#### **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

P.O. Box 12070

#### FORM C/OH COVER SHEET PG 1

			GOVER GIREFITO I		
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 WILLIAM	m MIR	OFFICE USE ONLY		
OFFICEHOLDER NAME	Randy Savage	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / POBOX: APT / SUITE#: CITY: 120 S. Pierce St  Burnet, Tx 78611	STATE; ZIP CODE	Date Hand-delivered or Postmarked  Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 715 - 5246	EXTENSION	Date Processed:		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  NICKNAME LAST	MI 	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY: STATE:	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( )  N ( A	EXTENSION			
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15	Year		
11 ELECTION	ELECTION DATE Month Day Year Primary Primary	Runoff	General Special		
12 OFFICE	CO. Ct. @ Law	13 OFFICE SOUGHT (if known)			
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 ACCOUNT # (Ethics Commission Filers)					
William R Savage					
16 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	None			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	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 POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 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.  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and sub	1111	, 1((	, this the		
day of Styles, 20 4, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
		6 Contributor address; City; State; Zip Code			 		
1				(If travel outside	of Texas, complete Schedule T)		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See				
	Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code			 		
					(7		
	Principal occur	 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)		
L							
	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			<u> </u>		
				(If travel outside	of Texas, complete Schedule T)		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
	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			 		
				1	of Texas, complete Schedule T)		
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
	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			 		
L	Dringin -1	notice / Joh Aitle /See Jests tions	Employee (See		of Texas, complete Schedule T)		
	Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)			
1							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDG	PLEDGED CONTRIBUTIONS SCHEDULE B					
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule B:		
2 FILER NAME	=		3 ACCOUNT # (E	thics Commission Filers)		
<b>4</b> TOT	AL OF UNITEMIZED PLEDGES:	⇒ ⇔ ⇔	\$ \$	\$		
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)		
	7 Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·				
			(If travel outside of	of Texas, complete Schedule T)		
10 Principal occi	upation / Job title (See Instructions)	11 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					
			(If travel outside	of Texas, complete Schedule T)		
Principal occi	upation / 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					
			L	of Texas, complete Schedule T)		
Principal occi	upation / 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 occ	upation / Job title (See Instructions)	Employer (See		of 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	· · · · · · · · · · · · · · · · · · ·				
		T		of Texas, complete Schedule T)		
Principal occ	upation / Job title (See Instructions)	Employer (See I	nstructions)			
If	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see instr			requirements.		

LOANS SCHEDULE E						
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule E:					
2 FILER NAME	2 FILER NAME 3 ACCOU					
<b>4</b> TOTA	4 TOTAL OF UNITEMIZED LOANS: ⇔ ⇔ ⇔ ⇔ ⇔					
5 Date of loan	5 Date of loan 7 Name of lender Out-of-state PAC (ID#:)					
6 Is lender a financial Institution?	8 Lender address; City; State;			10 Interest rate		
Y N				11 Maturity date		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll	14 Description of Collateral  none  15 Check if personal funds were deposited.			l into political account		
16 GUARANTOR INFORMATION	17 Name of guarantor	1		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	Lender address; City; State;	Zip Code		Interest rate		
Institution? Y N				Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colli	ateral	Check if personal funds were	deposited	into political account		
none						
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code						
Principal Occupat	Principal Occupation (See Instructions)  Employer (See Instructions)					
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEI		quirements.		

### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

	EXPENDITUR	E CATEGORIES FO	R BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra	• •	n Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising	_	repayment & Related Expense
		Travel In District	-	
Consulting Expense	Food/Beverage Expense			tributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Renta	al Expense OTH	IER (enter a category not listed above)
	The Instruction Guid	e explains how to con	nplete this form.	
4 7-4-1 6 11 1- 6	<b>3</b> 50 55 MANE		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	<b>6</b> 1000 INT # (51)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
- Date	5 Tayce name			
6 Amount (\$)	7 Payee address; City; S	itate; Zip Code		
G Amount (φ)	r rayes address, Oky, c	idio, Zip code		
a DUBBOSE	(a) Category (See categories listed at the t	on of this schedule)	Nescription (Iftra	vel outside of Texas, complete Schedule T)
8 PURPOSE OF	(a) Category (See Categories listed at the t	op of this scriedale)	y Description (in a	ver outside of Texas, complete schedule 1)
EXPENDITURE				
EXPENDITORE				
9 Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought	Office held
expenditure to benefit C/C	н		*	
Date	Payee name			
Date	. ayou nume			
Amount (\$)	Payee address; City; S	State; Zip Code		
Amount (4)	rayoc address, Ony, c	nate: Zip code		
DUDDOSE	Category (See categories listed at the t	on of this schedule)	Description (Iften	vel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description (II tia	ver outside of Texas, complete schedule 1)
OF				
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought	Office held
expenditure to benefit C/C	н		-	
Date	Payee name		****	
Date	1 ayee name			
Amount (\$)	Payee address; City; S	state; Zip Code		***************************************
Amount (#)	l ayee address, City, C	itate, Zip Code		
DUDDOCE	Category (See categories listed at the t	on of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
PURPOSE OF	Carodor & (one caregories listed at the t	op or and somedule)	(II (II	
EXPENDITURE				
Complete <u>ONLY</u> if direct	Candidate / Officeholder nam	е	Office sought	Office held
expenditure to benefit C/C	ЭН			
Date	Payee name			
Amount (\$)	Payee address: City: S	State; Zip Code		
		, —, -, -, -, -, -, -, -, -, -, -, -, -, -,		
BURDOSE	Category (See categories listed at the t	on of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
PURPOSE OF	Catagory (000 catagories listed at the t	op a. and deriodule)	2000.phon (11 tra	. s. satisfactor forder, complete constitute 1 /
EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder nam	е	Office sought	Office held
expenditure to benefit C/	ОН			
	ATTACH ADDITIONAL	COPIES OF THIS SCI	HEDULE AS NEE	DED
1	MOIN DE MONAL			

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O. Box 12070

#### SCHEDULE G

EXPENDITURE CATEGORIES FO  Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contra Accounting/Banking Legal Services Solicitation/Fundraisin- Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rent The Instruction Guide explains how to con		tract Labor ng Expense et ntal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.	
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address; City; St	tate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	tate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; St	tate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	pp of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS I	NEEDED

## SCHEDULE H

(TDD 1-800-735-2989)

#### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	ces Solicitation/Fundraising Expense Tra age Expense Travel In District Cor ense Travel Out Of District		Transportation E Contributions/De Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)
1 Total pages Schedule H:	2 FILER NAME			3 ACCOL	JNT # (Ethics Commission Filers)
4 Date	5 Business name			<b></b>	
6 Amount (\$)	7 Business address; City; S	itate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule			Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e	Office sough	nt	Office held
Date	Business name				
Amount (\$)	Business address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	e	Office sough	nt	Office held
Date	Business name				
Amount (\$)	Business address; City; S	state; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	е	Office sough	nt	Office held
Date	Business name				
Amount (\$)	Business address; City; S	state; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder nam DH	е	Office sough	nt	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS	NEEDED	

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

#### SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
<b>6</b> 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			
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

Revised 04/19/2013 www.ethics.state.tx.us

## SCHEDULE K

(TDD 1-800-735-2989)

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

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
FILER NAME	hics Commission Filers)		
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			
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		
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		
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	

#### P.O. Box 12070 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-C PAC-E Schedule H Schedule N COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule C Schedule D Schedule F Schedule A Schedule B Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION 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 N	AME	2 ACCOUNT # (Ethics Commission Filers)					
3	SIGNA	TURE .						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signatu	re of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER plete A & B below o <i>nly</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 p	olitical contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	В.	ASSETS						
	Chec	k only one:						
		I do not retain assets purchased with political contributions or interest or other income from	om political contributions.					
		I do retain assets purchased with political contributions or interest or other income from political 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 of Election Code, § 254.204.	rom political contributions to personal					
		<b></b>	Signature of Candidate					
5		CEHOLDER plete this section o <i>nly</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does I am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	er filing the last required report as an					
			signature of Officeholder					