

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

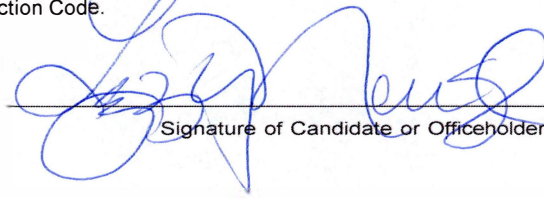
1 Filer ID (Ethics Commission Filers)
453836634

2 Total pages filed: 12

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
		Lizzy	A	Date Received	
		Newsome			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	2919 O'Henry Dr.		Laredo, Tx		78041
	Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(956)	251- 4699		Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Darlene	M		
		Rogers			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	509 Surrey Rd			Laredo, Tx	
	(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(956)	282-2080			
9 REPORT TYPE	January 15	<input checked="" type="checkbox"/> 30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	Month	Day Year
	8	26	24	9	26 24
	THROUGH				
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	Primary	Runoff
	11	5	24	<input checked="" type="checkbox"/> General	Other Description Office holder
				Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
				Laredo College Board #5	
14 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 / 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		

18 SIGNATURE

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 Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

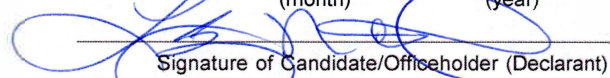
OR

(2) Unsworn Declaration

My name is Lizzy Newsome, and my date of birth is 08/31/1972

My address is 2919 O'Henry, Laredo, TX, 78041, USA
(street) (city) (state) (zip code) (country)

Executed in Webb County, State of Texas, on the 05 day of October, 2024
(month) (year)



Signature of Candidate/Officeholder (Declarant)

Forms
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Reset Page

Revised 1/1/2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Lizzy Ann Newsome Campaign Account

16 Filer ID (Ethics Commission Filers) 453836634

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
EXPENDITURE TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 965.79
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4034.21
CONTRIBUTION BALANCE	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3500.00
OUTSTANDING LOAN TOTALS		

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Lizzy Ann Newsome

20 Filer ID (Ethics Commission Filers)
453836634**21 SCHEDULE SUBTOTALS**
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 3500
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 965.79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7**2** FILER NAME

Lizzy Ann Newsome Campaign Account

3 Filer ID (Ethics Commission Filers)
453836634**4** Date
9/26
/2024
4**5** Full name of contributor out-of-state PAC (ID#: _____)

Dr. Martha Villarreal

6 Contributor address; City; State; Zip Code

1305 San Carlos Laredo, TX 78043

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
9/26/
2024

Full name of contributor out-of-state PAC (ID#: _____)

Asash Termite & Pest Control

Contributor address; City; State; Zip Code

1102 Clark blvd. Laredo, TX 78040

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/9/2024Full name of contributor ☐ out-of-state PAC (ID#: _____)

Victor Villafranca Law Firm, PLLC.

1719 Washington St. Laredo 78040

Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

250.00

Date
9/24/2024
4Full name of contributor ☐ out-of-state PAC (ID#: _____)

Claudia De La Cruz

2620 REYNOLDS ST, LAREDO, TX 78043

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER
NAME

Lizzy Newsome

3 Filer ID (Ethics Commission Filers)
4538366344 Date
9/7/20245 Full name of contributor out-of-state ☐ PAC (ID#)Guillermo Pro.....
1301 Garfield Laredo, TX 78041

6 Contributor address; City; State; Zip Code

8 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7 Full name of contributor ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

Contributor address; City; State; Zip Code

Date
9/20/2024Full name of contributor ☐ out-of-state PAC (ID#)Rene San Miguel
13819 SIENNA CT, SAN ANTONIO, TX 78249

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/26/2024Full name of contributor ☐ out-of-state PAC (ID#)Darlene Rogers
509 Surrey Rd. Laredo, TX 78041

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

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.		
MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1		
If the requested information is not applicable, DO NOT include this page in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:7
2 FILER NAME	Lizzy Newsome	3 Filer ID (Ethics Commission Filers) 453836634
4 Date 9/6/2024	8 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) Elizabeth Pena. 8408 CROWNWOOD DR, LAREDO, TX 78045 9 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) Silverio Martinez 8503 Mangrum Laredo, TX 78045 Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....) Arlene Trevino 3710 Josefina Laredo, TX 78041 Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

LOANS**SCHEDULE E**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>Lizzy Newsome</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <i>3000.00</i>	
5 Date of loan <i>9/10/24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lizzy Newsome</i>	9 Loan Amount (\$) <i>3000.00</i>	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>2919 O Henry Dr. Ldo TX 78041</i>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Principal</i>		13 Employer (See Instructions) <i>LISD</i>	
14 Description of Collateral <i>none N/A</i>		15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan <i>9/24/24</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lizzy Newsome</i>	Loan Amount (\$) <i>500.00</i>
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code <i>2919 O Henry Dr. Ldo TX 78041</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>Principal</i>		Employer (See Instructions) <i>LISD</i>
Description of Collateral <i>none N/A</i>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
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

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 F1: 3		2 FILER NAME Lizzy Ann Newsome Campaign Account		3 Filer ID (Ethics Commission Filers) 453836634	
4 Date 8/30/2024		5 Payee name Home Depot			
6 Amount (\$) 106.10		6 Payee address; City; State; Zip C 5710 San Bernardo Laredo, TX 78041			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description 16 lb galvanized fence post, Steel T-posts, BlackUV resist cable tie		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/08/2024		Payee name Home Depot			
Amount (\$) 92.71		Payee address; City; State; Zip Code 5710 San Bernardo Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Steel T-posts, BlackUV resist cable tie		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 9/7/2024		Payee name Stripes			
Amount (\$) 43.56		Payee address; City; State; Zip Code 2501 Del Mar Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description 15 gallons of gas Traveling to various sites to post advertisements		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 F1: 3		2 FILER NAME Lizzy Ann Newsome Campaign Account		3 Filer ID (Ethics Commission Filers) 453836634	
4 Date 9/2/2024		5 Payee name Promega Signs			
6 Amount (\$) 232.74		7 Payee address; 1516 Jacaman Rd. Laredo, TX 78041		City; State; Zip C	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Advertising Expense		(d) Description 4 -2x4 color printed 2 4x4 full color printed coroplast		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/29/2024		Payee name Promega Signs			
Amount (\$) 205.68		Payee address; 1516 Jacaman Rd. Laredo, TX 78041		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 2 4x6 full color coroplast		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/26/2024		Payee name Patty Signs			
Amount (\$) 235.00		Payee address; 3008 Trinity Plaza Laredo, TX 78041		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-shirts and bumper stickers		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	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 F1: 3		2 FILER NAME Lizzy Ann Newsome Campaign Account		3 Filer ID (Ethics Commission Filers) 453836634	
4 Date 9/26/2024		5 Payee name H Tijerina & Laura Antu			
6 Amount (\$) 50.00		8 Payee address; City; State; Zip C			
8 PURPOSE OF EXPENDITURE	(e) Category (See Categories listed at the top of this schedule) Advertising Expense/ Travel In District		(f) Description Paid for gas and food for helping with flyer distribution		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Office held					
Amount (\$)		Payee 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 <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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" **

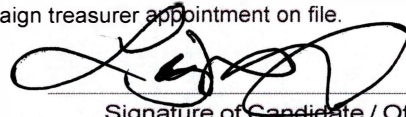
1 C/OH NAME

Lizzy Ann Newsome Campaign Account

2 Filer ID (Ethics Commission Filers) 453836634

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only 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.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other 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 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder