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 /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Thomas	.—	Date Received
1 44 FIA1 Pm	NICKNAME LAST	SUFFIX	
	Jeff Chency	Jr	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING	11377 Deep Canyon T	Y	Date Hand-delivered or Postmarked
ADDRESS change of address	Frisco TX 75033		Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	*** **********************************
OFFICEHOLDER PHONE	(a14) 707 7320		Date Processed
6 CAMPAIGN	MS/MRS/MR) FIRST	MI	Date Imaged
TREASURER NAME	Chad		
	NICKNAME LAST	SUFFIX	
	Rudy	70-401-14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIPCODE
TREASURER ADDRESS	12186 Kennedall Dr		
(residence or business)			
	Frisco 1x 75033		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(214) 705-8509		
			AND THE PROPERTY OF THE PROPER
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Exceeded \$500	(officeholder only) Final report (Attach C/OH - FR)
	var, var, var, var, var, var, var, var,	Exceeded \$500 Ilmit	
10 PERIOD	Month Day Year	Month Day	Year
COVERED	7/16/2012 THROUGH	1/15/	/ ኃላ1 ኃ
		، ن ، 	2013
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff	General Special
	5/11/2013		
12 OFFICE	OFF(CE HELD (if any)	13 OFFICE SOUGHT (if known)	
	City Councis, Place 2		77. H-1407-41-1407-41-1407-41-14
	GOTOPAG	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

			
14 C/OH NAME		15 A	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	e's or officeholder's knowledge or
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
	- 	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0/
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 1,886.35
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 8,000
18 AFFIDAVIT	WENDY E. WITHER My Commission Exp November 12, 201	ires	mation required to be reported by
Sworn to and subs		me, by the said of the chily which, witness my h	this the
Signature of officer admir	nistering oath	Windy Whers No Printed name of officer administering oath	Title 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	s form.	1 Total pages Sch	nedule A:
2	FILER NAME			3 ACCOUNT # (E	ithics 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			 -
				(If travel outside	I of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State: Zip Code			;
				(If issued outside a	at Tayon, complete Schodule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			:
				(If traval outside)	 of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete considered by
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; Clty; State; Zip Code		:	
				(If traval outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		Toxas, complete deficação 17
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code			
				If traval outside	of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I		, read, complete contents in
		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
	If o	ontributor is out-of-state PAC, please see instri	uction quide foradd	Itional reporting	requirements.

12) 463-5800	(TDD 1-800-735-2989)

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	dule B:
2 FILER NAME	=		3 ACCOUNT # (Eth	ics Commission Filers)
4 TOT	TAL OF UNITEMIZED PLEDGES:	ф ф ф	□ ⇒ ⇒	\$
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	,		
			· '	Texas, complete Schedule T)
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See I	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 of	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	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 of	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	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			
			·	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	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 of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
lf (ATTACH ADDITIONAL COPIES O			equirements.

www.ethics.state.tx.us Revised 09/28/2011

P.O. Box 12070

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	>	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 is lender a financial institution?	8 Lender address; City; State; 2		10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (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; 2	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral .	Check if personal funds were o	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	tate; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	L. L. L. J. L. Carre L. L. Carre L. L. Carre L. L. Carre
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEE!	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

