# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# 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 / OFFICEHOLDER NAME	MS/MRS/MR FIRST GUADALUJAR NICKNAME LAST	MI	OFFICE USE ONLY  Date Received CAMERON COUNTY  DEPARTMENT OF ELECTIONS &
	AyAlA.		VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / POBOX: APT/SUITE#; CITY; 1790 Russel Lane San Benito TX 785	STATE; ZIP CODE	JAN 1 5 2015 4.05)  Diffyfling delivered or Postmarked RECEIVED  Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 742 - 549.5	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Elisa NICKNAME LAST Ayala	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NOPO BOX PLEASE); APT/SUITE#; 1990 Russell Lane San Bensto TX		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (956) 241-4947	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 (officeholderonly)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  07 / 01 / 14 THROUGH	Month Day 12 / 3 ( )	Year 14
11 ELECTION	ELECTION DATE Month Day Year Primary	and the second	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IFKNOWN)  Lustice of H  pcf. 3 pl. 1	he Peace,
	GO TO PAG	SE 2	

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

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	5 ACCOUNT # (Ethics Commission Filers)			
GUAda	wipe Aya					
16 NOTICE FROM POLITICAL COMMITTEE(S)	TĤIS BOX IS FOR ÑOTI CANDIDATE / OFFICE	FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.0b			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00.					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 290.00.			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E DRTING PERIOD	S D.W			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* 0.0°			
18 AFFIDAVIT	BRENDA JALOMO HI Notary Public, State My Commission September 30,	is true and correct and includes all me under Title 15, Election Code. e of Texos Expires 2018	perjury, that the accompanying report information required to be reported by didate or Officeholder			
AFFIX NOTARY STAN  Sworn to and sub	scribed before	b 1 marries	d, this the			
Brand A	or brucer	to certify which, witness r	ny hand and seal of office.			
Signature of officer adm	1014UUUUU Inistering oath	Printed name of officer administering oath	Title of officer administering oath			

<b>POLITICAL</b>	CONTRIBUTI	ONS
OTHER THA	AN 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	rdacipe Ayale		3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code		0.00.	
					of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
	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 occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
	Date	Full name of contributor cut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	···-	
_	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		(If travel outside	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See		
	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		•	 
			Employer (Ca-	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	Principal occu	upation / Job title (See Instructions)	Employer (See	mad deliens)	
┢					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule B:
2 FILER NAME	dalupe Ayala		3 ACCOUNT # (E	thics Commission Filers)
	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		D.00.	
				of Texas, complete Schedule T)
10 Principal occi	ipation / Job title (See Instructions)	11 Employer (See Ir	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 o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	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	. , ,		
				f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
	·			
Principal occu	pation / Job title (See Instructions)	Employer (See In		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		condition of the control of the cont
lf c	ATTACH ADDITIONAL COPIES OI ontributor is out-of-state PAC, please see instru	F THIS SCHEDULE A	AS NEEDED itional reporting r	requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl		1 Total pages Schedule E:
2 FILER NAME	alupe Ayala		3 ACCOUNT # (Ethics Commission Filers)
4	L OF UNITEMIZED LOANS:	\$ \$\phi\$ \$\phi\$ \$\phi\$	\$ 0.00
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 occupation	on / Job title (See instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political account
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender [	cut-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political account
none none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupat	Lion (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 ruction guide for additional rep	

## **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITUR	E CATEGORIES	S EOD BOY 9/2	.1	
Advertising Expense			•	•	
	Gift/Awards/Memorials Expense	Salaries/Wages/0		Loan Repaymen	t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fund	- •	Transportation E	quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Do	
Event Expense	Polling Expense	Travel Out Of Di	strict	Candidate/Of	ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/	Rental Expense	OTHER (enter a	category not listed above)
	The Instruction Guid	de explains how to	complete this fo	orm.	
4 Tatal Oakadula E					
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	NT # (Ethics Commission Filers)
4 Date	5 Payee name				
. 24.5	S Tayoo name				
6 Amount (\$)	7 Payee address; City; S	State; Zip Code			
, , ,					
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	1 (If travel outside of Te	exas, complete Schedule T)
OF					
EXPENDITURE					
0.0	Candidate / Officeholder name		Off:	1-4	0.00
9 Complete ONLY if direct		e	Office soug	nŧ	Office held
expenditure to benefit C/C	л				
Date	Payee name				
Amount (\$)	Payon address: City 6	Plata. Zin Carla			
Amount (\$)	Payee address; City; S	State; Zip Code			
DUDDOCE	Category (See categories listed at the to	on of this schodule)	Docarintian	//firevel evitable of To	
PURPOSE OF	Category (See categories listed at the to	op or trits scriedule)	Description	(If travel outstde of Te	xas, complete Schedule T)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	Э	Office sough	ht	Office held
expenditure to benefit C/O	ı <b>H</b>				
Date	Payee name				
Amount (\$)	Payee address; City; Si	tate; Zip Code			
			1		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF EVERNOLTI DE					
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	<b>→</b>	Office sough	nt	Office held
expenditure to benefit C/O	H		J		
•					
Date	Payee name				
Amount (\$)	Payee address; City; St	tate; Zip Code			
***	,	, —.p			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF			1		·
EXPENDITURE					l
	Candidate / Office helder			- \$	055
Complete ONLY if direct	Candidate / Officeholder name	;	Office sough	IL	Office held
expenditure to benefit C/C	ηH				l
	ATTACH ADDITIONAL C	ODIEC OF THE	COUEDIN E 40	NEEDED	***************************************
	ATTACH ADDITIONAL C	OFICS OF I HIS	OCHEDULE AS	NEEDED	The state of the s

