EVERARDO SOLIS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Buide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | | |
|--|--|--|---|--|--|--|--|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS/MRS/MR FIRST MC EVERACO NICKNAME LAST | OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; | CITY; STATE; ZIP CODE | JAN 1 3 2020 | | | | |
| Change of Address | 27521 S White Range | L rd La Feria 78559 | BY: allxardracuent | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (956) 793-5224 | EXTENSION | Date Hand-delivered or Date Postmarked | | | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MCS VIVMC NICKNAME LAST | Receipt # Amount \$ Date Processed | | | | | |
| | Sons | | Date Imaged | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE | | | | | | |
| (Residence or Business) | 27521 S Willited Gara | cal la Finia | Tx 78559 | | | | |
| 8 CAMPAIGN TREASURER PHONE | 27521 Swhiteikanch rd Caferia Tx 78559 AREA CODE PHONE NUMBER EXTENSION (956) 793-5224 | | | | | | |
| 9 REPORT TYPE | January 15 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | | | |
| | July 15 Sth day before ele | ection Exceeded \$500 limit | Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year 7 / 2019 | THROUGH 12/ | Day Year / 31 / 2019 | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary | ELECTION TYPE Runoff Other | | | | | |
| | 3 /3 /2020 General | Description Special | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (If known |) | | | | |
| | Cameran County Constitute | PCTS Corneron County (| Conshible PCTS | | | | |
| | GO TO | GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 15 File | er ID (Ethics Commission Filers) | | | |
|--|--|---|----------------------------------|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| Additional Pages | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| 17 CONTRIBUTION TOTALS | PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ | | | |
| , , , | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$5,151.16 | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 215.10 | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 959.91 | | | | | |
| 18 AFFIDAVIT | | | | | | |
| NORMA RIOS NOTARY PUBLIC, STATE OF TEXAS MY COMM. EXP. 06/22/2021 NOTARY ID 13118393-0 | | | | | | |
| Signature of Candidate or Officeholder | | | | | | |
| AFFIX NOTARY STAMP / SEALABOVE | | | | | | |
| Sworn to and subscribed before me, by the said <u>EVLVAVAO SOUS</u> , this the <u>3rd</u> | | | | | | |
| day of <u>MMMM</u> , 20 <u>20</u> , to certify which, witness my hand and seal of office. | | | | | | |
| Morning | Morma Ris Administrative Assistant. | | | | | |
| Signature of officer administering 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 20 Filer ID (Eth | ics Commission Filers) | | | |
|-----|--|------------------------|--|--|--|
| | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,150 | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | | | |
| 4. | SCHEDULE E: LOANS | \$ | | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$3,631.32 | | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C | /он \$ | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | | | |
| | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Everardo Solis 4 Date out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Jane Delaunas 6 Contributor address; City; State; Zip Code 7/10/19 0012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) None Non e Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Nicole Renee Daniel Contributor address; City; State; Zip Code 8/23/19 \$500,00 Principal occupation / Job title (See Instructions) STIY WILD Laurel Harringen Tx 78552 Employer (See Instructions) Police Officer Cameron County Constable PCTS Date Full name of contributor ut-of-state PAC (ID#:___ Amount of contribution (\$) Jaime Sanchez Contributor address; City; State; Zlp Code 9/3/19 \$100.00 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Ernesto Conzalez Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Police Officer Cameran County Constable PCTS ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) trerardo Solis 5 Full name of contributor 4 Date ut-of-state PAC (ID#:_ 7 Amount of contribution (\$) Macario 1 Mesia 6 Contributor address; City; \$200,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | EXPENDITURE CATEGOI | RIES FOR BOX 8(a) | |
|---|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment | Fees Of Food/Beverage Expense Po By Gift/Awards/Memortals Expense Pr al Committee Legal Services Sa | an Repayment/Reimbursement fitee Overhead/Rental Expense Illing Expense Inting Expense Ilarles/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
