# 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 (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/ MRS / MR FIRST  Sylvia CTAYZA  NICKNAME LAST	- Pérez suffix	DEPARTMEN	RON COUNTY
			VOTER	REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	eu z f	1 1 5 2016
Change of Address	42 Meadow Glenn Dr.	Bro. Tx 78521	BV	ECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or D	ate Postmarked
6 CAMPAIGN TREASURER NAME	(956) 346-5367  MS/MRS (MB) FIRST  Rudy Perez,  NICKNAME LAST	J.		Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE	
(Residence or Business)				
	42 Meadow Glenn	Dr. Bro. Tx 78	2521	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (906) 346-0509	EXTENSION		1 42 2425
3/4/21				
9 REPORT TYPE	January 15 30th day before ele	R. C. Sunance	15th day after can treasurer appointn (Officeholder Only)	nent
	July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attac	h C/OH - FR)
0 PERIOD COVERED	Month Day Year	THROUGH AND ADDRESS OF THE PROPERTY OF THE PRO	Day Year 3/ / 20/5	
1 ELECTION	ELECTION DATE	ELECTION TYPE	August 05, 20	Salaring 1
Į.	Month Day Year Primary	Runoff Other	and the same of th	A STATE OF THE STA
1 *	General General	Description Special	i i lant da	erot in S
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	ary the	7 10
1 3/ 0	County clerk			112
The state of the s	GO ТО Р	PAGE 2		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAMES U	Ivia Gara	za-Perez 15	Filer ID (Ethics Commission Filers)				
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.							
MARKO MERENDES (NA PRESENTA DE LA PRESENTA DE LA PRESENTA DE PRESENTA DE LA PRESENTA DEL PRESENTA DEL PRESENTA DE LA PRESENTA	COMMITTEE TYPE	COMMITTEE NAME					
TESTABLES STREET	GENERAL						
, BROIR I NAU	SPECIFIC	COMMITTEE ADDRESS					
0.84903.6	<u>^</u>						
	Y6	COMMITTEE CAMPAIGN TREASURER NAME					
Additional Pages							
	i	COMMITTEE CAMPAIGN TREASURER ADDRESS					
ě							
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 100.				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,395.				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	s 5,314.21				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 5,314.21 \$ 13,500.				
18 AFFIDAVIT							
FRANCISCO MONREAL, JR. Notary Public, State of Texas My Commission Expires August 05, 2018  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 Office holder							
AFFIX NOTARY STAMP / SEALABOVE							
		y the said Silvia France Perce	, this the/4/4				
day of January	, 20	o certify which, witness my hand and seal of office.					
Signature of officer ac	dministering anth	Francisco Mouras Tr.  Printed name of officer administrating coth	Notary Robic				
olynature of officer ac	ammistering oath	Printed name of officer administering oath	Title of officer administering oath				

# **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME  Sylvia Elara Perez  20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 💍
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ /500.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 13,500.
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1395.
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 🕥
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 🖒
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 💍

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

	The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME	Sylvia Garra-Perez		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
:		6 Contributor address; City; State		•
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Contributor address; City; State	1	
ī	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	 ptions)
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
		Contributor address; City; State	; Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	l ctions)
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address; City; State	e; Zip Code	
F	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
				-
		ATTACH ADDITIONAL COPIES OF	FTHIS SCHEDULE AS NE	FFDFD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

