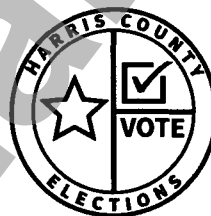





Official Filing Authority of Harris County  
Isabel Longoria  
Elections Administrator

## Campaign Finance Report



  
Elections Administrator  
Harris County, TX

**FileNo:** 202269  
**Received By Clerk:** 01/18/2022  
**File Date:** January 18, 2022  
**Office:** County Judge  
**Candidate:** Gonzales, Oscar  
**Treasurer:** Puckett, Kacey  
**Category:** Contributions And Expenditures (COH/JCOH)  
**Delivered By:** Personal Appearance  
**Type:** COR

Harris County No Fee

# 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:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mr Oscar C			<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX Gonzales				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 311 Sylvester rd. Houston Texas 77009				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (713 ) 208-5721			Date Received   Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mrs. Kacey				
	NICKNAME LAST SUFFIX Puckett				
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 812 Woodcrest Drive Houston Texas 77018				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (713 ) 409-9947				
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>	Month Day Year <del>01 / 03 / 22</del> <sup>07</sup> / <sup>01</sup> / <sup>21</sup> <sup>OK</sup> THROUGH    Month Day Year <del>01 / 17 / 22</del> <sup>12</sup> / <sup>13</sup> / <sup>21</sup> <sup>OK</sup>				
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year    Primary Runoff Other Description 03 / 01 / 22    General Special				
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> County Judge		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	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			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Oscar Gonzales		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	2,475.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	3,432.70
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	500.00

**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 OSCAR GONZALES, and my date of birth is 8-7-1962.

My address is 311 Sylvester, Houston, TX, 77009 USA.  
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TEXAS, on the 18 day of JANUARY, 2022.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,975.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,891.96
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	\$ 1,725.74
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	\$

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**4 Date**  
**01/05/22**

**6** Contributor address; City; State; Zip Code  
710 Romaine Ln. Houston Texas 77090

**7 Amount of contribution (\$)**

**50.00**

**8 Principal occupation / Job title (See Instructions)**  
**Machinist**

**9 Employer (See Instructions)**

Date  
01/06/22

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)

Rose Gonzales

Contributor address; City; State; Zip Code

18018 Dorman Draw Lane Houston Texas 77044

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/04/22

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_  
**Amanda Lindgram**  
 -----  
 Contributor address; City; State; Zip Code  
**9393 Fostoria rd. Cleveland Texas 77328**

Amount of contribution (\$) **50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/05/22

Full name of contributor  
**Matt Brown**

out-of-state PAC (ID#: \_\_\_\_\_)

---

Contributor address; City; State; Zip Code

**12622 Mossy Ledge Dr. Tomball Texas 77377**

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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.
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/22	5 Full name of contributor out-of-state PAC (ID# _____) Steven Ricklefsen 6 Contributor address; City; State; Zip Code 8503 Forest Arbor Ct. Houston Texas 77095	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Self Employed
Date 01/06/22	Full name of contributor out-of-state PAC (ID# _____) Victor Cuevas Contributor address; City; State; Zip Code 212 Sylvester rd. Houston Texas 77009	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/06/22	Full name of contributor out-of-state PAC (ID# _____) Karleana Farias Contributor address; City; State; Zip Code 1219 Hunters Park Way Houston Texas 77055	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 01/07/22	Full name of contributor out-of-state PAC (ID# _____) Robert Turner Contributor address; City; State; Zip Code 33394 Willowbend Waller Texas 77484	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Deputy Sheriff		Employer (See Instructions) Waller County Sheriffs Office
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/22	5 Full name of contributor out-of-state PAC (ID#: _____) Nellie Gonzalez 6 Contributor address; City; State; Zip Code 36 Post Shadow Estates Spring Texas 77389	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Television Director		9 Employer (See Instructions) Self
Date 01/08/22	Full name of contributor out-of-state PAC (ID#: _____) Israel Sierra Contributor address; City; State; Zip Code 304 Sylvester Rd. Houston Texas 77009	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Self
Date 01/09/22	Full name of contributor out-of-state PAC (ID#: _____) Eric Rodriguez Contributor address; City; State; Zip Code 2910 Meiko Drive Houston Texas 77045	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Deputy Sheriff		Employer (See Instructions) Harris County
Date 01/14/22	Full name of contributor out-of-state PAC (ID#: _____) Angela Ordonez Contributor address; City; State; Zip Code 33394 Willowbend Rd. Waller Texas 77484	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Deputy Sheriff		Employer (See Instructions) Harris County
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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/22	5 Full name of contributor Robert McBride out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 10722 Highpoint Lane Montgomery Texas 77356	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**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		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 500.00
5 Date of loan 01/03/22	7 Name of lender Oscar Gonzales <input type="checkbox"/> out-of-state PAC (ID# _____ )	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 311 Sylvester Rd. Houston Texas 77009	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Truck Driver		13 Employer (See Instructions) Drive Transportation
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 01/06/22		5 Payee name Houston Sign Company invoice 76034			
6 Amount (\$) 945.98		7 Payee address; 5801 Chimney Rock Houston Texas 77081		City;	State; Zip Code
8  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs	
		(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Oscar Gonzales		Office sought County Judge	Office held
Date		Payee name Houston Sign Company Invoice 76287			
Amount (\$) 945.98		Payee address; 5801 Chimney Rock Houston Texas 77081		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs	
		Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Oscar Gonzales		Office sought County Judge	Office held
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Revised 8/17/2020

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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)
---	---	--	---

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)							
<b>4</b> Date 11/30/21		<b>5</b> Payee name Harris County Republican Party									
<b>6</b> Amount (\$) 1,250.00 <small>Reimbursement from political contributions intended</small>		<b>7</b> Payee address; City; State; Zip Code 8588 Katy Freeway suite 445 Houston Texas 77024									
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Polling Expense		<b>(b)</b> Description Filing fee								
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense								
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> <tr> <td>Oscar Gonzales</td> <td>County Judge</td> <td></td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held	Oscar Gonzales	County Judge	
Candidate / Officeholder name	Office sought	Office held									
Oscar Gonzales	County Judge										
<b>Date</b> 01/04/22		<b>Payee name</b> Vistaprint									
<b>Amount (\$)</b>  <small>Reimbursement from political contributions intended</small>		<b>Payee address; City; State; Zip Code</b> Hudsonweg 8 Venlo The Netherlands 5928LW									
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> Information Postcards								
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense								
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> <tr> <td>Oscar Gonzales</td> <td>County Judge</td> <td></td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held	Oscar Gonzales	County Judge	
Candidate / Officeholder name	Office sought	Office held									
Oscar Gonzales	County Judge										
<b>Date</b> 01/12/22		<b>Payee name</b> The Home Depot									
<b>Amount (\$)</b> 88.01 <small>Reimbursement from political contributions intended</small>		<b>Payee address; City; State; Zip Code</b> 999 West North Loop Houston Texas 77008									
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> Metal posts and cable straps for signs								
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense								
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> <tr> <td>Oscar Gonzales</td> <td>County Judge</td> <td></td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held	Oscar Gonzales	County Judge	
Candidate / Officeholder name	Office sought	Office held									
Oscar Gonzales	County Judge										

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**

Oscar Gonzales

**2 Filer ID** (Ethics Commission Filers)

**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**

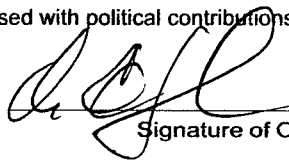
Check only one:

- ☐ 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