

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mariana	OFFICE USE ONLY Date Received <b>OCC RECEIVED AT OCT 29 '18 AM 11:04</b>	
	NICKNAME LAST SUFFIX Salazar		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7611 Lazy Creek Drive Austin, TX 78724		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mariana NICKNAME LAST SUFFIX Salazar		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7611 Lazy Creek Drive Austin, TX 78724		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 512 655 9616		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 10/01/2018    10/27/2018 09/28/2018    THROUGH		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/06/2018 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin City Council District 1	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2  
2 of 11

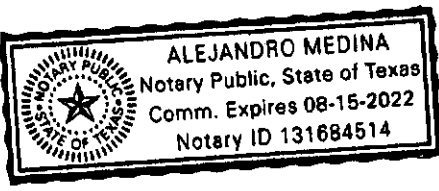
13 C / OH NAME Salazar, Mariana	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,807.86
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,198.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,404.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

\_\_\_\_\_

Sworn to and subscribed before me, by the said Mariana Salazar, this the 29<sup>th</sup> day of October, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering

Alejandro Medina

Printed name of officer administering

notary

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**  
3 of 11**18 FILER NAME**

Salazar, Mariana

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,807.86
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,198.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/11
2 FILER NAME Salazar, Mariana		3 Filer ID
4 Date 10/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andres, Marcela 6 Contributor address; City; State; Zip Code 13117 Henneman Drive Pflugerville, TX 78660	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Program Director		9 Employer (See Instructions) Raise Your Hand Texas
Date 10/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell-Dzide, Dodzi Contributor address; City; State; Zip Code 4607 Tinder Box circle Monrovia, MD 21770	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) Kuresmart Pain Management
Date 10/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brick, Paul Contributor address; City; State; Zip Code 7102 Chuck Wagon Trail Austin, TX 78749	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Photography		Employer (See Instructions) Natural Action Photography
Date 10/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeff Contributor address; City; State; Zip Code 9020 China Rose Dr. Austin, TX 78724	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) nThrive Inc.
Date 10/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhalter, Dee Contributor address; City; State; Zip Code 7704 lazy creek dr Austin, TX 78724	Amount of Contribution (\$) \$10.84
Principal occupation / Job title (See Instructions) Postal worker		Employer (See Instructions) dietrich.burkhalter@yahoo.com