T	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	Sylvia Garza-Pérez		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 1,500.
5 Date 6 Full name of contributor out-of-state PAC (ID#: )  12/19/2015 7 Contributor address; City; State; Zip Code  652 W. Levee St. Bro. Ty 78520			8 Amount of 9 In-kind contribution description  I ghted  I gnase  Check if travel outside of Texas. Complete Schedule T.  or (FOR NON-JUDICIAL) (See Instructions)
	supation / Job title (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution description
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T.  (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL CODIES OF TH	IIC COLLEDIN	FACNEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:\_ 8 Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code \_ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution ut-of-state PAC (ID#:\_ of Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:\_ Pledge \$ description City; State; Zip Code \_\_ Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code \_ Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Garza-Perez TOTAL OF UNITEMIZED LOANS Name of lender Date of loan out-of-state PAC (ID#: 9 Loan Amount (\$) Is lender a financial Institution? 11 Maturity date 42 Meadow Glenn Dr. Bro Tx Ν 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor **16** GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) 27.6 Date of loan Loan Amount (\$) Name of lender ut-of-state PAC (ID# Interest rate Is lender Lender address; City; State; a financial Institution? Maturity date N Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) INFORMATION Guarantor address; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		Polling Expense pense Printing Expense Salaries/Wages/0	Travel Travel	In District Out Of District enter a category not listed above)	
Credit Card Payment	The Instruction Guid	e explains how to comple			
1 Total pages Schedule F1:	2 FILER NAME SY/VIA CA	avra-Pévez	3 File	r ID (Ethics Commission Filers)	
4 Date 8/5/2015	5 Payee name Genesis	2000	P		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code		- ' } - '	
\$250.	556 W. Elizabeth, 1850.	Tx. 78520			
8	(a) Category (See Categories listed at the	top of this schedule) (b)	Description		
PURPOSE OF		9	Check if travel outside of Tex		
EXPENDITURE		,	L Check if Austin, TX, office	enolder living expense	
,	event expense/	dance c	daycare Aug	ust Birthday Dance	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name		•		
8/9/2015	Abel Gom	ez Campu	yn		
Amount (\$)	Payee address; City; S	tate; Zip Code	1		
1200	6595 Paredes	Line Rd.	Brownsville	7x 78526	
	Category (See Categories listed at the t	op of this schedule)	Description	v	
PURPOSE			Check if travel outside of Texa	as. Complete Schedule T.	
OF EXPENDITURE		1	Check if Austin, TX, office	cholder living expense	
•	Other	7	Tickets for	Fishing Tournamen	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	C	Office sought	Office held	
Date	Payee name				
8/15/2015	Santa Rosa	4-H Clu	b		
Amount (\$)	Payee address; City; S	tate; Zip Code			
\$125	P.O. BOX 997	, Santa Rosa	Tx. 785	73	
	Category (See Categories listed at the t	op of this schedule)	Description		
PURPOSE OF			Check if travel outside of Texa		
EXPENDITURE	0.4		Check if Austin, TX, office	holder living expense	
	Other	Ba	Bg look-055	Team Entry	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	C	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sollcitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category pot listed above)

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) City; State; Zip Code \$15.00 E. Price Ref, Suite B, Bro TK 78521 8 \_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Other annual Runkwach team entry Candidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Carlos Masso Campaign Bowling Tournament Amount (\$) City; State; Zip Code \$ 100. 1900 N. Expression 97, Bro TX 78520 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE advertisement expense Bowling Tournament Jonoonshy Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Tesus T. Chery barrier Bowling Tournament Amount (\$) \$100 E. Harrison St. Bro TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH

# POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 pot listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries  The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)
		complete this form.
1 Total pages Schedule F1:	2 FILER NAMES 4/0/14 Garza-Pes	3 Filer ID (Ethics Commission Filers)
4 Date ////////////////////////////////////	5 Payee name /glesia Ebeneze	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 120	205 W. 1st St., Los Fre	esnos Ty 78566
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
	Other	Turkey Dinner Bonation
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/17/2015	Carlos Masso Golf	Tournament
Amount (\$)	Payee address; City; State; Zip Code	
\$150	1900 N. Expressiva	177, Bro TV 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXI ENDITORIE	ala tant	
	advertisement expense	Tee-box sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/12/2015	Brownsville Police	Department
Amount (\$)	Payee address; City; State; Zip Code	2
\$150	600 E. Jackson, 1	Bro. Tx. 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	•	Check if Austin, TX, officeholder living expense
	advertisement expense	Bowling Tournament Spomership
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDIU FAS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Discholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/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 pot listed choice)

