CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST	M L		OFFICE USE ONLY
	NICKNAME	last HUNTER	S	UFFIX	Date Received 1-17-2023
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1801 E 51ST BI		Contraction of the second s	RIP CODE 8722	
Change of Address			· · · · · · · · · · · · · · · · · · ·		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 414-4114.	EXTENSION 54556		Date Hand-delivered or Date Postmarked $1 - 17 - 2023$
6 CAMPAIGN TREASURER	MS / MRS / MR MR	FIRST CUITLAHUAC	М	I	Receipt # Amount \$
NAME	NICKNAME	LAST		UFFIX	Date Processed
	mentrine	GUERRA-MOJA		UFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / NT DR	SUITE #; CITY;		STATE; ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 945-4904	EXTENSION		
9 REPORT TYPE	X January 15	30lh day before	election Runoff		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Reporting	d Modified J Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year
	10	28 / 22	THROUGH	01	/16 /23
11 ELECTION	ELECTION DA	TE	ELE	CTION TYPE	
	Month Day	Year Primary ∕ 22 ✓ General		Other Description	
			Special		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
12 OFFICE	OFFICE HELD (if any)	I	13 OFFICE SOUG	HT (il known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHO	UT THE CANOL	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			and the second
Additional Pages	GENERAL	COMMITTEE ADDRESS			****C***
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	1	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

AF CIOLI MANAT		And the second
15 C/OH NAME CANDACE L. HUNTER		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$
18 SIGNATURE I sv	vear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
ieq	and to be reported by the under the 15, Election Code.	
	Signature of Car	ndidate or Officeholder
	Please complete either option below	r.
	@000000000000000000000000000000000000	
	GABRIEL ALEJO	
(1) Affidavit	My Comm. Exp. 11-17-2025 ID No. 13345362-6	
NOTARY STAMP/SEAL	Λ , μ	
Sworn to and subscribed	pefore me by <u>Candace Hurter</u> this the	17th day of AMDAVU.
20 <u>73</u> , to certify v	which, witness my hand and seal of office.	
Signature of officer administeri	ng oath Printed name of officer administering oath	Notary Public
	OR	Title of offider administering oath
(2) Unsworn Declaratio		
My name is		
	, and my date of birth is,	······································
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of (month	, 20) (year)
	Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:				
2 FILER NAME CANDACE L. H	UNTER	3 Filer ID (Ethics Commission Filers)					
4 Date 11/09/2022	5 Full name of contributor out-of-state John Mckiernan-Gonzalez	7 Amount of contribution (\$) \$50.00					
117057LOLL	6 Contributor address; City; 3000 Matador Drive Austin	State; Zip Code					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)				
Date 11/15/2022	Full name of contributor out-of-state Mary Wynn	PAC (ID#:)	Amount of contribution (\$) \$50.00				
	Contributor address; City; UNKNOWN						
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)				
Date Full name of contributor out-of-state PAC (ID#:		PAC (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	Slate; Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date		PAC (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
	ATTACH ADDITIONAL COPI						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
2 FILER NAMI CANDACE L.			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ UNKNOWN	
5 _{Date} 11/04/22	 6 Full name of contributor □out-of-state PAC (ID#: 0004(Capital Area Progressive Democrats 7 Contributor address; City; State; P.O. Box 413, Austin, TX 78767 	8 Amount of 9 In-kind contribution Contribution 9 In-kind contribution UNKNWN NEWSPAPER ADVERTISMENT Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FO R NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job litle (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
Date	Full name of contributor 🗍 out-of-state PAC (ID#: Contributor address; City; State;) Zip Code	Amount of In-kind contribution Contribution \$ description	
			Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law fim	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			

PLEDGED CONTRIBUTIONS

SCHEDULE B

Th	e Instruction Guide explains how to complete this	1 Total pages Schedule B;		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor 🗍 out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta	0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000		
			Check if travel outsic	le of Texas, Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	te; Zíp Code		
			Check if travel outsic	le of Texas. Complete Schedule T.
Principal occu	ipation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta		1	
			Check if travel outsic	le of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgorout-of-state PAC (ID#:	د	Amount of I Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
			Check if travel outsic	le of Texas. Complete Schedule T.
Principal occu	ipation / Job title (See Instructions)	Employer (See	the second se	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LEASNEEDED	
11	contributor is out-of-state PAC, please see Inst			requirements.