| | The Instruction Guide expiains ho | ow to complete this form. | • |
| 1 Total pages Schedule F1: | 2 FILER NAME Everado Solis | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 7/22/19 | MS Designs | | |
| 6 Amount (\$) | 7 Payee address; | Cíty; | State |
| | | Olty, | State; Zip Code |
| \$115.02 | 1405 S. Palm Court | Harrinsen | Th 78550 |
| 8 | (a) Category (See Categories listed at the top of this sched | tule) (b) Description | |
| PURPOSE | | | |
| OF EXPENDITURE | Advestising | | |
| | — | | |
| | | le T. Check If Austli | n, TX, afficeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate / Officeholder name | Office sought | Office held |
| | Luerardo Solis | <u>Cane</u> | on County Constable Poss |
| Date | Payee name | | |
| 7/3/19 | MS Designs | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| | | | |
| \$95.80 | 1405 S. Palm Court | Marking | T/ 30000 |
| <u> </u> | Category (See Categories fisted at the top of this schedul | Halingen Description | 1X 78550 |
| PURPOSE | S S C S S S S S S S S S S S S S S S S S | Description | |
| OF | N 1 | | |
| EXPENDITURE | Advertising | | |
| | 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 |
| expenditure to benefit C/OH | Everardo Solis | ^ | |
| D-4- | | Carnero | 1 County Constable Pests |
| Date | Payee name | | |
| alchia | 000 0 | | |
| Amount (\$) | MS Designs | | |
| Amount (4) | Payee address; | City; | State; Zlp Code |
| \$ 1122.00 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | |
| \$ 433.00 | 1405 5 Palm Court | Harlinger | n Tx 78550 |
| | Category (See Categories listed at the top of this schedule |) Description | |
| PURPOSE OF | | | |
| EXPENDITURE | Advertising | | |
| | Check if travel outside of Texas. Complete Schedule | T. Chaok if Augusta | TV AEL-LUI P. |
| Complete ONLY If direct | Candidate / Officeholder name | | TX, officeholder living expense |
| expenditure to benefit C/OH | | Office sought | Office held |
| | Everando Solis | Cameron | Country Constable PCTS |
| | ATTACH ADDITIONAL COPIES OF T | HIS SCHEDULE AS NEED | DED |
| nome a secretal and have Taylor - 17th to | A 1 1 | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officehoider/Political Committee
Craft Card Payment

Event Expense
Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Mysnes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Travel Out Of District
Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor 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) <u>Verardo</u> Solis 4 Date 5 Payee name MS 6 Amount (\$) 7 Payee address: City; State; Zip Code 242.75 raim Court (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** OF EXPENDITURE Advertising Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Everando Date Pavee name M5 Designs City: State: Zip Code 1405 5 Palm Court
Category (See Categories listed at the top of this schedu Harlingen **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City; State: Zip Code tarlinson **PURPOSE** Advertisins **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Sous Vurde County Constable 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 Glff/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salarles/Wagas/Contract Lebor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Candidate/Officeholder/Politica Credit Card Payment | al Committee | Legal Services | Salaries/V | Nages/Contract Labor | Travel Out Of Dist Other (enter a cate | rict egory not listed above) |
|--|--------------|-----------------------------------|-------------------------|----------------------|---|---|
| - Symbol | | The Instruction Gu | ide explains how to | complete this form. | | • · · · · · · · · · · · · · · · · · · · |
| 1 Total pages Schedule F1: | 2 FILER N | AME Everardo S | Salis | | 3 Filer ID (Eth | les Commission Filers) |
| 4 Date | 5 Pavee na | TOPIONO C | <u> </u> | | | |
| 10/21/19 | Me | | | | | |
| 6 Amount (\$) | 7 Payee ad | | | City; | State; | Zip Code |
| \$216.50 | 1405 | S. Palm | Court H | wlinsen | Tx - | 70564 |
| 8 ` | (a) Categor | y (See Categories listed at I | | (b) Description | | 78550 |
| PURPOSE | | | , | (, | | |
| OF | Λ | 1 | | | | |
| EXPENDITURE | | luertising | | | | |
| | (c) | Check If iravel outside of Texa | | Check if Aust | in, TX, officeholder livi | ng expense |
| 9 Complete ONLY If direct expenditure to benefit C/OH | | ate / Officeholder nan | _ | Office sought | | Office held |
| exhaugitate to petietit C/OL | <u>'</u> | verando Sa | 2165 | Cameron | Country | onstable PCTS |
| Date | Payee na | me | | | | |
| Amount (\$) | Payee ad | dress; | | Clty; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the | e top of this schedule) | Description | | |