Total pages Schedule F1: 2 FILER NAMES AND Complete this form.  1 Total pages Schedule F1: 2 FILER NAMES AND Carra Pere 2  4 Date	Candidate/Officeholder/Political	, , , , , , , , , , , , , , , , , , , ,	Expense Travel Out Of District  Wages/Contract Labor Other (enter a category not listed above)
A Date   Date   Payee name   Candidate / Office holder name   Office sought   Office sought			
Purpose OF EXPENDITURE   General Content of the C	4-4	2 FILER NAMES GIVIA Parra Pe.	3 Filer ID (Ethics Commission Filers)
Purpose OF EXPENDITURE   General Content of the C		5 Payee name Cameron County Sheviff	Deputy Association
Category (See Categories listed at the top of this schedule)   (b) Description   Check if austin, TX, officeholder living expense   Christmas	6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  Check If Austin, TX, officeholder fiving expense  Christmas for kicks Denations  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office held  Office sought  Office held	\$100		
Check if Austin, TX, officeholder living expense   Christmas For Kuits Deviation	8	(a) Category (See Categories listed at the top of this schedule)	
Purpose of Expenditure to benefit C/OH  Candidate / Officeholder name  Chys. Finals. For Kicks Denation  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Chys. Fanta Resa.  Amount (\$)  Payee address; City; State; Zip Code  Purpose of Expenditure  Category (See Categories listed at the top of this schedule)  Date  Payee name  Candidate / Officeholder name  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Date  Payee address; City; State; Zip Code  Candidate / Officeholder name  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Date  Candidate / Officeholder name  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Date  Category (See Categories listed at the top of this schedule)  Date  Category (See Categories listed at the top of this schedule)  Office sought  Office held  Category (See Categories listed at the top of this schedule)  Office held  Office held  Category (See Categories listed at the top of this schedule)  Office held  Office held  Complete QNIX if direct  Candidate / Officeholder name  Office sought  Office held	And the second of the second o		Check if travel outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Cuty or Sunta Rosa  Amount (\$)  Payee address; City; State; Zip Code  Purpose  Office sought  Category (See Categories listed at the top of this schedule)  Date  Payee name  Category (See Categories listed at the top of this schedule)  Date  Payee address; City; State; Zip Code  Candidate / Office holder name  Candidate / Office holder name  Candidate / Office holder name  Category (See Categories listed at the top of this schedule)  Date  Payee name  Candidate / Office holder name  Candidate / Office holder name  Category (See Categories listed at the top of this schedule)  Date  Payee name  Candidate / Office holder name  Category (See Categories listed at the top of this schedule)  Date  Category (See Categories listed at the top of this schedule)  Date  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office sought  Category (See Categories listed at the top of this schedule)  Office sought  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held			Check if Austin, TX, officeholder living expense
Date   Payee name   Code   Payee address; City: State; Zip Code   Payee address; Categories listed at the top of this schedule)   Description   Check If Austin, TX, officeholder living expense   Category (See Categories listed at the top of this schedule)   Description   Check If Austin, TX, officeholder living expense   Payee address; City: State; Zip Code   Candidate / Office hold   Category (See Categories listed at the top of this schedule)   Description   Check If Austin, TX, officeholder living expense   Payer Act Centry FEE   Complete ONLY if direct   Candidate / Officeholder name   Office sought   Office hold   Officeholder living expense   Category (See Categories listed at the top of this schedule)   Description   Check if Tavel outside of Texas. Complete Schedule T.   Check If Austin, TX, officeholder living expense   Category (See Categories listed at the top of this schedule)   Check if Tavel outside of Texas. Complete Schedule T.   Check If Austin, TX, officeholder living expense   Complete ONLY if direct   Candidate / Officeholder name   Office sought   Office hold   Officeholder living expense   Complete ONLY if direct   Candidate / Officeholder name   Office sought   Officeholder living expense   Complete ONLY if direct   Candidate / Officeholder name   Office sought   Officeholder   Officeholder living expense   Complete ONLY if direct   Candidate / Officeholder name   Officeholder   Offi	,	Other	Christmas For Kills Donation
Amount (\$) Payee address; City; State; Zip Code  P. O. BOX 326 — 4/1 6th St. Sunta Rosh Tx 7857.  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Candidate / Office holder name  Candidate / Office holder name  Category (See Categories listed at the top of this schedule)  Candidate / Office holder name  Office sought  Category (See Categories listed at the top of this schedule)  Payee name  Candidate / Office holder name  Category (See Categories listed at the top of this schedule)  Payee name  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Office hold  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office hold  Office hold			Office sought Office held
Amount (\$)  Payee address; City; State; Zip Code  P. O. BOX 326 -4/1/ 6th St. Santa Rosh Tx 7854  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office sought  Category (See Categories listed at the top of this schedule)  Date  Payee name  Category (See Categories listed at the top of this schedule)  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held			
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Office holder name  Candidate / Office Categories listed at the top of this schedule)  Description Check if Austin, TX, officeholder living expense  Parada entry FEE  Candidate / Office holder name  Office sought  Office holde  Payee name  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  OFfice holder living expense  Camplete ONLY if direct  Candidate / Officeholder name  Office sought  Office sought  Office hold		City of Santa Rosa	L
PURPOSE OF EXPENDITURE  Category (See Categories fisted at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Category (See Categories fisted at the top of this schedule)  Payee address;  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  OFfice sought  Office held  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Payee name  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Office held  Office held  Office sought  Office held	\$25.	P. O. BOX 326 -411	6th St. Santa Rosh Tx 78593
Complete ONLY if direct expenditure to benefit C/OH  Payee name  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Check if Austin, TX, officeholder living expense  Purpose OF EXPENDITURE  Candidate / Officeholder name Office sought Office held  Description Check if Austin, TX, officeholder iving expense  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct  Candidate / Officeholder name  Office sought Office held		Category (See Categories listed at the top of this schedule)	
EXPENDITURE  Fees  Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct  Candidate / Officeholder name	And the second of the second o	ı	
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Amount (\$)  Payee address; City; State; Zip Code  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held			Office sought Office held
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PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held			
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held			
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EXPENDITURE  Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name			
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Office field	1	1	1
expenditure to benefit C/OH		Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

