CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 11 MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** MAILING 513 Sullivan City Dr. Sullivan City TX **ADDRESS** Change of Address PHONE NUMBER AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 533-5684 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Viviana Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** 3706 Tulipan st. Mission Tx 785 73 (Residence or Business) 8 CAMPAIGN **TREASURER** PHONE (956)533-41189 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month Day 10 PERIOD COVERED 26/25 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff ___ Other Day General Special 05/03/25 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE rouncilmember THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,010
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 39 35.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 39 35.53 \$12189.55
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit MA Nota My C Oc	RISSA SEPULVEDA Ary ID #129594526 Commission Expires Ctober 20, 2025 A before me by this the	1st day of May.
Sworn to and subscribed	which, witness my hand and seal of affice.	Malan
Signature of officer admirtist	ering oath Printed name of officer administering oath	Title of officer administering oath
Signatule of officer administr	OR	
(2) Unsworn Declarat		
My name is	, and my date of birth is	
İ		
Executed in	(street) (city) (County, State of , on the day of (month	, , , , , , , , , , , , , , , , , , , ,
		idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8010
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 CO	NTRIBUTIONS	\$ 2935 <i>53</i>
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 FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

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	René Peña	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)		
03-27-85	Line barger (70g gan Blair & Sampson UP) 6 Contributor address; City; State; Zip Code P.O. Box 17408 Auslin TX 78760	\$500		
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
04-17-35	Line borger (10ggan Blair & Sampson LLP Contributor address; City; State; Zip Code	\$ 1,000		
	P.O. Box 17408 Austin Tx 78760			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
04-91-05	Contributor address; City; State; Zip Code	\$ 4,260		
	3706 Tulipan St. Mission Ty 78573			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	otions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
VM-020.32	El Mostackon Transport LLC Contributor address; City; State; Zip Code	\$ 1,950		
· ·	2005 W. 3 mile RD mission Tx 78579			
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)		
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:
FILER NAME	Rene Peña		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4-04-85	May Having LLC 6 contributor address; City; State; Zip Code P.O. BOX 983 Sullivan City TX 78595		\$1,000
	P.O. Box 983 Sullivan c	ity TX 78595	
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	E
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

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 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)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Rene Pera	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
04-21-25	Family Dollar	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
43.30	900 W. Expressiony 83	Sullivan City TX 78595
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF EXPENDITURE	Food Beverage Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
04-23-25	3trine's	
Amount (\$)	Stripe's Payee address;	City; State; Zip Code
\$ 60.89	800 W. Expressiony 83	Sullivan City Ty 78595
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF	to sin	
EXPENDITURE	Lood Beverage Expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
5.4	Payee name	
Date		
04-21-25	Sam's club	
Amount (\$)	Payee address;	City; State; Zip Code
1		
3 1, 267.93	1400 E. Jackson Ave Mc	alled ty 78503
	Category (See Categories listed at the top of this schedule)	Description
	Category (See Categories listed at the top of the controller)	·
PURPOSE OF	m .1	
EXPENDITURE	Food/ Beverage Expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THE	COUEDIN E AS NEEDED
	ATTACH ADDITIONAL COPIES OF THIS	O SUNEDULE AS REEDLD

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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y 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:	2 FILER NAME Rene Pera		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04-21-25	Burger King		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 25.96	2120 N. Lattoma RD.	Mission TX 78	572
8	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description	
PURPOSE			
OF EXPENDITURE	Food/Baverage Exper	15e	
	(C) Check if travel outside of Texas. Complete Sch	-	n, TX, officeholder living expense
O Complete ONLY if disease	Candidate / Officeholder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/Oh		Cinco Sough	3,113
Date	Payee name		
UU-22-25	Transacta R V		
Amount (\$)	Trevinos Bakery Pavee address:	City;	State; Zip Code
4	r ayee address,		
9.36	1100 W. Expressions	83 sullivanci	y Tx 78595
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE	l ·		
OF	En 120	v. 113	
EXPENDITURE	TOOD I DEVENGE EXPEN	<u>X</u>	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	ı		
	Davis		
Date	Payee name		
141-20-095	T1 - = 1 1 : 0 1		
14-03 83	FIRSTA SOLUTION DU	City;	State; Zip Code
Amount (\$)	Payee address;	City,	State, Zip Code
in in	0	1	78574
101. 21	1410 N. 492 FM P	almuiew tx	733 74
	Category (See Categories listed at the top of this sch	edule) Description	5 x
PURPOSE	•		
OF EXPENDITURE	FOOD BELEVAGE EXP		
	Check if travel outside of Texas, Complete Sche	Charle if Austle	n, TX, officeholder living expense
		<u> </u>	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Onice neid ,
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED
			D 4 4/4/2025