ļ				
	EXPENDITURE CATEGORIES	S FOR BOX 8(a	<u> </u>	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/G	• •	Loan Repayment/Reimbursemen	ıt
Accounting/Banking	Legal Services Solicitation/Fund		Transportation Equipment & Rela	
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By	•
Event Expense	Polling Expense Travel Out Of Di	strict	Candidate/Officeholder/Politic	
Fees	Printing Expense Office Overhead		OTHER (enter a category not list	ted above)
	The Instruction Guide explains how to	oomplete this fo	orm.	•
4. Total pages Cabadula E				
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Con	imission Filers)
4 Date	5 Payee name			
C Amount (C)	7 Davis address: City State: 7th Code			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
		T		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description) (if travel outside of Texas, complete Sch	adule T)
OF EXPENDITURE				
EXPERIENCE				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office i	held
expenditure to benefit C/C	DH .			
	Г ш			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
7 111100111 (47)	only, chaic, Elp code			
		T == 1.1		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Sche	dule T)
OF EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office h	reld
expenditure to benefit C/C	PH .			
Data	Daves asms			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
DUDDOOF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Sche	idule T1
PURPOSE OF	Category (See categories asted at the top of this schedule)	Description	(ir traver outside or rexes, complete oche	dale 1)
EXPENDITURE				
	Candidate / Officeholder name		Off - 1	1_1
Complete ONLY if direct		Office sough	ht Office h	leia
expenditure to benefit C/O	n			
Date	Payee name			
Date	T ayee hante			
Amount (\$)	Payee address; City; State; Zip Code			
BUBBOOK	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Sche-	dulo T\
PURPOSE OF	Category (Geo categories instead at the top of this schedule)	Description	(Il travel outside of Texas, complete sche-	udie 1)
EXPENDITURE				
	0-10-1-10/6-1-1	L		
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office h	eid
expenditure to benefit C/C)H			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED	
	AT IACTIADDITIONAL COFFEG OF THIS	OVI ILDULE NO	1 1 L L L L L L L L L L L L L L L L L L	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Printing Expense

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

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

i	The manualion outdo explains non to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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 travel outside of Texas, complete Schedule T)
THE PROPERTY OF THE PROPERTY O	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE 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 Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

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

Travel Out Of District

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

Fees	Printing Expense Office Overhead The Instruction Guide explains how to		IER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME) complete and loui.	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 calegories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
9 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 (Iftrave	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		The state of the s
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	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 (Iftrave	el outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEET	OFD

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

1 665	The instruction Guide explains how 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	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See Instructions regarding type of Information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of Information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See Instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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

P.O. Box 12070

SC		Er	11	1 \$	= K	•
SU	84	-	91 I	I ∌	- F	

•	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NA	ME	3 ACCOUNT # (Ethics Commission Filers)
Date	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	
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	<u> </u>
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS			
The Instructio	on Guide explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corp	poration or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:			
Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G			
Schedule H Schedule N COH-UC COH-T PAC-C PAC-E			
6 Dates of travel 7	7 Name of person(s) traveling		
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	e A Schedule B Schedule C Schedule	D Schedule F Schedule G	
Schedul	e H Schedule N COH-UC COH-T	PAC-C PAC-E	
Dates of travel Name of person(s) traveling			
De	Departure city or name of departure location		
De	estination city or name of destination location		
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure re	eported on:		
Schedule	e A Schedule B Schedule C Schedule	D Schedule F Schedule G	
Schedule	H Schedule N COH-UC COH-T	PAC-C PAC-E	
Dates of travel Name of person(s) traveling			
Dep	Departure city or name of departure location		
Des	stination city or name of destination location		
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

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	INAME	2 ACCOUNT # (Ethics Commission Filers)	
3 SIGN	NATURE		
report	ot expect any further political contributions or political expenditures in connection w t as a final report terminates my campaign treasurer appointment. I also understand ke any campaign expenditures without a campaign treasurer appointment on file.	d that I may not accept any campaign contributions	
		Signature of Candidate / Officeholder	
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••		
Α.	CAMPAIGN FUNDS		
Che	eck only one:		
	I do not have unexpended contributions or unexpended interest or income earne	ed from political contributions.	
	I have unexpended contributions or unexpended interest or income earned from not convert unexpended political contributions or unexpended interest or income use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contribution report. Further, I understand that I must dispose of unexpended political contributions on political contributions in accordance with the requirements of Election	ne earned on political contributions to personal putions and that I may not retain unexpended ons longer than six years after filing this final ributions and unexpended interest or income	
В.	ASSETS		
Che	eck only one:		
	I do not retain assets purchased with political contributions or interest or other la	ncome from political contributions.	
	I do retain assets purchased with political contributions or interest or other income I may not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political cont of Election Code, § 254,204.	income from political contributions to personal	
		Signature of Candidate	
	ICEHOLDER mplete this section <i>only</i> if you are an officeholder ••		
	I am aware that I remain subject to filing requirements applicable to an officeholder was a lam also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ns if, after filing the last required report as an	
		Signature of Officeholder	