CANDIDATE / OFFICEHOLDER

FORM C/OH

The C/OU to the second		1 ACCOUNT #	2 Total
The C/OH Instruction	on Guide explains how to complete this form.	(Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST CASIE	MI L	OFFICE USENLY
	NICKNAME LAST WILLS	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered by Date Postmarked
Change of Address	BURNET TX	78611	× 50
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 755 - 0607	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR DENTON H NICKNAME LAST	MI	Date Processed Date Imaged
	WILLS	SUFFIX	
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 703 KINCHEL BURNET	CITY; STATE; OE X 78011	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 613 8402	EXTENSION	
REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
PERIOD COVERED	Month Day Year THROUGH	Exceeded \$500 limit Month Day	Final report (Attach C/OH - FR) Year 2010
ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special
OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	CIENU
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ON	MADE DV OTHER	CANDIDATE'S PRIOR CONSENT OR APPROVAL. N OF THE DIRECT CAMPAIGN EXPENDITURE.
BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH

			OOVER SHEET PG 2
15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFIC CONSENT. CANDIDA	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DE BY POLITICAL COMMITTEES TO SUPPORT THE CONTROL OF SUPPORT SERVICE OF SUPPORT THE SERVICE OF SUPPORT THE SERVICE OF SUPPORT
	COMMITTEE TYPE	COMMITTEE NAME	THE STATE NOTICE OF SUCH EXPENDITURES.
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	
	2. TOTAL	POLITICAL CONTRIBUTIONS	
EXPENDITURE	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32500
TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ED \$ Ø
	4. TOTAL P	OLITICAL EXPENDITURES	\$ &
CONTRIBUTION BALANCE	5. TOTAL PO OF REPOR	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* \$ 972.72
OUTSTANDING LOAN TOTALS	6. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$ 972.72 \$ 24,000 °C
AFFIDAVIT			20,000
		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.	erjury, that the accompanying report formation required to be reported by
		Signature of Candida	ute or Officeholder
AFFIX NOTARY STAMP /		Λ .	
Sworn to and subscr	of Contract of Con	e, by the said (ase Wuls	, this the
Fran Le	mi	KATHU GRIMES 7	
Signature of officer administ	tering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
2 FILER NAME	CASIE L. WILLS		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor	TT	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/20/2010	6 Contributor address; City; State; Zip Code	TV 70.01	20000	
9 Principal occu	MARBLE FALLS pation / Job title (See Instructions)	10 Employer (See	(ii travel outside	of Texas, complete Schedule T)
Date				
/ (Full name of contributor ut-of-state PAC (ID#_ JOHN K. OR MARIE	LYNN GOODE	Amount of contribution (\$)	In-kind contribution description (if applicable)
1420/2010	Contributor address; City; State; Zip Code		10000	
	BERTRAM IX 78	3605		
Principal occup	pation / Job title (See Instructions)	Employer (See	(If travel outside of	of Texas, complete Schedule T)
		(333		
Date	Full name of contributor Out-of-state PAC (ID#:_ J.L & R.W THOMF	SON	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/2010	Contributor address; City; State; Zip Code 140 PINETURST		250] [.
Principal accura	MEADOWLAKES TX	78654	(If travel outside o	of Texas, complete Schedule T)
· ····································	ation / 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		 	,
			, ,	
Principal occupa	tion / Job title (See Instructions)	Employer (See In	(If travel outside of nstructions)	f Texas, complete Schedule T)
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	
Principal occupat	ilon / Job title (See Instructions)	Employer (See In	(If travel outside of estructions)	Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDUUE	AS MEEDED	