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic	1 111,0	ng Expense ies/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	-	Other lettles a category not asted above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
rotal pages conceas i i.	Reve Pera		The 15 (called commission Frierd)
4 Date	5 Payee name		7
04-25-21	H.E.B		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 241.9b	6010 W. Expuy83 Pa	Image of the	78570
0911.10		amore w 1x	485 fd
8 .	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	
PURPOSE OF	3		
EXPENDITURE	FOOD BELEVAGE EXPENSE		
	(C) Check if travel outside of Texas. Complete Schedule	Check If Austir	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	н	-	
Date	Payee name		
Date	T dyoc hame		
04-23-25	Dallas agresal		
Amount (\$)	Dollar general Payee address;	City;	State; Zip Code
4		15.1	
\$ 22.74	505 E. Expressivey 83	Sollivan Cit	ly TX 78595
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		000 0049	
Date	Payee name		
04-15-25	121		
	Florevia Lee		
Amount (\$)	Payee address;	City;	State; Zip Code
\$50.82	1010 5. 10thst Meall	en TX 7850	ol .
	Category (See Categories listed at the top of this schedule)	Description	• .
PURPOSE			
OF EXPENDITURE	End Francis		
with with other	Event Expense		
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		IIO COLUEDIU E LO L'EE	NED.
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	שבט

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CA	TEGORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equi Travel In District Travel Out Of Distri Other (enter a categ	pment & Related Ex	-
Credit Card Payment		The Instruction Guide exp	lains how to c	omplete this form.	_		
1 Total pages Schedule F1:	2 FILER N	AME ROSE DE	7 4		3 Filer ID (Ethic	s Commission Fil	ers)
4 Date	5 Payee na	ame	4 101				
00-16-25	Bo	de Tour G	recen				
6 Amount (\$)	7 Payee ac		U.C. Cary	City;	State;	Zip Code	
\$ 98.51	319E	= Expressionay	33 S	ullivan ci	ly TX 783	595	
8	(a) Categor	y (See Categories listed at the top of	this schedule)	(b) Description			-
PURPOSE							
OF EXPENDITURE	Food	Beverage Ex					
	(c)	Check if travel outside of Texas. Comple	1	Charle if Asset	- TV -46		
			ste ochedoje 1,		n, TX, officeholder living		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
D-4-	Davasas						
Date	Payee na	ime					
04-10-25	Fic	e Below					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
134.93	as 15	TE. Expression	ry 83	Mission	TX 7837:	J	
	Category	(See Categories listed at the top of t	nis schedule)	Description			
PURPOSE							
OF EXPENDITURE	Even) Expense					
;		•	la Cabadula T		TV -40-1-1-1-1-1		
		Check if travel outside of Texas, Comple	le Schedule 1.		n, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame		,			
	•						
04-15-25	Sam	5 Club					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
\$ 250.90	1400	E. Jackson A	NO N	callen TX	78503		
	Category	(See Categories listed at the top of the	is schedule)	Description			6 X
PURPOSE							
OF EXPENDITURE	Even	+ Expense					
-		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held	¥
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 04-03-25 Walman 6 Amount (\$) City; 7 Payee address; Zip Code State;

417.36	1703 Expression 3	Peritos IX 105 Ho
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event Expense	
	(C) Charle if travel autoida of Tayon Complete Schoolule T	Objects to Assettle TV - Wiss bodden Bodge over and

9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04-03-25	H.E.B		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 210.36	4031 E. Highway 83	Rio Grande Cit	1 JX 78283
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Pavee name		

Zip Code Amount (\$) City; State: Payee address;

Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought

expenditure to benefit C/OH

Complete ONLY if direct

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 N	AME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	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.					
		Signatur	re of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> 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	om 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.					
	В.	ASSETS				
	Check	only one:				
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
		S	Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••	<u>, </u>			
	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.					
		Si	gnature of Officeholder			