# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  12 CAMERON COUNTY	
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr first Fausto	MI	Date Received	
	NICKNAME LAST	SUFFIX	FEB 0 i 2016	
	Martinez		Q ARA	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX; APT / SUITE#; CITY; 3105 E 25th Street	STATE; ZIP CODE	Date Hand-delivered or Postmarked	
ADDRESS  change of address	Brownsville, Texas 78521		Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
OFFICEHOLDER PHONE	( 956 ) 266-0404		541011000000	
6 CAMPAIGN TREASURER	ms/mrs/mr First Alberto	MI	Date Imaged	
NAME	nickname last Velez	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (no po box please); apt/suite#; 1670 Briarwyck Dr. Brownsville, Texas 78520	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 956 ) 346-4735	EXTENSION		
9 REPORT TYPE	January 15 X 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH 09 / 14 / 2015	Month Day 01 / 31 /	Year 2016	
11 ELECTION	ELECTION DATE Day Year Year Nonth 2016	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

4:22 pm

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

P.O. Box 12070

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 AC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR
# 8 <b>8 10</b> * 8	COMMITTEE TYPE	COMMITTEE NAME , COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT	and the second s	I swear, or affirm, under penalty of perjury is true and correct and includes all inform	
Note M	ALBERTO VELEZ ary Public, State of T y Commission Expir October 27, 2019	es / / / /	or Officeholder
AFFIX NOTARY STAMI	P / SEAL ABOVE		a a
Sworn to and subs	scribed before r	me, by the said <u>Fausto Martinez</u>	, this the
1.4	of February	7 , 20 16 , to certify which, witness my ha	
		Alberto Velez 1	Jotary tublic
Signature of officer admil	nistering oath	Printed name of officer administering oath Tit	tle of officer administering oath

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

P.O. Box 12070

#### SCHEDULE A

	The	Instruction Guide explains how to complete this f	form.	1 Total pages Scho	edule A:		
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
-		6 Contributor address; City; State; Zip Code	NM				
				(If travel outside o	of Texas, complete Schedule T)		
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code	NA		 		
	!			(If travel outeido o	of Texas, complete Schedule T)		
ļ	Principal occur	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or revas, complete solleddie 1)		
	ETHICIPAL OCCUL	Second 200 and (ode manufactor)					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Contributor address; City; State; Zip Code	NA				
					of Texas, complete Schedule T)		
	Principal occup	pation / 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	NA	Of Annual autolitic	of Tours complete Schodule TV		
<u> </u>	Deinging!	pation / Job title (See Instructions)	Employer (See !		of Texas, complete Schedule T)		
	Frincipal occul	Dation / Job title (See mandchons)	Filibiokei (oee i				
	Data	Full name of contributor	, I	Amount of	In-kind contribution		
	Date	Cut-of-state PAC (ID#:		contribution (\$)	description (if applicable)		
		Contributor address; City; State; Zip Code	W/1		   		
				(If travel outside	of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I				
$\vdash$		- In the second					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

	PLEDGED CONTRIBUTIONS			SCHEDULE B
	The Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2	FILER NAME		3 ACCOUNT # (Et	hics Commission Filers)
4	TOTAL 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	NA		
980010				f Texas, complete Schedule T)
10	Principal occupation / Job title (See Instructions)	11 Employer (See In	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	W)A		
			 (If travel outside o	f Texas, complete Schedule T)
	Principal occupation / 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	W)A		
	Principal occupation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
	the following th	Employer (See II	istructionis)	
	Date Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	NA		
š	Principal occupation / 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		1	
			(If travel outside of	f Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
	ATTACH ADDITIONAL COPIES OF			requirements.

	LOANS				SCHEDULE E
	The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ges Schedule E:
2	FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
4	TOTA	L OF UNITEMIZED LOANS:	\$ \$\phi\$ \$\phi\$	⇒	\$
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; 2	Zip Code D		10 Interest rate
	Y N		1.		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	e deposited	l into political account
16	GUARANTOR INFORMATION  not applicable	17 Name of guarantor  18 Guarantor address; City; S	State: Zip Code		19 Amount Guaranteed (\$)
20	Principal Occupati	on (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender [	out-of-state PAC (ID#	)	Loan Amount (\$)
**	is lender a financial Institution?	Lender address; City; State;	Zip Code W	ر. · · · ·	Interest rate
	Y N				Maturity date
		on / Job title (See Instructions)	Employer (See Instructions)	,	
	Description of Colla	ateral	Check if personal funds were	deposited	into political account
	GUARANTOR INFORMATION	Name of guarantor	**************************************		Amount Guaranteed (\$)
	not applicable	Guarantor address; City;	State; Zip Code	¥ · · · ·	
	Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
	lf len	ATTACH ADDITIONAL COPII der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NE ruction guide for additional re		quirements.

