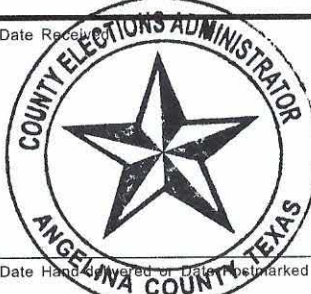


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <u>7</u>                                                                                                                                                                                                                                |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR FIRST MI<br><u>Mr.</u> <u>Kenneth</u> <u>L</u><br>NICKNAME LAST SUFFIX<br><u>Jeffrey</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | <b>OFFICE USE ONLY</b><br><br>Date Received _____<br>Date Hand Carried or Delivered _____<br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____ |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>1889 FM 819</u> <u>Lufkin</u> <u>Tx</u> <u>75901</u><br><input type="checkbox"/> Change of Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION<br><u>(936)</u> <u>676-0374</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br><u>Mrs.</u> <u>Elizabeth</u> <u>M.</u><br>NICKNAME LAST SUFFIX<br><u>Jeffrey</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)        | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>1889 FM 819</u> <u>Lufkin</u> <u>Tx</u> <u>75901</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br><u>(936)</u> <u>414-1835</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 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)<br><input checked="" 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<br><u>01 / 01 / 2026</u> THROUGH <u>06 / 30 / 2026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION                                                    | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>11 / 03 / 26</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE                                                      | OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)<br><u>Angelina County Comm. Prec 4</u> <u>Same</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| 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.<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |                                       |                                                                                                                                                                                                                                                              | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE                                                 | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                               | COMMITTEE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                              | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>GO TO PAGE 2</b>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                                                                                                                                                                                                                              |                |                |                                  |                   |                                   |                                   |  |                                      |

KENNETH L JEFFREY  
CAMPAIGN ACCOUNT  
PO BOX 394  
LUFKIN, TX 75902

122

88-105/1011  
256

1-29-2026  
Date

Pay to the  
Order of

Eric Estes

\$ 2,000.<sup>00</sup>

Two thousand & <sup>00</sup>/<sub>100</sub>

Dollars



Photo  
Safe  
Deposit  
Details on back



**BancorpSouth**

Right Where You Are  
INFOLINE 1-888-797-7711

For Return of Donation

[Signature]

MP

⑆111901056⑆ 1123-~~XXXXXX~~

0122

10/1/00/01/00

# 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) | \$ NA                                  |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 2,000.-                             |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ NA                                  |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 2,008.-                             |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ -0-                                 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 6485.90                             |

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

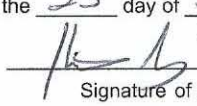
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Kenneth Jeffrey, and my date of birth is 10-23-1957.  
My address is 1889 FM 819, Lufkin, TX, 75901, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Angelina County, State of Texas, on the 23 day of June, 2026.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|                                           |                                                                                                             |                                        |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME<br><i>Kenneth Jeffrey</i>   |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 2000,-                              |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ NA                                  |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ NA                                  |
| 4.                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$ NA                                  |
| 5.                                        | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 2008,-                              |
| 6.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ NA                                  |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ NA                                  |
| 8.                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ NA                                  |
| 9.                                        | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ NA                                  |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ NA                                  |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ NA                                  |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ NA                                  |

# 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.

|                                                              |                                                                                                                                                               |                                                   |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1 Total pages Schedule F1:<br><b>1</b>                       | 2 FILER NAME<br><b>Kenneth Jeffrey</b>                                                                                                                        | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>1-30-26</b>                                     | 5 Payee name<br><b>Eric Estes</b>                                                                                                                             |                                                   |
| 6 Amount (\$)<br><b>\$2,000.00</b>                           | 7 Payee address;<br><b>P.O. Box 1502</b>                                                                                                                      | City; State; Zip Code<br><b>Magnolia TX 77353</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Reimbursement (Return)</b>                                                             |                                                   |
|                                                              | (b) Description<br><b>Returned campaign contribution</b>                                                                                                      |                                                   |
|                                                              | (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 <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                               |                                                   |
| Candidate / Officeholder name Office sought Office held      |                                                                                                                                                               |                                                   |

|                                                            |                                                                                                                                                           |                                                  |  |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|
| Date<br><b>1-27-26</b>                                     | Payee name<br><b>Cadence Bank</b>                                                                                                                         |                                                  |  |
| Amount (\$)<br><b>8.00</b>                                 | Payee address;<br><b>2918 Brentwood Dr.</b>                                                                                                               | City; State; Zip Code<br><b>Lufkin, TX 75901</b> |  |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><b>Banking</b>                                                                            |                                                  |  |
|                                                            | Description<br><b>service charge</b>                                                                                                                      |                                                  |  |
|                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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                                                       | Payee name                                                                                                                                                |       |                 |
| Amount (\$)                                                | Payee address;                                                                                                                                            | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE                                     | <input type="checkbox"/> Check if individual's residence address.                                                                                         |       |                 |
|                                                            | Category (See Categories listed at the top of this schedule)                                                                                              |       | Description     |
|                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# 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: <u>1</u>                   |
| 2 FILER NAME <u>Kenneth Jeffrey</u>                                                    |                                                                                                                       | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><u>1-13-26</u>                                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Eric Estes, Adriana Estes</u> | 7 Amount of contribution (\$) <u>\$2,000.-</u>        |
| 6 Contributor address; City; State; Zip Code<br><u>P.O. Box 1502 Magnolia TX 77353</u> |                                                                                                                       |                                                       |
| 8 Principal occupation / Job title (See Instructions)                                  |                                                                                                                       | 9 Employer (See Instructions)<br><u>Self Employed</u> |

|                                                     |                                                                                 |                             |
|-----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| Date                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
|                                                     | Contributor address; City; State; Zip Code                                      |                             |
| Principal occupation / Job title (See Instructions) |                                                                                 | Employer (See Instructions) |

|                                                     |                                                                                 |                             |
|-----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| Date                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
|                                                     | Contributor address; City; State; Zip Code                                      |                             |
| Principal occupation / Job title (See Instructions) |                                                                                 | Employer (See Instructions) |

|                                                     |                                                                                 |                             |
|-----------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| Date                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
|                                                     | Contributor address; City; State; Zip Code                                      |                             |
| 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.

# 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" ••

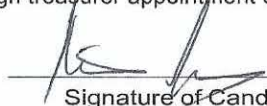
1 C/OH NAME

Kenneth L. Jeffrey

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:

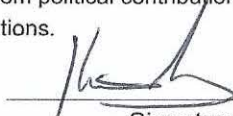
- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with 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