| | | Check if travel outside of Texas | s. Complete Schedule T. | Check if Austi | n, TX, officeholder livin | д өхрөпsа |
| Complete ONLY if direct expenditure to benefit C/OH | | ate / Officeholder nam | le . | Office sought | | Office held |
| Date | Payee na | me | | | | |
| Amount (\$) | Payee add | tress; | | 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 |) expanse |
| Complete ONLY If direct expenditure to benefit C/OH | Candida | te / Officeholder nam | ne | Office sought | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cantributions/Donations Made By

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanas/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

| Contributions/Donations Made E Candidate/Officeholder/Politic | | Glft/Awards/Men | norials Expense | | oense ages/Contract Labor | Travel in District Travel Out Of Distr Other (enter a cate) | ict gory not listed above) |
|--|--------------|------------------------------------|-------------------------|--------------|------------------------------|---|---|
| | | The Instructi | on Guide explai | ns how to co | mplete this form. | | |
| 1 Total pages Schedule F4: | 2 FILER | NAME | | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 TOTAL OF UNITEM | IZED EXF | ENDITURES CHARGED TO A CREDIT CARD | | EDIT CARD | \$ 3,631.32 | | |
| 5 Date | 6 Payee | name | | | | *************************************** | |
| 8/5/19 | MS | Desis | ns | · 1100as | y dinibit. | | |
| 7 Amount (\$) | 8 Payee | address; | | | City; | State; | Zip Code |
| \$2.610.12 | 1405 | 5 Pal | m Cour | -+ | Harling | en Tr | 78550 |
| 9 TYPE OF EXPENDITURE | | Political | | Non-Pol | | | |
| 10 | (a) Categor | y (See Categories li | sted at the top of this | schedule) | (b) Description | · · · · · · · · · · · · · · · · · · · | |
| PURPOSE OF | | | | | | | |
| EXPENDITURE | 1 | <u>luertisi</u> | <u> 19</u> | | | | |
| · · · · · · · · · · · · · · · · · · · | (c) | Check If travel outside | le of Texas. Complete | Schedule T. | Check if Aus | stin, TX, officeholder livi | ng expense |
| 11 | Can | didate / Officeh | older name | Of | fice sought | Office | held |
| Complete ONLY if direct expenditure to benefit C/OH | E | - - - - Verayd | <u>0 Sol(S</u> | | ameron Co | ounsy Cor | Stuble Pots |
| Date | Payee | name | on miles | | | | Yellinda |
| MISING | M | 5 Desig | ?n? | | | | |
| Amount (\$) | | address; | J | | City; | State; | Zip Code |
| | | | | | - | · | · |
| 1,021.20 | 140 | 550 | alm Co | JU(+ | Harlinge | n Tx | 78550 |
| TYPE OF EXPENDITURE | | Political | | Non-Pol | itical | | |
| | Categor | y (See Categories II | sted at the top of this | schedule) | Description | 1-1 | *************************************** |
| PURPOSE | | | | | | | |
| OF Expenditure | $\square Ad$ | vertisi | 19 | | | | |
| | | | te of Texas, Complete | Schedule T. | Check if Aus | stin, TX, officeholder livi | ng expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Can | didate / Officeh | older name | Off | ice sought | Office I | neld |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ATTAC | H ADDITION | AL COPIES O | F THIS SO | HEDULE AS NEE | -DFD | |
| | | | | | | | |

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 Everando Sulis | 2 Filer ID (Ethics Commission Filers) | | | | | |
| 3 | SIGNA | | | | | | | |
| | 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 | | RWHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. •• | | | | | | |
| | A. | CAMPAIGN FUNDS | | | | | | |
| | Checi | ck only one: | | | | | | |
| | | I do not have unexpended contributions or unexpended interest or incom | ne earned from political contributions. | | | | | |
| | | I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interestoral use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on pothis final report. Further, I understand that I must dispose of unexpended income earned on political contributions in accordance with the requirement. | rest or income earned on political contributions to nexpended contributions and that I may not retain political contributions longer than six years after filing difficult contributions and unexpended interest or | | | | | |
| | В. | ASSETS | | | | | | |
| | Check | k 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 that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204. | erest or other income from political contributions to | | | | | |
| 5 | | EHOLDER plete this section only if you are an officeholder •• | | | | | | |
| | | I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended cont officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | ributions if, after filing the last required report as an | | | | | |