SCHEDULE E

and the second se			
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
ΥN			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	ateral	15 Check if personal func account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan		PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	n / Job tille (See Instructions)	Employer (See Instructions)	
Description of Col	ateral		is were deposited into political
none	(account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	on (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	' IES OF THIS SCHEDULE AS NE struction guide for additional re	

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EventExpense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salarios/Wages/ContractLabor		Solicitation/Fundralsing Expanse Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
		The Instruction Guide explain	s how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER N CANDACE	IAME L. HUNTER			3 Filer ID (Ethic	s Commission Filers)	
4 Date 11/09/2022	5 Payee na DONATE						
6 Amount (\$) \$2.95	7 Payee a	ddress;	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Categor Fees	y (See Categories listed at the top of this s	ichedulo)	(b) Description			
	(c)	Check if travel outside of Texas. Complete Sc	hedulo T.	Check if Austi	n, TX, officeholder living	i expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date 10/28/2022	Payee na 7-11/EXX						
Amount (\$) \$40.00	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Travel In	/ (See Categories listed at the top of this so District	hedule}	Description			
	Check if Iravel outside of Texas. Complete Schedule T. Check If Austin				n, TX, officeholder living	oxpense	
Complete QNLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date 10/28/2022	Payee n USPS	ame					
Amount (\$) \$968.00	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category OTHER	/ (See Categories listed at the top of this so	hedulo)	Description MAILING CAMPAI	NG LITERATURE		
		Check if travel outside of Texas. Complete Sc	hedula T.	Check if Austin	tin, TX, officeholdar living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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EXPENDITURE	CATEGORIES	FOR BOX 8(a)

Accounting/Banking Fees Consulting Expense Food/Bevorag Contributions/Donations Made By Git/Awards/M Candidate/Officeholder/Political Committee Logal Service: Credit Card Parment		EventExpanse Fees Focd/Beverage Expanse Gitt/Awards/Memorials Expanse Logal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/ContractLabor	Solicitation/Fundrais Transportation Equip Travol In District Travol Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N CANDACE	ame L. HUNTER			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/28/2022	5 Payee na OFFICE D					
6 Amount (\$) \$19.40	7 Payee ad	ldress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor Printing E	y (See Categories listed at the top of this s Expense	schedulo)	(b) Description	******	
	(c)	Check if travel outside of Texas. Complete Sc	hedulo T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought),	Office held
Date	Payee na	mə	***			
10/29/2022	OFFICE DE	EPOT				
Amount (\$) \$80.14	Рауее ас	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Calegory Other	(See Categories listed at the top of this so	hodulo)	Description OFFICE SUPPLIES	FOR POSTCARI) WRITING
		Check if travel outside of Texas. Complete Sc	hedulo T.	Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought)	Office held
Date 10/29/2022	Payee na CHERRYV	ime VOOD CAFE				
Amount (\$) \$77.88	Payee ac	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this se erage Expense	hedulo)	Description MAILING CAMPAIN	NG LITERATURE	
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expensa
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ale / Officeholder name		Office sought		Office held
	AT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULEASNEE	DED	

SCHEDULE F1

EXPENDIT	UREC	ATEGOR	RIES FOR	BOX 8(a)	