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

PLED	GED CONTRIBUTIONS			SCHEDULE B
Т	he Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	hedule B:
2 FILER NAM	1E		3 ACCOUNT # (E	Ethics Commission Filers)
4 TO	TAL 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	, , , , , , , , , , , , , , , , , , ,		
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See Ir	(If travel outside	of Texas, complete Schedule T)
	,	TI Employer (CCC	nstructions	
Date	Full name of pledgor ut-of-state PAC (ID#:)	Amount of	In-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code			i I
			(If travel outside	of Texas, complete Schedule T)
Principal occi	supation / Job title (See Instructions)	Employer (See In	nstructions)	of Texas, complete ochedule 17
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City: State; Zip Code			
	/		1	
Principal occu	upation / Job title (See Instructions)	Employer (See Ins	(If travel outside of	of Texas, complete Schedule T)
Date	Full name of pledgor ut-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		1	
	f			
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	(If travel outside of structions)	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			V
Principal occur	pation / Job title (See Instructions)			f Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See Inst	itructions)	
If co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instruc	THIS SCHEDULE A	S NEEDED	equirements.

LOANS			SCHEDULE E
1	he Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission File
4 TO	TAL 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	10 Interest rate
YN			11 Maturity date
	ation / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Co	ollaterai		
5 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zlp Code	
9 Principal Occupa	tion (See Instructions)	20 Employer (See Instructions)	
Date of loan	Name of lender [out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financlai institution?	Lender address; City; State;	Zip Code	Interest rate
Y N		_	Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	tate; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIE: er Is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED	ED

POLITICAL EXPENDITURES

SCHEDULE F

	EVALUE				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Saiaries/Wages/e Solicitation/Fund Travel in District Travel Out Of Di Office Overhead	Contract Labor raising Expense t istrict /Rental Expense	Loan Repayme Transportation Contributions/D Candidate/C OTHER (enters)	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	, explains flow (c	o complete this to		NT # (Ethics Commission Filers
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of To	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		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 o	if this schedule)	Description (If travel outside of Tex	tas, complete Schedule T)
Complete ONLY 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	-		
PURPOSE OF	Category (See categories listed at the top of	this schedule)	Description (II	f travel outside of Texa	is, complete Schedule T)
EXPENDITURE		1			
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name		Office sought		Office heid
EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date		Zip Code	Office sought		Office held
	Payee name	•		travel outside of Texas	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Gift/Awards/Memoriais Expense Salaries/Wages/Contract Labor

Advertising Expense Gift/Awards/Memorials Ex Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense Event Expense Politing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Fees	Printing Expense Office Overhe	- In
	The instruction Guide explains how	ord/Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Fi
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; Clty; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zlp Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Pate	Payee name	
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 (If travel outside of Texas, complete Schedule T)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITUR	E CATEGORIE	S FOR BOX 8(a		
Advertising Expense	Gift/Awards/Memoriais Expense	CATEGORIE	S FUR BUX 8(a)		
Accounting/Banking	Legal Services	Salaries/Wages/	Contract Labor	Loan Repaym	ent/Reimbursement
Consulting Expense	Food/Beverage Expense	Solicitation/Fund		Transportation	n Equipment & Related Expense
Event Expense	Politing Expense	Travel in Distric Travel Out Of D		Donations Made By	
Fees	Printing Expense	istrict	Candidate/	Officeholder/Political Committee	
			I/Rentai Expense	OTHER (enter	a category not listed above)
4 Total passes Dul. 1 1 11	The Instruction Guid	e explains how to	o complete this fo	rm.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCC	OUNT # (Ethics Commission Filers
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; Si	tate; Zip Code			
		, ,			
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE		,	(a) Beschiption	(ii tiavai odizida Di	rexas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	ıt	Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ato. Zio Co de			
	Dily, Se	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE		·			reves, complete schedule 1)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Business name			<u> </u>	
Amount (\$)	Business address; City: Sta				
,,,	Lasmoss address, City, Sia	te; Zip Code			10
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of T	exas, complete Schedule T)
OF EXPENDITURE			,		ones, sampleto derigadia 1)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date					
Date	Business name				
Amount (\$)	Business address				
(+/	Business address; City; State	e; Zip Code			
					İ
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (if	travel outside of To	exas, complete Schedule T)
OF EXPENDITURE		-			, complete schedule ()
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	EEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consuiting Expense Event Expense Fees Gift/Awards/Memoriais Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District

