CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 ACCOUNT #	2 Total pages filed:		
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	12		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	GAVINO		Date Received		
IAVIALC	NICKNAME LAST		22		
		0)11 A		
	tern Andoz	۳,۲	NON TSU		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	□ RE I		
MAILING		,	Date Hand-delivered of Postmarkes		
ADDRESS	Day Harly A. A. I's	7000	A LE		
change of address	2216 HASKER Austin		Receipt # 3 Articulat		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed		
PHONE	(512) 477-7512		R R		
6 CAMPAIGN	MS/MRS/MR EIRST	MI	Date Imaged		
TREASURER NAME	LAVIND				
	NICKNAME LAST	SUFFIX			
	Fernandez, 72	<u> </u>			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER ADDRESS					
(residence or business)			0.00		
	208 CANG St.	Auchin Ox	18,105		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(512)				
1,10112	2,00				
	477-7512				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign		
			(officeholder only)		
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year		
	/ / /		,		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	Primary	Runoff	General Special		
	5/3/2003				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (ifknown)			
			•		
		City Lour	icl		
	COTORAGES				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		Fernander, JR. 15 ACI	COUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOT	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MADE BEEN MADE WITHOUT THE CANDIDATE'S	_		
COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ ()		
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,000			
18 AFFIDAVIT					
A A	NN MARGRETT FRANKI MY COMMISSION EXPIRE October 17, 2014	I swear, or affirm, under penalty of perjuris true and correct and includes all inform me under Title 15, Election Code.	• • • • • • •		
M. Maria	College				
		Signature of Candidate	or Officebelder		
AFFIX NOTARY STAM	IP / SEAL ABOVE				
Sworn to and sub	scribed before	me, by the said Galino Fernandez	, this the		
day	or November		and and seal of office.		
1 cm	مد جدا المارد	· Lun Marcas Emili	1121200		
Signature of officer admi	inistering oath	Printed name of officer administering oath Ti	itle of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

			<u> </u>				
	The	Instruction Guide explains how to complete this	1 Total pages Schedule A:				
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4	Date	5 Full name of contributorout-of-state PAC(ID#: 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
				(If travel outside	I of Texas, complete Schedule T)		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
				(If travel outside	of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor out-of-state PAC(ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Principal occup	etion / Job title (See Instructions)	Employer (See I	nstructions)			
	Date	Full name of contributor		- · · · · · · · · · · · · · · · · · · ·	In-kind contribution description (if applicable)		
	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 foradditional reporting requirements.

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2 FILER NAME	44.2		3 ACCOUNT # (Et	hics Commission Filers)
4 TOT	AL OF UNITEMIZED PLEDGES:	t) t)	⇔ ⇔	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
			(If travel outside o	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			l (If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
- - .	Pledgor address; City; State; Zip Code		 	
Principal occu	pation / Job title (See Instructions)	Employer (See !		f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
			 (If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
lf c	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru			requirements.

(TDD 1-800-735-2989)

LOANS				SCHEDULE E		
The	Instruction Guide explains how to comp	plete this form.	1 Total pa	ages Schedule E:		
2 FILER NAME	EAUIND FERNANDER, R					
4 ТОТА	TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒					
5 Date of loan 3 ~ 入		Out-of-state PAC (iD#:		9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address: City; State;	Zip Code	• • •	10 Interest rate O 11 Maturity date		
Y	2216 Haskell St. A	ustin TX 19702	•	O O		
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll	lateral	15 Check if personal funds were deposited into political account				
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender [out-of-state PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate		
YN				Maturity date		
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral Check if personal funds were dep			deposited	into political account		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)		
not applicable						
Principal Occupati	-					
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEE truction guide for additional rep		quirements.		