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/11
<b>2</b> FILER NAME Salazar, Mariana		<b>3</b> Filer ID
<b>4</b> Date 10/11/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code 61 Eastern Parkway 6D Brooklyn, NY 11238	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Blackpeak
Date 10/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Starlee <hr/> Contributor address; City; State; Zip Code 2727 La Mesa Dr. Austin, TX 78704	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) SchoolForward
Date 10/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliot, Teresa <hr/> Contributor address; City; State; Zip Code 11105 Champions Ln Austin, TX 78747	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Accounting and Compliance Coordinator		Employer (See Instructions) WaysideSchools
Date 10/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evanoff, Laura <hr/> Contributor address; City; State; Zip Code 4825 Davis Ln #624 Austin, TX 78749	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) ECHO
Date 10/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garces, Anthony <hr/> Contributor address; City; State; Zip Code 6803 Hanover Lane Austin, TX 78723	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Postmates Delivery Driver		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/11
2 FILER NAME Salazar, Mariana		3 Filer ID
4 Date 10/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GreaterATX NWPC PAC, 6 Contributor address; City; State; Zip Code PO Box 30094 Austin, TX 78755	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 10/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenawalt, Andrew Contributor address; City; State; Zip Code 7815 Escala Dr Austin, TX 78735	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenawalt, Margaret Contributor address; City; State; Zip Code 7815 Escala Dr Austin, TX 78735	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grey, Dianna Contributor address; City; State; Zip Code 6701 Burnet Rd #372 Austin, TX 78757	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 10/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harte, Christopher Contributor address; City; State; Zip Code 327 Congress Ave Suite 200 Austin, TX 78701	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) business man		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/11
<b>2</b> FILER NAME Salazar, Mariana		<b>3</b> Filer ID
<b>4</b> Date 10/17/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code 2130 N St NW Apt 109 Washington, DC 20037	<b>7</b> Amount of Contribution (\$)  \$26.63
<b>8</b> Principal occupation / Job title (See Instructions) Senior Director		<b>9</b> Employer (See Instructions) Nuclear Threat Initiative
<b>Date</b> 10/02/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Ron <hr/> <b>Contributor address; City; State; Zip Code</b> 2000 Peoples St  Austin, TX 78702	<b>Amount of Contribution (\$)</b>  \$52.95
<b>Principal occupation / Job title (See Instructions)</b> Diplomat		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/18/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Summer <hr/> <b>Contributor address; City; State; Zip Code</b> 228 W 4th St. Apt 17 New York, NY 10014	<b>Amount of Contribution (\$)</b>  \$52.95
<b>Principal occupation / Job title (See Instructions)</b> nonprofit leadership		<b>Employer (See Instructions)</b> PEN America
<b>Date</b> 10/06/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Jennifer <hr/> <b>Contributor address; City; State; Zip Code</b> 6706 Tunale Dr.  Austin, TX 78723	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Senior Account Executive		<b>Employer (See Instructions)</b> Shweiki Media Inc.
<b>Date</b> 10/18/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhee, Jane <hr/> <b>Contributor address; City; State; Zip Code</b> 144 Willow Street Apt 2R Brooklyn, NY 11201	<b>Amount of Contribution (\$)</b>  \$105.58
<b>Principal occupation / Job title (See Instructions)</b> utive Director		<b>Employer (See Instructions)</b> The Estee Lauder Companies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/11
2 FILER NAME Salazar, Mariana		3 Filer ID
4 Date 10/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Lourdes 6 Contributor address; City; State; Zip Code 6503 Willamette Dr Austin, TX 78723	7 Amount of Contribution (\$) \$105.58
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Dell Medical School at The University of Texas Aus
Date 10/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa, Guadalupe Contributor address; City; State; Zip Code 905 Shady Lane Austin, TX 78702	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sable, Sarah Contributor address; City; State; Zip Code 38 Independence st Tarrytown, NY 10591	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Non-profit		Employer (See Instructions) NTPF
Date 10/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, David Contributor address; City; State; Zip Code 10651 Steppington Dr 1089 Dallas, TX 75230	Amount of Contribution (\$) \$52.95
Principal occupation / Job title (See Instructions) Civic Engagement Director		Employer (See Instructions) Jolt
Date 10/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, William Contributor address; City; State; Zip Code 6810 Hanover Lane Austin, TX 78723	Amount of Contribution (\$) \$105.58
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Indeed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/11
<b>2</b> FILER NAME Salazar, Mariana		<b>3</b> Filer ID
<b>4</b> Date 10/10/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sternin, Simon <hr/> <b>6</b> Contributor address; City; State; Zip Code 7 Westminster St Unit 2 Somerville, MA 02144	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) consultant		<b>9</b> Employer (See Instructions) self-employed
Date 10/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swenson, Jeanette <hr/> Contributor address; City; State; Zip Code 6210 Brookside Dr  Austin, TX 78723	Amount of Contribution (\$)  \$26.63
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 10/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitanza, Liezel <hr/> Contributor address; City; State; Zip Code 4117 Mattie Street  Austin, TX 78723	Amount of Contribution (\$)  \$42.42
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) glynislaing@gmail.com
Date 10/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wald, Tom <hr/> Contributor address; City; State; Zip Code 4016 Maplewood Ave  Austin, TX 78722	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) LegalMatch
Date 10/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Bree <hr/> Contributor address; City; State; Zip Code 1302 E. 52nd Street #4  Austin, TX 78723	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) ECHO

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 10/11		2 FILER NAME Salazar, Mariana		3 Filer ID	
4 Date 10/27/2018		5 Payee name DonateWay			
6 Amount (\$) \$133.12		7 Payee address; City; State; Zip Code P.O. Box 301267  Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online credit card processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/26/2018		Payee name Office Depot			
Amount (\$) \$104.29		Payee address; City; State; Zip Code 816 Tirado St  Austin, TX 78752			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ink and printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/25/2018		Payee name Smart-Mail of Austin Inc			
Amount (\$) \$1,728.81		Payee address; City; State; Zip Code 2011 Anchor Ln  Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/11	2 FILER NAME Salazar, Mariana	3 Filer ID
4 Date 10/12/2018	5 Payee name Worley Printing Co	
6 Amount (\$) \$3,231.96	7 Payee address; City; State; Zip Code 3217 N Interstate 35 Frontage Rd  Austin, TX 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		