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

	The Instruction Guide explains how to	o 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 SO	CHEDULE AS NEEDED

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule	e K:
FILER N			
		3 ACCOUNT # (Ethics	Commission Filers)
Date	5 Payor name	8	Amount
	6 Payor address; City; State; Zip Code		(\$)
	7 Reason for credit		
Date	Payor name		
	Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name		Amount
	Payor address; Clty; State; Zip Code	• • • • • • • • •	(\$)
	Reason for credit		
Date	Payor name		
	Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name		
	Payor address; City; State; Zip Code		Amount (\$)
		- I	

		P.O. Box 12070	Austin, Texas		(512) 463-580	0 1-800-325-8
IN-KIND FOR TRA	CONTRII	BUTION OR TSIDE OF T	POLITICAL I Exas	EXPEND	ITURE	SCHEDULE T
The I	nstruction Gu	ide explains how to	complete this form.		1 Total pages Schedule	Т:
2 FILER NAME					3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contrib	utor / Corporation	on or Labor Organizati	on / Piedgor / Payee			
5 Contribution / Ex	penditure report	ted on:				
	Schedule A	Schedule B	Schedule C	Schedule I	Schedule F	Schedule G
	Schedule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name	of person(s) traveling	1			
	8 Depart	ture city or name of de	parture location	·		
	9 Destina	ation city or name of d	estination location			
0.110000						
Means of transport	rtation	11 Purpose of trave	el (including name of co	onference, sem	linar, or other event)	
Name of Contributo	r / Corporation	or Labor Organization	/ Piedgor / Payes			
			/ Fledgor / Payee			
Contribution / Expen	diture reported	on:				
	Schedule A	Schedule B	Schedule C	Schedule D		
s	Schedule H	Schedule N	COH-UC	- -	Schedule F	Schedule G
Dates of travel	Name of r	person(s) traveling	CON-OC [COH-T	PAC-C	PAC-E
		- and an analysis				
	Departure	city or name of depart	ure iocation			
	Destination	olby or new - 5 day				
	Destination	n city or name of destin	nation location			
feans of transportation	on	Purpose of travel (in	cluding name of confer	rence, seminar	Or Other event)	
					, or other everity	
lame of Contributor	Corporation or	Labor Organization /	Pledgor / Payee			
ontribution / Expend	iture reported o	n:				
☐ Sc	hedule A	Schedule B	Schedule C	Schedule D	Schedule F	—
Sc	hedule H	Schedule N] сон-ис	COH-T	PAC-C	Schedule G PAC-E
ates of travei	Name of pe	rson(s) traveling				
	Departure ci	ty or name of departur	e location			
	Destination of	ity or name of destina	tion location			
ans of transportation		Purpose of travel (inc	luding name of confere	ence, seminar,	or other event)	
	ATT					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL P

FORM C/OH - FR

	The Instruction Guide explains how to Complete only if "Report Type" on page 1	complete this form. is marked "Final Report" ••
1 C/OH		2 ACCOUNT # (Ethics Commission Filers)
SIGN	NATURE	
Cport	ot expect any further political contributions or political expenditures in conn as a final report terminates my campaign treasurer appointment. I also und ke any campaign expenditures without a campaign treasurer appointment of	Iderstand that I may not accept any campaign contributions
		Signature of Candidate / Officeholder
FILE	R WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	ck only one:	
	I do not have unexpended contributions or unexpended interest or incon	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political correport. Further, I understand that I must dispose of unexpended politic earned on political contributions in accordance with the requirements of E	or income earned on political contributions to personal d contributions 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	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest or	r other income from political contributions.
	I do retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest of use. I also understand that I must dispose of assets purchased with politic of Election Code, § 254.204.	or other income from political contributions to personal
		Signature of Candidate
	EHOLDER plete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officer I am also aware that I will be required to file reports of unexpended control officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	tributions if after filing the last required report on an
		Signature of Officeholder