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)	7 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME MS/MRS/MR FIRST MI	OFFICE USE ONLY  Date Received
4 CANDIDATE / ADDRESS / PO BOX APTISINE #	CODE  Date Hand-delivered or Postmarked
change of address  Lings and JA 78687  5 CANDIDATE/ OFFICEHOLDER PHONE  (836)  285  1710	Receipt # Amount O
6 CAMPAIGN TREASURER NAME  MS/MRS/MR FIRST  MI  MI  LAST  SUFI	Date Imaged FIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)  STREET ADDRESS (NO POBOX PLEASE): APT/SUITE #, CITY, STATE  128 Rock Bloff  City 5 Coul TA 78639	<b></b>
8 CAMPAIGN TREASURER PHONE NUMBER EXTENSION  (330)  28 5 16 04	
9 REPORT TYPE  January 15  30th day before election  Runoff  July 15  8th day before election  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD Month Day Year Month  COVERED  Month Day Year THROUGH  07/1	Day Year 5 /2012
ELECTION ELECTION DATE   ELECTION TYPE   Month Day Year   Primary   Runoff	General Special
2 OFFICE OFFICEHELD (frany) 13 OFFICE SOUGHT (	
GO TO PAGE 2	

CANDIDATE / SUPPORT & T	OFFICEH OTALS	IOLDER	REPORT:
C/OH NAME			

FORM C/OH

SUPPORT	& IOTAL	S	COVER SHEET PG 2	
14 C/OH NAME  16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICENCY DER'S VYOUR FROM A	
, ,	COMMITTEE TYPE	ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	<del></del>	
additional pages	i	COMMITTEE CAMPAIGN TREASURER NAME	:	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZE	b \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$			
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$	
CONTRIBUTION	4. TOTAL	POLITICAL EXPENDITURES	\$	
BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAIRTING PERIOD	s (	
OUTSTANDING LOAN TOTALS	6. TOTAL PI	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	1E \$ 2000	
	DEBBIE JOHNS Notary Publ STATE OF TE. ly Comm. Exp. 02/1	is true and correct and includes all in me under Title 15, Election Code  XAS 7/2013	perjury, that the accompanying report information required to be reported by date or Officeholder	
Sworn to and subst		ne, by the said <u>Calum Boyd</u> 20 12 , to certify which, witness my	, this the y hand and seal of office.	
Signature of officer admits	Stering oath	Printed name of officer administering oath	Otary Public Title of officer administering oath	

POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A		
TI	ne Instruction Guide explains how to complete th	ls form.	1 Total pages Sci	1 Total pages Schedule A:		
2 FILER NAM	E		3 ACCOUNT # (I	Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC(ID#_ 6 Contributor address: City: State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	(If travel outside	of Texas, complete Schedule T)		
			×			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occi	upation / Job title (See Instructions)	<del> </del>	(If travel outside of	of Texas, complete Schedule T)		
		Employer (See	Instructions)			
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code	101 Av	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)		(If travel outside of	f Texas, complete Schedule T)		
		Employer (See II	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	pation / Job title (See Instructions)	Employer (See In	(If travel outside of istructions)	Texas, complete Schedule T)		
lf c	ATTACH ADDITIONAL COPIES Of ontributor is out-of-state PAC, please see instru	F THIS SCHEDULE A	AS NEEDED tional reporting r	equirements.		

Texas Ethics C	ommission P.O. Box 12070 Austin, Te	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
PLED	GED CONTRIBUTIONS			SCHEDULE B
TI	ne Instruction Guide explains how to complete thi	s form.	1 Total pages Sche	edule B.
2 FILER NAM	E		3 ACCOUNT # (Et	thics Commission Filers)
4 то	TAL OF UNITEMIZED PLEDGES: ⇔	D D D	⇒ ⇒	\$
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	f Texas, complete Schedule T)
0 Principal occ	cupation / Job title (See Instructions)	11 Employer (See I	nstructions)	Tonas, complete ocheque 1)
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See I	(If travel outside of	f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See In	(If travel outside of	Texas, complete Schedule T)
	,	Employer (See In	istructions)	
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address: City: State: Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	upation / Job title (See Instructions)	Employer (See In	(If travel outside of natructions)	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 of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		s, complete scriedule 1)
If o	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru	F THIS SCHEDULE	AS NEEDED	equirements.