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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CA	ATEGORIES FOR	BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		abor Loan R	epayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra			ortation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District			utions/Donations Made By
Event Expense Fees	5 ,	ravel Out Of District ffice Overhead/Rental E		didate/Officeholder/Political Committee (enter a category not listed above)
rees	The Instruction Guide ex		•	(enter a category not listed above)
4 =		plants now to comple		
1 Total pages Schedule F:	2 FILER NAME	1	3	ACCOUNT # (Ethics Commission Filers)
\	CAUIND FERM	thous, 1		
4 Date	5 Payee name	· (' ' '		
5-3-7003	COAULOS CITION	tuston		
6 Amount (\$)	7 Payee address; City, State;	Zip Code		
ks.				
500				
300				
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule) (b) D	Description (If travel o	outside of Texas, complete Schedule T)
OF	$0 \cdot 1 \cdot 1 \cdot 1$			
EXPENDITURE	TILING FEE			
9 Complete ONLY if direct	Candidate / Officeholder name	A (+	ffice sought	Office held
expenditure to benefit C/O	H	Austincity	Coma	Q
Date	Payee name			
4-21-2003	KANLAL NAS 1100	7		
· · · · · · · · · · · · · · · · · · ·	Payee address; City; State:	Zip Code		·
Amount (\$)		Zip Code		
40	2104 E. 549		<u> </u>	
*500	- Frankling. Qu	who TX	78702	
PURPOSE	Category (See categories listed at the top of the			outside of Texas, complete Schedule T)
OF		, ,	occupación (marcos	and a result of the second of
EXPENDITURE	Yrondine			
Complete ONLY if direct	Candidate / Officeholder name	Of	ffice sought	Office held
expenditure to benefit C/O	4			
	Payer page			
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
PURPOSE OF	Category (See categories listed at the top of to	his schedule) D	rescription (If travel o	outside of Texas, complete Schedule T)
EXPENDITURE				
	Candidate / Officeholder name		ffice sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		0.	oo oodg. k	311133 11373
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
, , ,	•	•		
PURPOSE	Category (See categories listed at the top of the	nis schedule) D	escription (If travel o	utside of Texas, complete Schedule T)
OF EXPENDITURE				
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Of	fice sought	Office held
expenditure to benefit C/C	DH 			
	ATTACH ADDITIONAL COP	IES OF THIS SCHF	OULE AS NEEDF	D
	· · · · · · · · · · · · · · · · · · ·			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

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 Candidate/Officeholder/Political Committee Travel Out Of District Event Expense Polling Expense 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 G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: City; State; Zip Code Reimbursement from political contributions intended (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Date Payee name Amount (\$) City; State; Zip Code Payoo address; Reimbursement from political contributions . intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** Date Payee name Amount (\$) Payee address; City: State; Zip Code Reimbursement from political contributions intended PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF **EXPENDITURE** Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE OF EXPENDITURE** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

	EXPENDITURE				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Cor			Loan Repayment/F	Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundrals		sing Expense Transportation Equipment		ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	
Event Expense	Polling Expense	Travel Out Of Dist	rict	Candidate/Offic	eholder/Political Committee
Fees	Printing Expense	Office Overhead/R	lental Expense	OTHER (enter a ca	ategory not listed above)
	The Instruction Guide	explains how to	complete this for	rm.	
1 Total pages Schedule H:	2 FILER NAME	····		3 ACCOUNT	# (Ethics Commission Filers)
' ' '					,
4 Date	5 Business name				
6 0	7 Dunings and described Cities Str.	to Zin Code		······	
6 Amount (\$)	7 Business address; City; Sta	ite; Zip Code			
	,				
8 PURPOSE	(a) Category (See categories listed at the log	of this schedule)	(b) Description	(If travel outside of Texa	as, complete Schedule T)
OF		,		•	, == ,
EXPENDITURE					
	Candidate / Officeholder name		Office couch		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office sough		Office field
expenditure to benefit C/C	п				
Date	Business name				
		_	_		
Amount (\$)	Business address; City; Sta	te; Zip Code			
•		•			
PURPOSE	Category (See categories listed at the lop	of this schedule)	Description	(If travel outside of Texa	ss, complete Schedule T)
OF			ſ		
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/O			3		
emperiument to belief or o					
Date	Business name				
	245/1000 116/110				
Amount (\$)	Business address; City; Sta	ite; Zip Code			
	0-1	. /	Deservation	/// 1	1.1. O-11.1. T)
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(II) travel putside of Texa	ss, complete Schedule T)
OF EXPENDITURE					
EXPERIENCE					
Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/O	H				
Date	Business name				
Amount (\$)	Business address; City; Sta	te; Zip Code			
PUSPOSE	Category (See categories listed at the top	of this schadule)	Description	(if travel outside of Town	is, complete Schedule T)
PURPOSE OF	Category (See categories risted at the top	ดา ตกร รณเคยติด	Description	Tan no ser nonzino di 16x3	o, complete ouredule 1)
EXPENDITURE					
EXTENDITURE		<u> </u>	<u> </u>		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	t	Office held
expenditure to benefit C/O	н				
	ATTACH ADDITIONAL C	UPIES OF THIS S	SCHEDULE AS I	NEEDED	
			_		

