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 Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	MARY	\subset	Date Received	
	NICKNAME LAST	SUFFIX	Date Received 21	Þ
	KRENEG	<	0CT x	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	တ င်	
MAILING	5411 LINK,	AVENUE	Date Hand-delivered or Postmarked	
ADDRESS	AUSTIN, TX,	78751	<u> </u>	
change of address	1-0(3(11), 1)/	10171	Receipt # Amount	7 -
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		<u>-</u>
OFFICEHOLDER PHONE	1512 632-71	3 (Date Processed 😛	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER	same			
NAME .	NICKNAME LAST	SUFFIX		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
ADDRESS	57MP			
(residence or business)				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	() Same			
I THOME				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	-
	Sour day before election	Kulluli	treasurer appointment (officeholder only)	
	July 15 Bth day before election	Exceeded \$500	Final report (Altach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	THROUGH	9/25	fore-1 and one a second	
	1	State of the second of the sec	Harris Carlos Carlos Carlos	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff		
	11 / 4 / 14 L Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))	
	None	114-		
		Mayor		
		/		
	<u></u>			
	GO TO PA	GE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	N/ No	NE	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN FOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CASE IN S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE ADDRESS	
	SPECIFIC	•	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.0
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS IT	* O.O
	4. TOTAL	POLITICAL EXPENDITURES	\$ 200.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	T DAY \$ 0.0
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* C . 0
18 AFFIDAVIT	DEENA ESTRADA Notory Public. Sto My Commission November 15	is true and correct and includes me under Title 15, Election Code Expires 2, 2018	of perjury, that the accompanying report all information required to be reported by e. Additional to the companying report to the reported by the companying report to the reported by the companying report to the reported by the reported
AFFIX NOTARY STAM		Whom Vone	
Sworn to and sub-	n. L.l. a	, 1 1 - R	my hand and seal of office.
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics C	ommission P.O. Box 12070 Austin, Texa	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	18		SCHEDULE A
Т	he Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAM	NONE		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 -
			(If travel outside	i of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal oc	ccupation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	
Principal oc	ccupation / Job title (See Instructions)	Employer (See I		or reads, complete correctors ()
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal oc	ccupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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

PLED	GED CONTRIBUTIONS		-	SCHEDULE B
T	ne Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule B:
2 FILER NAM	NONE		3 ACCOUNT # (E	thics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES:		10010	\$
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	 of Texas, complete Schedule T)
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See In	•	,
		<u> </u>	,	
Date	N/A	e	Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside	I of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor	e	Amount of pledge (\$)	In-kind description (if applicable)
rhuinning I no		5	<u>-</u>	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	istructions)	·
Date	Full name of pledgor out-of-state PAC (ID#:	e	Amount of pledge (\$)	In-kind description (if applicable)
			Of travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod	e .		
÷			المناسبة المناسبة المناسبة	of Toyan complete Pahadula Ti
Principal oc	cupation / Job title (See Instructions)	Employer (See li		of Texas, complete Schedule T)
1	ATTACH ADDITIONAL COPIES f contributor is out-of-state PAC, please see inst			requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	elete this form.	1 Total pages	s Schedule E:
2 FILER NAME	いんと		3 ACCOUNT	# (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:		\$	}
5 Date of loan	7 Name of lender [out-of-state PAC (ID#:) 9	Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	1	0 Interest rate
Y N			1	1 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		· · · · · · · · · · · · · · · · · · ·
14 Description of Col	ateral	15 Check if personal funds were	deposited in	to 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)	<u> </u>	
Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
·	N/A			
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	L on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were	deposited int	o political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEE		rements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense		/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	,	draising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Distri	5 .	Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of 0		Candidate/Officeholder/Political Committee
Fees	• •	d/Rental Expense	OTHER (enter a category not listed above)
F668			` u ,
	The Instruction Guide explains how	to complete this foi	m.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
. •			
4 Date	5 Payee name	i	
SUBT TU	SYLVIA BENIA) [•
6 Amount (\$)	7 Payee address; City: State; Zip Code		
100.00			
(UU,UU)			
	(3) 5 (5)	T # 1	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF	CONSULTING		
EXPENDITURE	CONTRACTOR OF	Chack if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held
expenditure to benefit C/C)H		•
Qate	Payee name		
Sept 30	I I'M FRANKLIN	1	
2011 2 -	0 [11.	<u> </u>	
Amount (\$)	Payee address; City; State; Zip Code		
1 5 /2 / 3			
100.67			
-			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
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OF	! • • • • • • • • • • • • • • • • • • •	!	
OF EXPENDITURE	ADVERTIS INC		
* ·	ADVERTIS INC	☐ Check it A	ustin, TX, officeholder living expense
EXPENDITURE	Candidate / Officeholder name	Check it A	
* ·	Candidate / Officeholder name		
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name DH Payee name		
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Payee name		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Payee name N D N =		
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EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Armount (\$)	Candidate / Officeholder name Payee name N D N =	Office sough	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Cor Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re	ntract Labor Lo sing Expense Tr Co rict ental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form	
1 Total pages Schedule G:	2 FILER NAME NONE	:	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	_	
6 Amount (\$)	7 Payee address; City; State; Zip Code		•
Reimbursement from political contributions intended	Oity, State, Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel autside of Texas, complete Schedule T)
.		Check if Aus	itin, TX, officeholdar living expense
Date	Payee name		
	N/A		· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code	-	
Reimbursement from political contributions intended	,		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Date	Payee name N		
Amount (\$)	Payee address; City; State; Zip Code		
! '			
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (II	travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Date	Payee name N / A		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (II	travel outside of Texas. complete Schedule T)
EXI ENDITORE		Check if Aus	itin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	•	-	nt/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundral			quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	- '	Contributions/De	onations Made By
Event Expense	Polling Expense	Travel Out Of Distr		Candidate/O	fficeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a	category not listed above)
	The Instruction Guide	explains how to	complete this fo	orm.	
1 Total pages Schedule H:	2 FILER NAME NONE			3 ACCOL	INT # (Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; St	ate; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description) (If travel outside of T	exas, complete Schedule T)
OF				,	
EXPENDITURE					•
			Check if A	Austin, TX, officehol	der living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	,	Office sough	int	Office held
Date	Buşiness name				
	N/A				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
OF	J , (== == 3==== == == == == = = = = = = =				
EXPENDITURE			_		
			Check if A	Austin, TX. officehold	der living expenso
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht	Office held
Date	Business name				
Amount (\$)	Business address; City; St	ate; Zip Code			
PURPOSE OF	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
EXPENDITURE			Check if A	Austin, TX, officehol	der living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht	Office held
Date	Business name				
	N/A	-			
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
OF	Jaco sarradorma resen de tad tol	,	_ coorpion	outside of I	
EXPENDITURE				Aught TV	dor thing
			Check if	Austin, TX, officehol	der living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ht	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS	NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	<u> </u>	
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I:	2 FILERNAME NUNE	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 instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date ·	Payee name N	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