Texas Ethics Commi	ssion P.O. Box 12070 Austin	. Texas 78711-2070 (512) 46	63-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pag	ges Schedule E:
2 FILER NAME			ACCOU	NT # (Ethics Commission Filers)
4	Calvin Boyd			
	L OF UNITEMIZED LOANS:	<b>⇒</b> • • • • •		\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	,	9 Loan Amount (\$)
08 03 2009	Calvin Boyd			2.
6 Is lender a financial		Zip Code	• • • •	10 Interest rate
Institution?	128 Rock Bluff		1	
Y (N)	16			11 Maturity date
	Lingsland TI	70639	1.	
12 Fincipal occupat	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	ateral	15 Check if personal funds were de	enosited i	into political account
none			oposited (	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		1	19 Amount Guaranteed (\$)
not applicable		state; Zip Code		
20 Principal Occupat	on (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; Z	ip Code		Interest rate
YN				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	teral	Chack if no man and the		
none		Check if personal funds were dep	posited in	to political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; St	ate; Zip Code		
Principal Occupation	n (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIES or is out-of-state PAC, please see instru	OF THIS SCHEDULE AS NEEDE	D ng requi	rements.

## POLITICAL EXPENDITURES

#### SCHEDULE F

				·	SCHEDULE I
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor lising Expense trict tental Expense	Loan Repayment/Reir Transportation Equipm Contributions/Donatio Candidate/Officeho OTHER (enter a cater	nent & Related Expensions Ins Made By Older/Political Committe
Total pages Schedule F.	The Instruction Guide  2 FILER NAME	explains now to	complete this fo		
				3 ACCOUNT#	Ethics Commission File
Date	5 Payee name				
Amount (\$)	7 Payee address: City; Stat	te; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas, c	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City: State	e; Zip Code			ı
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description (	If travel outside of Texas, co	nplete Schedule T)
omplete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
ate	Payee name				
mount (\$)	Payee address; City; State	e, Zip Code			
PURPOSE OF XPENDITURE	Category (See categories listed at the top of t	this schedule)	Description (I	f travel outside of Texas, con	nplete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SO	CHEDULEASN	EEDED	

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract I Solicitation/Fundraising Ex Travel In District Travel Out Of District	abor Loan Repayment/Reimbursement pense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	ž '	Office Overhead/Rental E explains how to comple	
1 Total pages Schedule G.	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the log	o of this schedule) (b) D	escription (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City: Sta	ate; Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	escription (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address: City; Sta	ate, Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) D	escription (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Reimbursement from political contributions intended		-	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) De	escription (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHED	JLE AS NEEDED

#### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COOH

SCHEDULE H

	TESS OF CION				
	EXPENDITURE	CATEGORIES	FOR BOX 8(a	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/O Solicitation/Fundr Travel In District Travel Out Of Dis Office Overhead/	Contract Labor aising Expense strict Rental Expense	Loan Repayment Transportation Ec Contributions/Dor Candidate/Off OTHER (enter a	uipment & Related Expense
1 Total pages Schedule H.	2 FILER NAME	CAPIGINS HOW LO	complete this 10		
				3 ACCOUN	T # (Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address. City: Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
<ol> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/C</li> </ol>	Candidate / Officeholder name DH		Office sough	nt	Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ite; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	t	Office held
Date	Business name				
Amount (\$)	Business address: City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	t	Office held
Date	Business name				
Amount (\$)	Business address; City: State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (	if travel outside of Texa	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	IEEDED	

#### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	EXPENDITUR	E CATEGORIES	OP BOY 9/2		
Advertising Expense	Gift/Awards/Memorials Expense	_	-		
Accounting/Banking	Legal Services	Salaries/Wages/Con		Loan Repayment/Reimbursement	
-		Solicitation/Fundrais	sing Expense Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Distr	ict	Candidate/Officeholder/Political Committee	e
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a category not listed above)	
	The Instruction Guid	de explains how to c	•	orm.	
1 Total pages Schedule I:	2 FILER NAME				
1 Total pages ochedule I	2 FILER NAME			3 ACCOUNT # (Ethics Commission File	:rs)
4 Date	5 Payeename				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6 Amount (\$)	7 Payee address, City: S	State; Zip Code			
,	ony, o	state, Zip Code			
	40.0				
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	n (See instructions regarding type of information required	d.)
OF EXPENDITURE					
EXPENDITORE					
	T				
Date	Payee name				
Amount (\$)	Payee address, City, S	State, Zip Code			
	January, Only, O	biate, Zip Code			
	0				
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	<ul> <li>(See instructions regarding type of information required</li> </ul>	1.)
OF					
EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address; City; S	Natara Zin Onda			
(0)	Payee address; City; S	itate Zip Code			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(See instructions regarding type of information require	43
OF				( and morning regularity type of miletimation require	J.,
EXPENDITURE					
Date	Payee name				=
	. ayee riame				
Amount (\$)	Payee address: City: S	itate; Zip Code			-
					-
		<del></del>			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(See instructions regarding type of information require	d.)
OF			•	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-150
EXPENDITURE					
		<u> </u>			
	ATTACH ADDITIONAL C	ODIES OF THIS SO	HEDITEAS	NEEDED	_
	ATTACHADDITIONALC	OFIES OF I HIS SC	PUCUULE AS	MECHED	

