	STATE; ZIP CODE				
(Residence or Business) 8 CAMPAIGN	Richmond, T.	PHONE NUMBER	EXTENSION					
TREASURER PHONE	(832)	534-0648						
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	X 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month 01	Day Year / 26 / 2024	THROUGH 02	Day Year 24 / 2024				
11 ELECTION	Month Day	Year X Primary	ELECTION TYPE Runeff Other Description Special					
12 OFFICE	OFFICE HELD (if any) None	1912450	13 OFFICE SOUGHT (IT know Fort Bend Count	n) ty Constable Precinct 4				
14 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'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
O WINT TEE(G)	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTÉE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
		GO TO	PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Quincy, Patrick		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, C	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR NDE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL (OTHER THAN PLEDS	CONTRIBUTIONS SES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL I	EXPENDITURES	\$ 998.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO OF REPORTING PERI	ONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 13,101.63
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AN LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS OF EPORTING PERIOD	\$ 9,887.72
18 SIGNATURE I s	wear, or affirm, under penalty of	perjury, that the accompanying report is true	and correct and includes all information
rec	quired to be reported by me under	Title 15, Election Code.	
		Signature of Ca	ndidate or Officeholder
	Please	complete either option below	<i>r</i> :
		TO SPECION CONTRACTOR CONTRACTOR OF THE SPECIAL PROPERTY CONTRACTOR CONTRACTO	
(1) Affidavit			
(1) Amaavit			
NOTARY STAMP/SEAL	_		
Sworn to and subscribed	before me by	this the	day of,
20, to certify	which, witness my hand and seal of		
·			
Signature of officer administer	ring oath Printed no	ame of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is Patrick Q	uincy	, and my date of birth is	03/01/1981
My address is 5614 W.	Grand Pkwy S. Ste. 102 #	lone military	X , 77406 United States
	(street)		tate) (zip code) (country)
Executed in Fort Bend	County, State of Texa	as , on the 26 day of Febru	
		Land	25
		Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

				3 of 1.0				
18 FILER NA Quincy, F		19 Filer ID						
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,700.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$						
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4.	SCHEDULE E: LOANS		\$	***				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	s	\$	998.44				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/10 2 FILER NAME 3 Filer ID Quincy, Patrick 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/06/2024 Edwards, Manuel \$200.00 Contributor address; City; State; Zip Code 4519 Butler Springs Ln Katy, TX 77494 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Law Enforcement Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$50.00 02/15/2024 Jefferson, Joshua Contributor address; City; State; Zip Code 3327 Falcon Trail Dr Spring, TX 77373 Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Enforcement Harris County Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 02/15/2024 June, Saba \$250.00 Contributor address; City; State; Zip Code 17407 Woodfalls Ln Richmond, TX 77407 Employer (See Instructions) Principal occupation / Job title (See Instructions) Administration Fort Bend County Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/15/2024 Mejia, Andres \$50.00 Contributor address; City; State; Zip Code 9331 Dogwood View Ln Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/20/2024 \$50.00 Pikes, Sherlyn Contributor address; City; State; Zip Code 1802 Crestview Ct. Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/10	
2	FILER NAME			3 Filer ID	
	Quincy, Patr	rick			
	Date 02/16/2024	 5 Full name of contributor out-of-state PAC (ID# Plumbers Local Union #68 6 Contributor address; City; State; Zip Code P.O. Box 8746 	7 Amount of Contribution (\$)	\$500.00	
		Houston, TX 77248			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID# Quincy, Tunisha Contributor address; City; State; Zip Code 5830 Meadow Ranch Pkwy Richmond, TX 77407	Amount of Contribution (\$)	\$100.00	
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	
	Pharmacist		Methodist		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID# Razzaqi, Sol Contributor address; City; State; Zip Code 2850 Ave. N Rosenberg, TX 77471	:)	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Self Employ	ed			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services		xpense	Contract Labor	Travel in District Travel Out of District OTHER (enter a category not liste	d above)
	orbaic dazar aymoni		The Instruction Guide	explains how to co	mplete	e this form.		