Contributions/Donations Made By Gift/Awards/Memori Candidato/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/M	rpense /ages/ContractLabor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	iment & Related Expense
1 Total pages Schedule F1:	2 FILER N CANDACE	IAME L. HUNTER			3 Filer ID (Ethic	s Commission Filers)
4 Date 10/31/2022	5 Payee n CITY OF /	ame AUSTIN PARKING			l	
6 Amount (\$) \$2.25	7 Payee a	ddress;		City;	State;	Zip Code
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description		• • • • • • • • • • • • • • • • • • •
PURPOSE OF EXPENDITURE	Travel In	District		PARKING METER		
	(c)	Check if travel outside of Toxas. Complete S	ichedule T.	Check if Austin	n, TX, officeholder living	expenso
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	it.ii.datherstarde	Office held
Date	Payee n	ame				
10/29/2022	EASTSID	EPIES				
Amount (\$) \$154.68	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s everage Expense	chedule)	Description		
		Check if travel outside of Toxas. Complete S	ichedule T.	Check If Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought Office held		
Date 11/02/2022	Payee n OFFICE I		510-1-5			
Amount (\$) \$45.45	Payee a	ddress;		City;	State;	Zip Code
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing I	Expense		MAILING CAMPAI	NG LITERATURE	
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austi	n, TX, officeholder living) oxponse
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	+	date / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Fees Off Consulting Expense Po Contributions/Donations Made By Git/Awards/Memorials Expense Pri Candidate/Officeholder/Political Committee Legal Services Sal Credit Card Payment The Instruction Guide explains hor		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/ContractLabor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense	
1 Total pages Schedule F1:	2 FILER NA	AME L. HUNTER			3 Filer ID (Ethic	s Commission Filers)
4 Date 11/03/2022	5 Payee na EXXON	me			1	and the second
6 Amount (\$) \$40.00	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Travel In [r (See Categories listed at the top of this s District	chadulo)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sch	nodulo T.	Check if Austi	n, TX, officeholder living	j expense
9 Complete <u>QNLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
Date	Payee na	me				
11/10/2022	THUNDER	CLOUD SUBS				
Amount (\$) \$103.21	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sol /erage Expense	iedule)	Description		
		Check if travel outside of Toxas. Complete Sch	edule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought Office held		
Date 11/10/2022	Payee na CHEVRON					
Amount (\$) \$50.25	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Printing Ex	(See Categories listed at the top of this set (pense	nodule)	Description		
	1	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	1	Office sought		Office held
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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 CreditCard Paymont		EventExpense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/ContractLabor	Travel In District Travel Out Of District	pmont & Related Expense
1 Total pages Schedule F1:	2 FILER I	NAME E L. HUNTER			3 Filer ID (Ethic	s Commission Filers)
4 Date 11/14/2022	5 Payee n EXXON	ame				
6 Amount (\$) \$34.98	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego Travel In	ry (See Categories listed at the top of this District	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	in, TX, officeholder living	g oxpenso
9 Complete <u>QNLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
Date	Payee n	ame				11 11 11 12 12 12 12 12 12 12 12 12 12 1
11/20/2022	7-11/EX	(ON				
Amount (\$) \$6.00	Payee a	iddress;		Cily;	State;	Zip Code
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this and District	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought Office held		
Date 11/21/2022	Payee n MURPH					
Amount (\$) \$34.56	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor Printing	y (See Categories listed at the top of this Expense	schedule)	Description		
		Check if travel outside of Texas, Complete S	chedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
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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 Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Git/Awards/Memorials Expense Candidato/Officeholder/Political Committee Logal Services Credit Card Payment The Instruction Guide explain		Office Ove Polling Ex Printing Ex SalariesM	kpense /agos/ContractLabor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t	
1 Total pages Schedule F1:	2 FILER N CANDACE	IAME L. HUNTER	n= 41356000 ressore		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/10/2022	5 Payee na LYFT	amo			I	
6 Amount (\$) \$45.72	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor Travel In	y (See Categories listed at the top of this a District	schodulo)	(b) Description		
	(c)	Check if travel outside of Texas. Complete So	chodule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date 12/15/2022	Payee na 7-11/ELE					
Amount (\$) \$27.00	Payee a	ddress;		City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Travel In	/ (See Categories listed at the top of this so District	chedulo)	Description		
		Check if travel outside of Toxas. Complete So	chedule T.	Chock if Austi	n, TX, officeholder living	expense
Complete QNLY if direct Candidate / Officeholder name Office sought Complete sought			Office held			
Date 12/22/2022	Payee n 7-11/EX)					
Amount (\$) \$29.44	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Printing E	(See Categories listed at the top of this so XPENSE	ihedulo)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name	131	Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Consulting Expense Contributions/Donations Made By		EventExponso Fees Food/Bovarage Expense Git/Awards/Memorials Expense Logal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/ContractLabor	Solicitation/Fundrais Transportation Equip Travel In District Travol Cut Of Distric Other (enter a catego	ment & Related Expense t	
1 Total pages Schedule F1:	2 FILER N CANDACE	IAME E L. HUNTER			3 Filer ID (Ethic	s Commission Filers)	
4 Date 12/30/2022	5 Payeen DANI DO	_{ame} NAVAN (Anti Planner)			I		
6 Amount (\$) \$53.99	7 Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego Other	ry (See Categories listed at the top of this s	chedulo)	(b) Description PLANNER			
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aust	in, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame				2011 C	
01/10/2022	7-11/ELE	VEN					
Amount (S) \$33.75	Рауее а	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Contraction of the later	y (See Categories listed at the top of this sc District	hedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin, TX, officeholder living expanse			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	ce sought Office held		
Date 01/10/2022	Payeer 7-11/EX						
Amount (\$) \$102.14	Payee a	nddress;	5.667/1.784b4	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor Printing	y (See Categories listed at the top of this so Expense	chodulo)	Description			
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Aus	lin, TX, officeholder living) expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
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Revised 8/17/2020

