

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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	Date Received October 21, 2024 by Edna R. Butt	
<input type="checkbox"/> Change of Address	3206 Harris Park Ave Austin, TX 78705						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
	(202)	812 0554		10-21-24			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	Date Processed	
	NICKNAME	LAST	SUFFIX	N/A	N/A		
		Emmy				Date Imaged	
		Ruiz					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(956)	454 4048					
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH -FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	10	03	2020	THROUGH	11	03 / 2020	
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	03	2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				AISD Board of Trustees, DS place			
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.						
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
		<input type="checkbox"/> 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

15 C/OH NAME <u>Nelson, Piper</u>		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1235.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 34,422
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3455.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Piper S. Nelson, and my date of birth is 01/17/1975
 My address is 3206 Harris Park Ave Austin TX 78705 USA
(street) (city) (state) (zip code) (country)
 Executed in Travis County, State of Texas on the 15 day of October 2024
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Nelson, Piper</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1235
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 34422
6.	<input type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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 4
2 FILER NAME Nelson, Piper		3 Filer ID (Ethics Commission Filers)
4 Date 10.29.20	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) Grant Fuller 6 Contributor address, City, State, Zip Code 3939 Whispering Trails, IL, 60192	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions)
Date 10.17.20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan Wight Contributor address, City, State, Zip Code 2220 Canton St Dallas, TX 75201	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Atty, Stron, Capital		Employer (See Instructions) Stron, Capital
Date 10.16.20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia Garcia Contributor address, City, State, Zip Code Po Box 8530 Houston, TX 77249	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) state senate -, TX		Employer (See Instructions) State of Texas
Date 10.14.20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jessica Reeves Contributor address, City, State, Zip Code 1812 Walnut ME Austin, TX 78702	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) self - consultant		Employer (See Instructions) self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <i>Nelson, Piper</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10.13.20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jenna Trice</i>	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City, State, Zip Code <i>819 W. Galer St Seattle WA</i>	
8 Principal occupation / Job title (See Instructions) <i>researcher</i>		9 Employer (See Instructions) <i>VCSF</i>
Date <i>10.10.20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ashley Phillips</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address; City, State, Zip Code <i>2309 Farnsworth Circle Austin, TX 78704</i>		
Principal occupation / Job title (See Instructions) <i>ath</i>		Employer (See Instructions) <i>Thompson + Knight</i>
Date <i>10.8.20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Catherine Echols</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City, State, Zip Code <i>508 Harni Ave Austin, TX 78705</i>		
Principal occupation / Job title (See Instructions) <i>professor</i>		Employer (See Instructions) <i>UT</i>
Date <i>10.8.20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sara Strother</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City, State, Zip Code <i>4211 Ave F Austin, TX 78751</i>		
Principal occupation / Job title (See Instructions) <i>RN / NP</i>		Employer (See Instructions) <i>Therap Family Health</i>

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 <i>Nelson, Piper</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10.8.20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Josh Spearman</i>	7 Amount of contribution (\$) <i>50</i>
6 Contributor address: City, State, Zip Code <i>1503 W. 10th Austin, TX 78703</i>		
8 Principal occupation / Job title (See Instructions) <i>CEO</i>		9 Employer (See Instructions) <i>Capitol</i>
Date <i>10.6.20</i>	Full name of contributor <input type="checkbox"/> out of state PAC (ID# _____) <i>Susan Dudley</i>	Amount of contribution (\$) <i>50</i>
Contributor address; City, State, Zip Code <i>2101 Schulte Austin, TX 78703</i>		
Principal occupation / Job title (See Instructions) <i>real estate agent</i>		Employer (See Instructions) <i>Sutherland</i>
Date <i>10.6.20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Stuart Davidson</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City, State, Zip Code <i>1045 Walnut St Philadelphia, PA 19103</i>		
Principal occupation / Job title (See Instructions) <i>Att</i>		Employer (See Instructions) <i>Willy Williams + Davidson</i>
Date <i>10.5.20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>TJ Costello</i>	Amount of contribution (\$) <i>25</i>
Contributor address; City, State, Zip Code <i>1411 Gray Farm Austin, TX 78758</i>		
Principal occupation / Job title (See Instructions) <i>Economist</i>		Employer (See Instructions) <i>Texas Comptroller</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Nelson, Piper</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">10/4/20</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Jason Metrick</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">100</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">7046 N. 9th Ave Phoenix, AZ 85021</p>		
8 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">VP</p>		9 Employer (See Instructions) <p style="font-size: 1.2em;">FSI</p>
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	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	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)

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 | 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 1	2 FILER NAME Nelson, Piper	3 Filer ID (Ethics Commission Filers)
4 Date 10.12.20	5 Payee name Pivot	
6 Amount (\$) 31,222.00	7 Payee address, City: State: Zip Code 712 H St NE Washington DC 20002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 3 postcard mailings to ~25,000 recipients
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11.3.20	Payee name Emma Rogers	
Amount (\$) 200.00 1000.00	Payee address, City: State: Zip Code 1401 Enfield Dr Wash, TX 76703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description photographer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11.3.20	Payee name Henry Kellison	
Amount (\$) 3000.00	Payee address, City: State: Zip Code 2108 Montclair Wash, TX 76704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description Campaign money
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>Nelson, Piper</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u> </u>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City: State: Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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.



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Nolan, Piper</u>	Filer ID #
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OFFICE USE ONLY	
Date Received <u>October 21, 2024</u> <u>by Edna R. Brels</u>	
Date Hand-delivered or Date Postmarked <u>10-21-24</u>	
Receipt # <u>N/A</u>	Amount \$ <u>N/A</u>
Date Processed _____	
Date Imaged _____	

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the final report report due on 11/3/24. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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
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OR

(2) Unsworn Declaration

My name is Piper S. Nolan and my date of birth is 1/17/75

My address is 3206 Harris Park Ave Arling TX 78705 USA
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas on the 10 day of Oct, 2024
(month) (year)

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

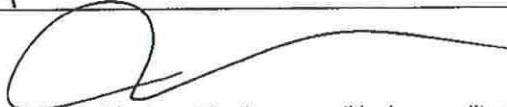
**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

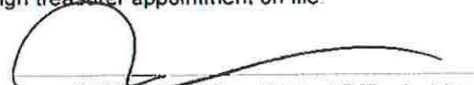
Piper S. Nelson

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