# **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages		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 F2	2 FILER	MAME MANZA-1	Pevez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITE		PAID INCURRED OBLI			\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address; City; State;	Zip Code				
9 TYPE OF EXPENDITURE	F	olitical	Non-Political				
10	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description	n		
PURPOSE				Check if to	ravel outside of Texas. Complete Schedule T.		
O F EXPENDITURE					Austin, TX, officeholder living expense		
EXPENDITORE				Joneck ii	Austri, 17, Unicendider living expense		
11 Complete ONLY if direct expenditure to benefit C/Ol		idate / Officeholder name	Office	sought	Office held		
Amount (\$)	Payee a	ddress; City; State;	Zip Code				
TYPE OF EXPENDITURE	Po	blitical	Non-Political				
	Categor	✓ (See Categories listed at the top of this	schedule)	Description	ı		
PURPOSE				Check if tra	avel outside of Texas. Complete Schedule T.		
OF EXPENDITURE				Check if	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	Office	sought	Office held		
,							
	ATTACH	ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEE	DED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule F3:		
2	FILER NAME	Sylvia Garza-Perez	3	Filer ID	(Ethics Commissi	on Filers)	
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom investment is purchased; City	 y;		State;	Zip Code	
		7 Description of investment					
		8 Amount of investment (\$)					
	Date	Name of person from whom investment is purchased					
		Address of person from whom investment is purchased; City	 ⁄;		State;		
		Description of investment					
		Amount of investment (\$)					
	•						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Food/Beverage Expense Polling Exper By Gift/Awards/Memorials Expense Printing Expe		Transportation Equipment & Related Expensi Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to con	nplete this form.	
1 Total pages Schedule F4:	2 FILERNAME SYNVIA GANZA - PEVEZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRE		\$
5 Date	6 Payee name		ocument of the second
7 Amount (\$)	8 Payee address; City; State; Zip Code		A Bank to Table to the control of th
	11 × 2000 E + 1 0x 1 1 ego 1		with the second of the second
9 TYPE OF EXPENDITURE	Political Non-Politic	cal	m STong
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n
PURPOSE		Check if to	ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if	Austin, TX, officeholder living expense
a = -	· · · · · · · · · · · · · · · · · · ·		
Date	Payee name		T mag = F
Amount (\$)	Payee address; City; State; Zip Code	Taller Talle	Allen Services
TYPE OF EXPENDITURE	Political Non-Politic	cal	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	e sought	Office held
į.			- Su 18
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NEED	DED