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
	EXPENDITU	RECATEGORIES	FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	anking Foos Office Overhead kpense Food/Beverage Expense Polling Expense Donations Made By Gitl/Awards/Memorials Expense Printing Expense Officeholder/Political Committee Logal Services Salaries/Wages ment The Instruction Guide explains how to complete		ponso /agos/ContractLabor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense							
1 Total pages Schedule F1:	2 FILER N CANDACI	iame E HUNTER			3 Filer ID (Ethic	s Commission Filers)						
4 Date 01/08/2022	5 Payee na LYFT	ame										
6 Amount (\$) \$44.81	7 Payee a	ddress;		City;	State;	Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Categor Travel In	y (Sao Calogories listed at the top of this District	schodulo)	(b) Description								
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austi	n, TX, officeholder living) expense						
9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held						
Date	Payee na	ame										
Amount (\$)	Payee a	ddress;		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 S	ichedule T.	Check if Austin, TX, officeholder living expense								
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought Office held								
Date	Payee n	ame	****									
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this :	schedulo)	Description								
		Check if travel outside of Texas. Complete S	chodule T.	Check if Austi	n, TX, officeholder living	l expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held						
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(2)								
Advertising Expense Event Expense Loan Repayment/Reimbursoment Solicitation/Fundraising Expense Accounting/Banking Foos Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Boverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel In District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/ContractLabor Other (enter a category not listed above)								
		The Instruction Guide expl	ains how to co	mplete this form.	/			
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL OF UNITEN		IPAID INCURRED OB	LIGATION	S	\$			
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE	1	Political	Non-Pol	tical				
10 PURPOSE OF EXPENDITURE	(a) Catego	■ (See Categories listed at the top of t (See Categories listed at the top of t)	his schedulo)	(b) Description				
	(c)	Check if travel outside of Texas. Complet	o Schedulo T,	Check if Aus	tin, TX, officeholder living ex	penso		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	O	fice sought	Office held	1		
Date	Payee	name						
Amount (\$)	Payee	address;		City;	State;	Zip Code		
TYPE OF EXPENDITURE	1	Political	Non-Po	itical				
PURPOSE OF EXPENDITURE	Catego	Y (See Categories listed at the top of t	his schedulo)	Description				
		Check if travel outside of Texas. Comple	ate Schedule T.	Check if Au	stin, TX, officeholder living e	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholder name	01	fice sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	6 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City;	State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