Salaries/Wages/Contract Labor

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense Travel In District Travel Out Of District Printing Expense Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	ine instruction Guide explains now to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

-	The Instruction Guide explains how to complete this form.	1 Total pages Schedule	в К:		
2 FILER NA	ME	3 ACCOUNT # (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; Zip C	Code			
	7 Purpose for which amount is received				
Date	Date Name of person from whom amount is received				
	Address of person from whom amount is received; City; State; Zip C	Code			
	Purpose for which amount is received	1	•		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip C	code			
	Purpose for which amount is received				
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State; Zip C	ode			
	Purpose for which amount is received				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED			

P.O. Box 12070

IN-KIND COI FOR TRAVE				L EXPEND	DITURE	SCHEDULE T
The Instru	ction Guid	e explains how to	complete this fo	orm.	1 Total pages Sched	dule T:
2 FILER NAME	2 FILER NAME					cs Commission Filers)
4 Name of Contributor /	Corporation	or Labor Organiza	tion / Pledgor / Pay	8		
5 Contribution / Expendit	ture reporte	d on:		·		
☐ Sche	edule A	Schedule B	Schedule 0	Schedule	D Schodule	F Schedule G
Sche	edule H	Schedule N	Сон-пс	□ сон-т	PAC-C	PAC-E
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling					
	8 Departu	ure city or name of c	departure location			
	9 Destina	tion city or name of	f destination location	า		
10 Means of transportation	วก	11 Purpose of tra	avel (including name	of conference, se	eminar, or other event)
Name of Contributor / C	Corporation (or Labor Organizati	on / Pledgor / Paye	Ð	1.0	
Contribution / Expenditu	ire reported	on:				
Sche	edule A	Schedule B	Schedule C	Schedule	D Schedule	F Schedule G
Sche	edule H	Schedule N	Сон-пс	Сон-т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of dep	oarture location			
	Destinatio	n city or name of de	estination location			
Means of transportation		Purpose of trave	el (including name o	f conference, sem	inar, or other event)	
Name of Contributor / Co	orporation o	or Labor Organizatio	on / Pledgor / Paye	9		
Contribution / Expenditu	ire reported	on:	/ - n - \h	<u>, ., </u>		
Sche	edule A	Schedule B	Schedule C	Schedule	D Schedule	F Schedule G
Sche	edule H	Schedule N	□ сон-ис	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling			·	
	Departure	city or name of dep	parture location			
	Destination	n city or name of de	estination location			
Means of transportation	,,,	Purpose of trave	el (including name o	f conference, sem	inar, or other event)	(
	A	TTACH ADDITION	NAL COPIES OF T	HIS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

		The Instruction Guide explains how to com •• Complete only if "Report Type" on page 1 is m	
1	C/OH N	NAME	2 ACCOUNT # (Ethics Commission Filers)
	GA	wind termolez D.	
3	SIGN	ATURE / /	
	I do not	expect any further political contributions or political expenditures in connection	n with my candidacy. I understand that designating a
		as a final report terminates my campaign treasurer appointment. I also understa	· · · · · · · · · · · · · · · · · · ·
	or make	e any campaign expenditures without a campaign treasurer appointment on file	<i>p</i>
			Signature of Candidate / Officeholder
<u></u>		R WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income ea	arned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from not convert unexpended political contributions or unexpended interest or income	•
	•	use. I also understand that I must file an annual report of unexpended confi	tributions and that I may not retain unexpended
		contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political co	-
		earned on political contributions in accordance with the requirements of Elect	•
	В.	ASSETS	
	Chec	konly one:	
		I do not retain assets purchased with political contributions or interest or other	er income from political contributions.
		I do retain assets purchased with political contributions or interest or other inco I may not convert assets purchased with political contributions or interest or other	·
		use. I also understand that I must dispose of assets purchased with political c of Election Code, § 254.204.	
		٠,	f
		النب. - النام ا	Signature of Candidate
	OFFIC	CEHOLDER	
	_	plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officehold	er who does not have a campaign treasurer on file.
		I am also aware that I will be required to file reports of unexpended contribu	tions if, after filing the last required report as an
		officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	al contributions, or assets purchased with political
			Signature of Officeholder