Austin, Texas 78711-2070

## SCHEDULE G

(TDD 1-800-735-2989)

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

#### **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/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	THE HISTINGTION GUIDE EXPLANTS HOW TO C	- Inploto tillo formi	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
į (	fundalupe Ayala.		
4 Date	5 Payee name		
12-30-14	San Juana Rudrigue Z.  7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		•
Reimbursement from political contributions intended	San Benito ITX 78586.		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra-	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expresse	TAMAle	s + Chicken Salad
Date	Payee name		
12-30-14	maria araguz		1
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	San Benito, TX 78586.		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Beverage Expense	Tamal	29)
Date 12-30-14.	San Benito News.		
Amount (\$)	Payee address; City; State; Zip Code 365 N. Sown HVUS-W		
Reimbursement from political contributions intended	San Benito, TX 7858	φ.	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising:	Ceremon	y announcement.
Date	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 tra	evel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

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

#### SCHEDULE H

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

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

Loan Repayment/Reimbursement

Fees	Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	el outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) .	Description (If trave	l outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	l outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel	l outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

Austin, Texas 78711-2070

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

## SCHEDULE |

(TDD 1-800-735-2989)

	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	1			
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				
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.)			

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

## SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Sched	fule K:
2 FILER NAME	= -	3 ACCOUNT# (Ethi	ics 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		
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	<u> </u>	
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 A	S NEEDED	

	IBUTION OR POLITICAL EXPEND JTSIDE OF TEXAS	DITURE	SCHEDULE T
The Instruction C	Guide explains how to complete this form.	1 Total pages Schedul	е Т:
2 FILER NAME		3 ACCOUNT# (Ethics	Commission Filers)
4 Name of Contributor / Corpore	ation or Labor Organization / Pledgor / Payee		·
5 Contribution / Expenditure rep	orted on:		
Schedule A	Schedule B Schedule C Schedul	e D Schedule F	Schedule G
Schedule H	Schedule N COH-UC COH-T	PAC-C	PAC-E
6 Dates of travel 7 Na	me of person(s) traveling		
<b>8</b> De	parture city or name of departure location		and a surprise and an analysis of the surprise and a surprise and
<b>9</b> Des	stination city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)	
Name of Contributor / Corporat	tion or Labor Organization / Pledgor / Payee		
Contribution / Expenditure repo	rted on:	-,	
Schedule A	Schedule B Schedule C Schedul	e D Schedule F	Schedule G
Schedule F	Schedule N COH-UC COH-T	PAC-C	PAC-E
Dates of travel Name	e of person(s) traveling		
Depa	rture city or name of departure location		
Destin	nation city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, ser	ninar, or other event)	
Name of Contributor / Corpora	tion or Labor Organization / Pledgor / Payee		
Contribution / Expenditure repo	orted on:		
Schedule A	Schedule B Schedule C Schedul	e D Schedule F	Schedule G
Schedule H	Schedule N COH-UC COH-T	PAC-C	PAC-E
Dates of travel Name	e of person(s) traveling		
Depa	rture city or name of departure location		
Destir	nation city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, ser	ninar, or other event)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	<del></del>

## **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	NAME	2 ACCOUNT # (Éthics Commission Filers)	
	Gurdalupe Ayala.			
3	SIGNA	SIGNATURE		
	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.			
		_	Signature of Candidate / Officeholder	
4		ILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••		
	A. CAMPAIGN FUNDS			
	Chec	Check only one:		
		I do not have unexpended contributions or unexpended interest or income e	earned from political 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		
	Check only one:			
	I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		I do retain assets purchased with political contributions or interest or other inc. I may not convert assets purchased with political contributions or interest or o use. I also understand that I must dispose of assets purchased with political of Election Code, § 254.204.	ther income from political contributions to personal	
			Signature of Candidate	
5		OFFICEHOLDER •• Complete this section <i>only</i> 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.			
		_	Signature of Officeholder	

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