1	Total pages Schedule F1: Sch: 1/5 Rpt: 6/10	2 FILER NAM Quincy, P					3 Filer ID	
4	Date	5 Payee nam	e		-			
	02/14/2024	Aviva Who						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode			
	\$107.11	10355 Ha	•	5 tato, 2 p				
	4207.22	10000110						
		Houston,	TX 77036					
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b) r	Description		
	OF EXPENDITURE		g Expense		<u> </u>		outside of Texas. Complete Schedule T	
							, TX, officeholder living expense	
					,	Campaign Sh	liftS	
_								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/O	fficeholder name	Office so.	ight		Office held	
	Date	Payee nam	e					
	02/21/2024	Aviva Wh	olesale					
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode			
	\$61.66	10355 Ha						
		Houston,	TX 77036					
	PURPOSE OF	(a) Category	(See Categories listed at the top	of this schedule)	(b) [Description		
	EXPENDITURE	Advertisin	g Expense			10.7 T	outside of Texas. Complete Schedule T	
						I ^{Check if Austin} Campaign Sh	, TX, officeholder living expense	
					`	our pagn or		
	Complete ONLY if direct	Candidate/C	fficeholder name	Office sou	ha bet		O#i 1-1-1	···
	expenditure to benefit C/O		inceriolder name	Office soc	ıgnı		Office held	
	Date	Payee nam	e					
	01/31/2024	Facebook						
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode			
	\$75.00	1 Hacker	Way					
			·					
		Menlo Pa	rk, CA 94025					
	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b) (Description		
	EXPENDITURE	Advertisin	g Expense				outside of Texas. Complete Schedule T	
							. TX, officeholder living expense tising Expense	
					Ι ΄	-igital Advell	aonig Expense	
	Complete ONLY if disect	المعادية	fficabaldar ====	D\$5	b. t		06	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ıgnt		Office held	
Foi	rms provided by Texas E	thics Commis	NAAAA	ethics.state.tx.u	IS		Version V	3 5 1 9000c47f

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Exper Legal Services The Instruction Guide	5alaries∧	xpense Nages/C	Contract Labor	Travel in District Travel Out of District OTHER (enter a category not l	sted above)
4	Tatal same Calcadala St.	9 EII ED MASS			b.e.		3 Filer ID	
1	Total pages Schedule F1:						a PheraD	
	Sch: 2/5 Rpt: 7/10	Quincy, Pa						
4	Date	5 Payee name	•					
	02/09/2024	Facebook						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode			
	\$25.01	1 Hacker V	Vay					
		Menlo Parl	c, CA 94025					
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this cahadula)	(b) 1	Description		
	OF	Advertising		oi triis scriedule)	``` i		outside of Texas. Complete Schedule	e T.
	EXPENDITURE				[Check if Austin	, TX, officeholder living expense	
						Digital Adver	tising Expense	
					ĺ			·
9	Complete ONLY if direct		iceholder name	Office sou	ught		Office held	
	expenditure to benefit C/O	4						
_	Date	Payee name	<u> </u>					
	02/09/2024	Facebook	•					
<u> </u>			one: City:	State: 7in C	ade			
	Amount (\$)	Payee addre	=	State; Zip Ci	uue			
	\$20.06	1 Hacker V	vay					
		Menlo Parl	c, CA 94025					
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description		
	OF	Advertising		,	[Check if travel	outside of Texas. Complete Schedul	e T.
	EXPENDITURE	_	•		[, TX, officeholder living expense	
] '	Digital Adven	tising Expense	
]			
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught		Office held	
	experience to benefit C/O/	1						
	Date	Payee name)					
	02/16/2024	Google						
Т	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode		· · · · · · · · · · · · · · · · · · ·	***************************************
	\$24.00	,	nitheatre Pkwy					
		Mountain \	/iew, CA 94043					
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Advertising	j Expense				outside of Texas. Complete Schedul	e T.