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense Accounting/Banking		Office Overhead/Rental Expense	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District		
Contributions/Donations Made		Printing Expense	Travel Out Of District		
Candidate/Officeholder/Politi		Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains	how to complete this form.			
			_		
1 Total pages Schedule G:	2 FILER NAME YUR CLANZA-S	D. '	3 Filer ID (Ethics Commission Filers)		
	1 2)11 hora cawah-	tevez			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip C	Code			
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Reimbursement from political contributions					
intended					
0	(a) Cotogon (Con Ontono linted at the top of this pohed	lule) (b) Description			
8 PURPOSE	(a) Category (See Categories listed at the top of this sched				
OF		Check if travel outside	le of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T	X, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/0	ЭН	S			
•					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip C	`ada			
Amount (\$)	Fayee address, Oity, State, Zip C	Jode			
Reimbursement from political contributions					
intended					
	Category (See Categories listed at the top of this sched	ule) (b) Description			
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OF		Check if travel outsid	e of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T.	X, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip C	ode			
Αποαπ (ψ)	rayee address, Ony, Olate, Zip e	,oac			
Poimburgartf					
Reimbursement from political contributions					
intended					
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EXPENDITURE		Check if Austin, T	K, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/C	DH .				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

# SCHEDULE H

#### **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)

des acce	The Instruction Guide explains how to complete this form.
1 Total pages Schedule H:	2 FILER NAMES 4 VIA Garza-Perez 3 Filer ID (Ethics Commission File
Date	5 Business name
Amount (\$)	7 Business address; City; State; Zip Code
	A CONTRACTOR OF THE CONTRACTOR
PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held  OH
Date	Business name
5-1	
Amount (\$)	Business address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
1	Candidate / Officeholder name Office sought Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILERNAME 4/101a Elarza-Perez 3 Filer ID (Ethics Commission				
4 Date / 7/10/2015	Lone Star National Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
<i>₱</i> /.	2100 Brea Chica Blud. Bro TX 78521				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type of information		
	Fees	Bank charge			
Date 8/10/2015	Payee name Lone Star National Bi	ink			
Amount (\$)	Payee address; City; State; Zip Code				
<b>≯</b> /.	2000 Breachien Blud.	Bro Tx	78521		
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information		
EXPENDITURE	Tees	Bank	Change		
9/10/2015	Lone Star National				
Amount (\$)	Payee address; City; State; Zip Code		. 1		
\$1.	2100 BraChica Block	, Bro. T	W 78521		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information		
	Fees	Bank	Charge		
10/69/2015	Lone Star Nationa	1 Bink			
Amount (\$)	Payee address; City; State; Zip Code				
\$1.	2100 Boca Chica Br	). TX 78	521		
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type of information		
EXPENDITURE	Vees	Bunh	tharse		
	,				

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME SYNIA GARZA-Perez	3 Filer ID (Ethics Commission Filers)	
4 Date/ //////2015	5 Payee name Lone Stay National Bill	ink	
6 Amount (\$)	7 Payee address; City; State; Zip Code 2100 Boca Check Blud	. Bro. Tx. 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)  Bank fee charges	
Date /2/10/2015	Payee name Lone Star National &		
Amount (\$)	Payee address; City; State; Zip Code  2100 Boca Chica Bluce	d. Bro. Tx. 78521	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)  Bank Ree charges	
Date	Payee name	o after energy	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name	a on regions to the state of th	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The Instruction Guide explains how to complete this form.  1 Total pages Scher		dule K:		
2 FILER NAME	Sylvia Garza-Pevez	3 Filer ID (Ethics	s 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 Check if	political contribution	returned to filer	
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 Check if	political contribution	returned to filer	
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 Check if	political contribution	returned to filer	
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 Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. ylvia Garza-Pévez 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 \_\_ Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule G Schedule H Schedule F4 Schedule COH-UC | Schedule B-SS 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 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule G Schedule F4 Schedule H Schedule COH-UC Schedule B-SS 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 A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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	Sylvia Garza-Perez 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	ing a re	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign tions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	conly one:
		I do not have unexpended contributions or unexpended interest or income 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
	Checl	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 income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5 (		HOLDER lete this section <i>only</i> if you are an officeholder ··
		am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on ite. 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

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