SCHEDULE F4

		EXPENDITURE CATE	GORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Lean Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundralsing Expense Transportation Equipment & Related Ex Travel In District Travel Out of District Other (enter a category not listed above		
		The Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IIZED EXF	ENDITURES CHARGE	DTOAC	REDIT CARD	\$	
6 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-P	olitical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the lop of th	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	ustin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	c	Office sought	Office he	d
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-F	Political		
PURPOSE OF EXPENDITURE	Catego	гу (See Categories listed at the top of t	nis schedule)	Description		
		Chock if travel outside of Texas. Comple	te Schedule T.	Check if A	ustin, TX, officeholder living	oxpense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name		Office sought	Office he	d
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		EventExpense Loan Repayment/Reimbursament Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraisin Transportation Equipm Travol In District Travol Out Of District Other (enter a category	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
						Control and control control of the c
4 Date	5 Payee na	me				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		Cily;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	' (See Categories listed at the top of this se	hedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austir	n, TX, officeholder living ex	pansa
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	00/10/10/01	date / Officeholder name		Office sought	1	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Calegory	/ (See Calegories listed at the top of this se	chodulo)	Description		
		Check if travel outside of Texas. Complete Schedule T. Check if Austin			n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this se	chedule)	Description		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living ex	ponso
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought	(Office held
	ATTA	ACH ADDITIONAL COPIES C	F THIS S	CHEDULE AS NEE	DED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Exponse Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Ropayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/ContractLabor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expanse Transportation Equipment & Rolated Expanse Travol In District Travol Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER N	and the second			3 Filer ID (Ethic	s Commission Filers)	
1 lotal pages benedato n.	- HELINA						
4 Date	6 Business	name					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	hadulo)	(b) Description			
	(c) (Check if travel outside of Texas, Complete Sch	edule T.	Check if Austin	, TX, officeholder living a	VDonso	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candid	ate / Officeholder name		Office sought	, na, encontract ming e	Office held	
Date	Business	name					
Amount (\$)	Business	address;		Cily;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description			
a managana na na ang kanangana na		Check if travel outside of Texas. Complete Sch	odule T.	Check if Austin	, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	에 가지 	Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
Check if travel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense					oxpense		
Complete <u>QNLY</u> if direct expenditure to benefit C/C		late / Officeholder name		Office sought		Office held	
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SCHEDULE |

	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding typo o	f information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	l information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding typo of	information	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The	dule K:			
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4	Date	6 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; Stat	e; Zip Code		
		7 Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	te; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Stat	e; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ite; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable,	DO NOT include this	page in the report.
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The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:	
2 FILER NAME				3 Filer ID (Ethics Commis	sion Filers)	
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	diture reporte	d on:	Section and the sector of the			
Schedule A2	Sch	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
6 Dates of travel	7 Name o	f person(s) tr	aveling			
	8 Departu	re city or nar	ne of departure local	lion		
	9 Destina	tion city or na	nme of destination lo	cation		
10 Means of transportat	ion	11 Purpose	of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor Org	anization / Pledgor /	Payee		
Contribution / Expend	diture reporte	d on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC			Schedule B-SS			
Dates of travel	Name o	f person(s) tr	aveling			
	Departu	re city or nan	ne of departure locat	ion		
	Destinat	ion city or na	me of destination lo	cation		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expend	liture reported	d on:			1-1-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2	
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedu	ile F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel	Dates of travel Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportat	lion	Purpose	of travel (including	name of conference, s	eminar, or other event)	
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

27.47		
		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any on contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
	Α.	CAMPAIGN FUNDS
	Check	conly 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 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 and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Chec	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other 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
6		EHOLDER aplete this section <i>only</i> 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