



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 1,139.25

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ \$6,019.23

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ \$6,019.23

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

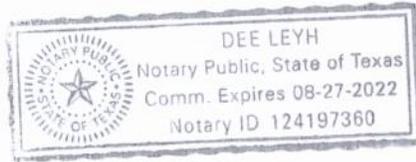
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 Ramon Alarey this the 7 day of July, 2022, to certify which, witness my hand and seal of office.

D. Leyh  
Signature of officer administering oath

D. Leyh  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,019.23
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	\$ 6,019.23
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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jared Foster out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 708 Illinois Avenue Killeen Texas	7 Amount of contribution (\$) \$193.73
Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	5 Full name of contributor Nancy Carothers out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3201 East Stan Schlueter Loop Killeen Texas 76542	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Shirley Fleming out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1805 Kenyon Street Killeen, Texas 76543	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor JB McNeil Enterprise LLC out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 9806 Diana Dr. Killeen, Texas 76542	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) McNeil Catering Company		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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dr. Austin Ruiz out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$200.00
3/9/2022	6 Contributor address; City; State; Zip Code 416 North Gray Stret Killeen, Texas 76541	
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions)
Date	Full name of contributor Brandon K Latham out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
3/9/2022	Contributor address; City; State; Zip Code 992 Rolling Hills Dr. Killeen Texas	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Sheena Taylor out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$186.25
2/02/2022	Contributor address; City; State; Zip Code 903 Martin Luther King Jr. Dr. Copperas Cove, Texas 76522	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Younese Halabi out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$150.00
2/02/2022	Contributor address; City; State; Zip Code PO Box 2474 Harker Heights Texas 76548	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Kristin Grasso	<b>7</b> Amount of contribution (\$)
2/18/2022	<b>6</b> Contributor address; City; State; Zip Code 3201 East Stan Schlueter Loop Killeen Texas 76542	\$1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Alecia A. Clark & Jimmy W. Clark	<b>Amount of contribution (\$)</b>
2/11/2022	<b>Contributor address; City; State; Zip Code</b> P.O. Box 1727 Copperas Cove, Texas 76522	\$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Virginia Cloud	<b>Amount of contribution (\$)</b>
01/28/2022	<b>Contributor address; City; State; Zip Code</b> 1703 South W.S. Young Drive Killeen, Texas 76543	\$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Deborah Beene	<b>Amount of contribution (\$)</b>
2/01/2022	<b>Contributor address; City; State; Zip Code</b> 913 South Ridge Road Salado Texas 76571	\$500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span>	<b>7</b> Amount of contribution (\$)
5/6/2022	TREPAC	\$1,000.00
	<b>6</b> Contributor address; <span style="float: right;">City; State; Zip Code</span>	
	PO Box 2246 <span style="float: right;">Austin TX - 787768-2246</span>	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> <span style="float: right;">out-of-state PAC (ID#: _____)</span>	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> <span style="float: right;"><b>City; State; Zip Code</b></span>	
	<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <span style="float: right;">out-of-state PAC (ID#: _____)</span>	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> <span style="float: right;"><b>City; State; Zip Code</b></span>	
	<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <span style="float: right;">out-of-state PAC (ID#: _____)</span>	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b> <span style="float: right;"><b>City; State; Zip Code</b></span>	
	<b>Principal occupation / Job title (See Instructions)</b>	<b>Employer (See Instructions)</b>

**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**

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 F1:		<b>2</b> FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/01/2022		<b>5</b> Payee name Ohana Ink				
<b>6</b> Amount (\$) \$1,000		<b>7</b> Payee address; 2206 W. Stan Schlueter Loop			City; Killeen	State; Zip Code Texas 76549
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising			<b>(b)</b> Description Deposit for Flyers, Stickers, and Yard Signs		
	<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		Candidate / Officeholder name		Office sought		Office held
Date 3/2/2022		Payee name Ohana Ink				
Amount (\$) \$1,496.90		Payee address; 2206 W. Stan Schlueter Loop			City; Killeen	State; Zip Code Texas 76549
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising			Description Remaining balance for Flyers, Stickers, and Yard signs		
	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 3/7/2022		Payee name Pepato Charcuterie				
Amount (\$) \$495.00		Payee address;			City; Killeen	State; Zip Code Texas
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food and Beverage Expense			Description Grazing foods for Meet and Greet		
	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/8/2022	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$) \$46.93	Payee address; 1400 Lowes Blvd.	City; Killeen	State; Texas	Zip Code 76548
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	Description Items for Meet and Greet
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/10/2022	Payee name Eagle Express
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Amount (\$) \$135.31	Payee address; 108 E FM 2410 Rd Suite F, Harker Heights, TX 76548	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Rack Cards and Door Hangers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/17/2022	Payee name Ohana Ink
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Amount (\$) \$243.56	Payee address; 2206 W. Stan Schlueter Loop	City; Killeen	State; Texas	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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  
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 F1:	<b>2</b> FILER NAME Ramon Alvarez	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/1/2022	<b>5</b> Payee name Eagle Express	
<b>6</b> Amount (\$) \$456.32	Payee address; City; State; Zip Code 108 E FM 2410 Rd Suite F, Harker Heights, TX 76548	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	Description Rack Cards and Door Hangers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 5/5/2022	Payee name Pepato Charcuterie	
Amount (\$) \$165.00	Payee address; City; State; Zip Code Killeen, TX 76542	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Election Night Watch Party
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 5/7/2022	Payee name Ohana Ink	
Amount (\$) \$213.79	Payee address; City; State; Zip Code 2206 W Stan Schlueter Loop Killeen, TX 76542	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Election Night Watch
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**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  
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 F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/9/2022		<b>5</b> Payee name McNeil Catering			
<b>6</b> Amount (\$) \$250.00		<b>7</b> Payee address; City; State; Zip Code 9806 Diana Dr. Killeen TX - 76542			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description Election Night Watch Party		
	<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					
Date 5/10/2022		Candidate / Officeholder name Payee name The Hotspot Grill			
Amount (\$) \$388.12		Office sought Office held Payee address; City; State; Zip Code 407 Suzie Street Killeen TX - 76542			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description Election Night Watch Party		
	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 7/7/2022		Candidate / Officeholder name Payee name Ramon Alvarez			
Amount (\$) \$328.13		Office sought Office held Payee address; City; State; Zip Code 4317 Hope Lane Killeen, TX 76542			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Campaign Reimbursement for Legal Expenses		
	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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**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**

Ramon G. Alvarez

**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