İ					[]		, TX, officeholder living expense	
						Website Exp	C112C	
					<u></u>			····
	Complete ONLY if direct		ficeholder name	Office so	ught		Office held	
	expenditure to benefit C/O	п						
ľ								
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SCHEDULE F1

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/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expl		Vages	s/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID	
	Sch: 3/5 Rpt: 8/10		Quincy, Patrick				
4	Date	5	Payee name				
	02/01/2024		Harbor Freight Tools				
6	Amount (\$)	7	Payee address; City; S	tate; Zip Co	de		
	\$49.60		28345 Southwest Fwy				
L			Rosenberg, TX 77471				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description	
	EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
						Campaign Sign Materials	
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	<u>l</u> ight	Office held	
اً	expenditure to benefit C/O				-		
 - -	Date		Payee name				
	02/15/2024		In & Out Postal				
├─	Amount (\$)		Payee address; City; S	itate; Zip Co	ode		
	\$159.00		5614 W. Grand Pkwy S.	. ,			
			Suite 102				
			Richmond, TX 77406				
┝	PURPOSE	(a)			/h)) Description	
	OF	\ <u>`</u>	Category (See Categories listed at the top of the Office Overhead/Rental Expense	is schedule)	(2,	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Onice Overridad/Yerital Expense			Check if Austin, TX, officeholder living expense	
						Campaign Mailbox Expense	
	Complete ONLY if direct expenditure to benefit C/O	Η (Candidate/Officeholder name	Office sou	ight	Office held	
F	Date		Payee name				
	02/21/2024		Kroger				
┢	Amount (\$)		Payee address; City; S	itate; Zip Co	ode		
	\$47.86		24401 Brazos Town Crossing	-			
1			•				
			Rosenberg, TX 77471				
Γ	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(b)) Description	
	OF EXPENDITURE	1	Travel In District			Check if travel outside of Texas. Complete Schedule T.	
						Check if Austin, TX, officeholder living expense Fuel Expense	
						morphism	
\vdash	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Jaht	t Office held	
	expenditure to benefit C/O				٠٠	2 <u>-</u>	
\vdash						 	
L							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
L	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 4/5 Rpt: 9/10	Quincy, Patrick
4	Date	5 Payee name
	02/23/2024	Kroger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.16	24401 Brazos Town Crossing
	·	
		Rosenberg, TX 77471
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, afficeholder living expense Fuel Expense
		i dei Experise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	
H	Date	Payee name
	02/02/2024	Numero
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 Spectrum Center Dr
	· · · · · · · · · · · · · · · · · · ·	,
		Irvine, CA 92618
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, afficeholder living expense
		Payment Processing Fee
<u> </u>	Complete ONLY if all a	Condidate (Office bolder)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
-	Dato	
	Date 02/21/2024	Payee name Numero
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$47.42	200 Spectrum Center Dr
	¥-7 (1-7 2	
		lrvine, CA 92618
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payment Processing Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to beliefit C/Of	•
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- Gi	oud/Beverage Expense ft/Awards/Memorials Expense Igal Services	Polling Expens Printing Expen Salaries/Wage		Travel In District Travel Out of District OTHER (enter a category not listed above)	
Credit Card Payment	т	he Instruction Guide explains i	•			
1 Total pages Schedule F1: Sch: 5/5 Rpt: 10/10	2 FILER NAME Quincy, Patric	ck			3 Filer ID	
4 Date	5 Payee name					
02/01/2024	SA Nathan Ll	_C				
6 Amount (\$)	7 Pavee address	; City; State;	Zip Code			
\$256.99	1948 Revolut	•	·			
	Fort Worth, T	X 76119	·			*
8 PURPOSE OF EXPENDITURE	(a) Category (See Advertising E	Categories listed at the top of this scho	edule) (b)	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense eting Expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name C	Office sought		Office held	
Date	Payee name					
02/21/2024	Shell					
Amount (\$)	Payee address	; City; State;	Zip Code			
\$23.08	20626 FM 10	93				
	Katy, TX 774	50				
PURPOSE OF		Categories listed at the top of this scho	_{edule)} (b)	Description		
EXPENDITURE	Food/Bevera	ge Expense			outside of Texas. Complete Schedule T.	
					n, TX, officeholder living expense or polling volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Office	eholder name C	Office sought		Office held	
Date	Payee name					
02/20/2024	Wix					
Amount (\$) \$29.49	Payee address 2601 Mission		Zip Code			
	San Francisc	o, CA 94110				
PURPOSE OF EXPENDITURE	(a) Category (See Advertising E	Categories listed at the top of this sch Xpense	edule) (b)	<u> </u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ENSE	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate/Office	cholder name C	Office sought		Office held	
Forms provided by Tayas F						