(TDD 1-800-735-2989)

	REST EARNED, OTHER CREDITS/GAINS/ NDS, AND PURCHASE OF INVESTMENTS	SCHEDULE <b>K</b>
	The Instruction Guide explains how to complete this form.	pages Schedule K:
2 FILER NA	ME 3 ACCO	UNT # (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 Code	
	7 Purpose for which amount is received	īī
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received. City; State; Zip Code	. 5 N
	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 Code	
	Purpose for which amount is received	7
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received: City; State; Zip Code	
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

Revised 09/28/2011

Texas Ethics Commission	n P.0	D. Box 12070	Austin, Texas 787	11-2070	(512) 463-5800	(TDD 1-800-735-2989)
IN-KIND COI FOR TRAVEI				EXPEND	ITURE	SCHEDULE <b>T</b>
The Instru	ction Guide	explains how to	complete this form.		1 Total pages Schedule	Τ.
2 FILER NAME					3 ACCOUNT # (Ethics (	Commission Filers)
4 Name of Contributor /	Corporation	or Labor Organizatio	on / Pledgor / Payee			
5 Contribution / Expendit	ture reported	on.				
Scho	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Scho	edule H	Schedule N	COH-UC	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name o	f person(s) traveling	J			
-	8 Departu	re city or name of de	eparture location			
	9 Destinat	ion city or name of c	lestination location			
10 Means of transportation	on	11 Purpose of trav	el (including name of	conference, se	minar, or other event)	
Name of Contributor / C	orporation o	r Labor Organization	n / Pledgor / Pavee			
	•					
Contribution / Expenditu	re reported	on	***			
Sch	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	edule H	Schedule N	Сон-пс	Сон-т	PAC-C	PAC-E
Dates of travel	Name of p	person(s) traveling				
	Departure	city or name of depa	arture location			
	Destination	n city or name of de	stination location			
Means of transportation		Purpose of travel	(including name of co	onference, sem	inar, or other event)	
Name of Contributor / C	Corporation of	r Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendite	ure reported	on			0.0	
Sch	edule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sch	edule H	Schedule N	COH-UC	Сон-т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				
	Departure	city or name of depa	arture location			
	Destination	n city or name of des	stination location		7	<del></del>
Means of transportation		Purpose of travel	(including name of co	onference, sem	inar, or other event)	
		TTACH ADDITION	AL COPIES OF THI	S SCHEDULE	: AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT-

	DES	SIGNATION OF FINAL REPORT	FORM C/OH - FR	
The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH I	NAME	2 ACCOUNT # (Ethics Commission Filers)	
3	SIGN	SNATURE		
	report a	do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a eport as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions r make any campaign expenditures without a campaign treasurer appointment on file.		
		Signatur	re of Candidate / Officeholder	
4	FILER	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	:	
	A.	CAMPAIGN FUNDS	*	
	Chec	k only one:		
		I do not have unexpended contributions or unexpended interest or income earned from po	plitical contributions	
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned of use. It also understand that I must file an annual report of unexpended contributions and contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code, § 2	on political contributions to personal d that I may not retain unexpended r than six years after filing this final	
	В.	ASSETS		
	Chec	k only one:		
		I do not retain assets purchased with political contributions or interest or other income from	m political contributions.	
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in of Election Code, § 254.204.	om political contributions to personal	
		Si	ignature of Candidate	
5	OFFICEHOLDER •• Complete this section only if you are an officeholder ••			
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.  I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder. I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Sig	nature of Officeholder	