SCHEDULE K

1	The Instruction Guide explains how to complete this form.	1 Total pages Scho	edule K:
2 FILER NAM	ME ·	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Name of person from whom amount is received \(\mathcal{U} \omega \mathcal{V} \omega \tau \) 6 Address of person from whom amount is received; City; State; Zip Coo	de	8 Amount (\$)
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received WONT Address of person from whom amount is received; City; State; Zip Cod		Amount (\$)
	Purpose for which amount is received	<u> </u>	
Date	Name of person from whom amount is received V V N E Address of person from whom amount is received; City; State; Zip Cod		Amount (\$)
	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 Co.	de	
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED	

	RIBUTION OR POLITICAL EXPENDUTSIDE OF TEXAS	DITURE SCHEDULE T
The Instruction	n Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	カモ	3 ACCOUNT # (Ethics Commission Filers)
	ooration or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure Schedul	e A Schedule B Schedule C Schedu	
6 Dates of travel 7	Name of person(s) traveling	- 10-2-2-01
8	Departure city or name of departure location	
9	Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)
Name of Contributor / Corpo	oration or Labor Organization / Pledgor / Payee	
Contribution / Expenditure re	épartéd on:	
Schedul		
Dates of travel N	ame of person(s) traveling	
De	eparture city or name of departure location	
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Dates of travel No.	e H Schedule N COH-UC COH-T ame of person(s) traveling	PAC-E PAC-E
	eparture city or name of departure location	
De	estination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	The Instruction Guide explains how to Complete only if "Report Type" on page 1	
C/O	H NAME N/A	2 ACCOUNT # (Ethics Commission File)
3 SIG	NATURE	<u> </u>
repo	not expect any further political contributions or political expenditures in conr rt as a final report terminates my campaign treasurer appointment. I also un ake any campaign expenditures without a campaign treasurer appointment	derstand that I may not accept any campaign contribution
		Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	•
Cr	neck only one:	
t	I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn not convert unexpended political contributions or unexpended interest use. I also understand that I must file an annual report of unexpende contributions or unexpended interest or income earned on political c report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of the contributions in accordance with the contrib	or income earned on political contributions to personal discontributions and that I may not retain unexpended ontributions longer than six years after filing this final call contributions and unexpended interest or income
В.	ASSETS	
	neck only one:	
Cr		
Cr Cr	I do not retain assets purchased with political contributions or interest	or other income from political contributions.
Cr E	I do retain assets purchased with political contributions or interest or oth I may not convert assets purchased with political contributions or interes use. I also understand that I must dispose of assets purchased with pol of Election Code, § 254.204.	er income from political contributions. I understand that tor other income from political contributions to personal titical contributions in accordance with the requirements
5 OF	I do retain assets purchased with political contributions or interest or oth I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with pol of Election Code, § 254.204.	er income from political contributions. I understand that to other income from political contributions to personal
D OF	I do retain assets purchased with political contributions or interest or oth I may not convert assets purchased with political contributions or interes use. I also understand that I must dispose of assets purchased with pol of Election Code, § 254.204.	er income from political contributions. I understand that tor other income from political contributions to personal titical contributions in accordance with the requirements
5 OF	I do retain assets purchased with political contributions or interest or oth I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with pol of Election Code, § 254.204.	er income from political contributions. I understand that to or other income from political contributions to personal itical contributions in accordance with the requirements. Signature of Candidate Seholder who does not have a campaign treasurer on file ontributions if, after filing the last required report as an
5 OF	I do retain assets purchased with political contributions or interest or oth I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with pol of Election Code, § 254.204. FICEHOLDER omplete this section only if you are an officeholder •- I am aware that I remain subject to filing requirements applicable to an officeholder, I retain political contributions, interest or other income from	er income from political contributions. I understand that to or other income from political contributions to personal itical contributions in accordance with the requirements. Signature of Candidate Seholder who does not have a campaign treasurer on file ontributions if, after filing the last required report as an