	POLITICAL	EXPENDITURES		SCHEDULE F
	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C	ges/Contract Labor Fundraising Expense strict Of District Candinated/Rental Expense  Loan Rep Transport Contribut Candinated/Rental Expense  Contribut Candinated/Rental Expense  Contribut Candinated/Rental Expense	payment/Reimbursement tation Equipment & Related Expense ions/Donations Made By date/Officeholder/Political Committee enter a category not listed above)
1	Total pages Schedule F:	2 FILER NAME	3 A	ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	N /6	
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel out	side of Texas, complete Schedule T)
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	Date	Payee name	NIF	+
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	Date	Payee name	NA	,
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
	Date	Payee name		
	Amount (\$)	Payee address; City; State; Zip Cod	e Aff	
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
	Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(512) 463-5800

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

6 Amount (\$)

Reimbursement from

8

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

City; State; Zip Code

Reimbursement from	
political contributions	

intended (a) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE

7 Payee address;

(b) Description (If travel outside of Texas, complete Schedule T)

Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	

intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

OF EXPENDITURE		,,,,,	
		 <del>, \</del>	
Date	Pavee name		

Date	Fayee hame		WA	
Amount (\$)	Payee address;	City; State; Zip Code	1	
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	n) A
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from		

	political contributions intended		
E	PURPOSE OF XPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **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

P.O. Box 12070

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)

Fees	Printing Expense Office Overhead	Rental Expense OTHE	ER (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		
onar some			
6 Amount (\$)	7 Business address; City; State; Zip Code	0 1	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name	,	
Amount (\$)	Business address; City; State; Zip Code	A	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	ol outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	Ø	7
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	I outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

Austin, Texas 78711-2070

### SCHEDULE I

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

#### **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

(TDD 1-800-735-2989)

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

	The instruction outde explains now to	
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	NA
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	NIP
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	N M
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	NA
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	SCHEDULE AS NEEDED

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

#### SCHEDULE K

		1
Th	te Instruction Guide explains how to complete this form.	Total pages Schedule K:
2 FILER NAME	ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	······
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	NA
	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	NA
	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	
	Purpose for which amount is received  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	SNEEDED

(512) 463-5800

## IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

				1
SC	HE	וח		
$\sim$		-	/ 느 느	

(TDD 1-800-735-2989)

The Instru	uction Guide	explains how to	complete this form	n.	1 Total pages Schedule T:	
2 FILER NAME					3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor /	Corporation of	or Labor Organizati	on / Pledgor / Payee			
5 Contribution / Expend	liture reported	on:				
Sch	nedule A	Schedule B	Schedule C	Schedule	D Schedule F Schedule G	
Sch	nedule H [	Schedule N	COH-UC	СОН-Т	PAC-C PAC-E	
6 Dates of travel	7 Name of person(s) traveling					
SK		e city or name of de				
	9 Destinati	on city or name of o	destination location			
10 Means of transportat	ion	11 Purpose of trav	vel (including name o	of conference, se	eminar, or other event)	
Name of Contributor /	Corporation o	Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendit	ure reported o	on:				
Sch	nedule A [	Schedule B	Schedule C	Schedule	D Schedule F Schedule G	
Sci	hedule H	Schedule N	COH-UC	COH-T	PAC-C PAC-E	
Dates of travel	Name of p	erson(s) traveling				
N. W.	Departure city or name of departure location					
<i>(</i> ,	Destination city or name of destination location					
Means of transportation	ר	Purpose of travel	(including name of	conference, sem	inar, or other event)	
Name of Contributor /	Corporation o	r Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendi	ture reported o	on:				
Sch	nedule A [	Schedule B	Schedule C	Schedule	D Schedule F Schedule G	
Sch	nedule H [	Schedule N	Сон-ис	СОН-Т	PAC-C PAC-E	
Dates of travel	Name of po	erson(s) traveling				
1/2	Departure o	city or name of depa	arture location			
, ,	Destination	city or name of de	stination location			
Means of transportation	n	Purpose of trave	(including name of	conference, sem	inar, or other event)	
	l A1	TTACH ADDITION	IAL COPIES OF TH	IIS SCHEDULE	AS NEEDED	

#### **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

		The Instruction Guide explains how to complete th •• Complete only if "Report Type" on page 1 is marked "i	is form.
			Final Report" ••
1	C/OH N	NAME	2 ACCOUNT # (Ethics Commission Filers)
3	SIGN	ATURE	
	report a	expect any further political contributions or political expenditures in connection with my as a final report terminates my campaign treasurer appointment. I also understand that I reasurer appointment on file.	
			9
		Signa	ture of Candidate / Officeholder
		R WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	sk only one:	
		I do not have unexpended contributions or unexpended interest or income earned from	n political contributions.
		I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or income earned use. I also understand that I must file an annual report of unexpended contributions contributions or unexpended interest or income earned on political contributions long report. Further, I understand that I must dispose of unexpended political contributions earned on political contributions in accordance with the requirements of Election Code,	ed on political contributions to personal and that I may not retain unexpended ger than six years after filing this final as and unexpended interest or income
	В.	ASSETS	
	Chec	sk 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 p I may not convert assets purchased with political contributions or interest or other income use. I also understand that I must dispose of assets purchased with political contribution of Election Code, § 254.204.	from political contributions to personal
			Signature of Candidate
5	OFFIC	CEHOLDER	
		plete 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 doe I am also aware that I will be required to file reports of unexpended contributions if, af officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	fter filing the last required report as an
			Signature of Officeholder