

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$

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

\$ 8,693.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 18,378.⁰⁹

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

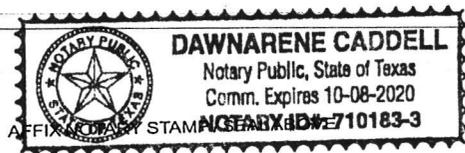
\$

18 AFFIDAVIT

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.

Arnold S. Zwicke

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Arnold S. Zwicke, this the 19th day of March, 2020, to certify which, witness my hand and seal of office.

Dawnarene Caddell
Signature of officer administering oath

Dawnarene Caddell
Printed name of officer administering oath

Notary Public
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1: ~~4~~ 5

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-25-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Douglas Parker

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address; City; State; Zip Code

1005 E. Court., Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-25-2020

Full name of contributor out-of-state PAC (ID#: _____)

Virginia Chapman

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 2353, Seguin, TX 78156

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-20

Full name of contributor out-of-state PAC (ID#: _____)

Jud & Judy Alexander

Amount of contribution (\$)

\$200⁰⁰

Contributor address; City; State; Zip Code

318 Montwood, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-20

Full name of contributor out-of-state PAC (ID#: _____)

Shawn Brown

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

540 S. St. Mary's St., San Antonio, TX 78205

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-25-2020

5 Full name of contributor

Guillermo Lara Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500⁰⁰

6 Contributor address;

City;

State;

Zip Code

310 S. St. Mary's St., San Antonio, TX 78205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-25-2020

Full name of contributor

Neil Caffes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City;

State;

Zip Code

310 S. St. Mary's St., San Antonio, TX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-20

Full name of contributor

David Christian

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

City;

State;

Zip Code

1800 McCullough Ave., San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-2020

Full name of contributor

The Oak Tavern

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200⁰⁰

Contributor address;

City;

State;

Zip Code

110 E. Gonzalez St., Seguin, TX 78155

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

2-28-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Thomas Schleier

7 Amount of contribution (\$)

\$250⁰⁰

6 Contributor address; City; State; Zip Code

101 E. Nolte, Ste. 209, Seguin, TX 78155

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-29-2020

Full name of contributor out-of-state PAC (ID#: _____)

Linda Dietz

Amount of contribution (\$)

\$100⁰⁰

Contributor address; City; State; Zip Code

1498 E. Court, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-2020

Full name of contributor out-of-state PAC (ID#: _____)

Yolanda Sutter

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 357, Marion, TX 78124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-2020

Full name of contributor out-of-state PAC (ID#: _____)

Kim & Debra Grier

Amount of contribution (\$)

\$500⁰⁰

Contributor address; City; State; Zip Code

4822 Weil Rd., Marion, TX 78124

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

3-3-2020

5 Full name of contributor

Bill Gunn

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200⁰⁰

6 Contributor address;

City;

State;

Zip Code

1740 Wind Song Ln, New Braunfels, TX 78130

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-3-2020

Full name of contributor

Cecil & Syndra Schulze

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200⁰⁰

Contributor address;

City;

State;

Zip Code

2486 N. Hwy 46, Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-2020

Full name of contributor

Jack Alves

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300⁰⁰

Contributor address;

City;

State;

Zip Code

2057 Chinaberry, New Braunfels, TX 78130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Arnold S. Zwicke

3 Filer ID (Ethics Commission Filers)

4 Date

3-13-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Kip & Kim Mueller

7 Amount of contribution (\$)

\$ 250⁰⁰

6 Contributor address; City; State; Zip Code

1752 Lakeview Tr., McQueeney, TX 78123

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-13-2020

Full name of contributor out-of-state PAC (ID#: _____)

George & Kathy Campbell

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address; City; State; Zip Code

174 Lakeside Dr., Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-18-2020

Full name of contributor out-of-state PAC (ID#: _____)

Kathleen Gerloff

Amount of contribution (\$)

\$ 1,000.⁰⁰

Contributor address; City; State; Zip Code

1547 Eastridge Pkwy., Seguin, TX 78155

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Arnold S. Zwicke		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3-13-2020	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken McConnell	8 Amount of Contribution \$ \$2193.⁰⁰	9 In-kind contribution description Advertising
7 Contributor address; City; State; Zip Code 4040 IH10 West, Seguin, TX 78155		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation /	Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal	occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law	firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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

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: 2	2 FILER NAME Arnold S. Zwicke	3 Filer ID (Ethics Commission Filers)
4 Date 2-22-2020	5 Payee name Seguin Christian Academy	
6 Amount (\$) \$375⁰⁰	7 Payee address; City; State; Zip Code 1456 E. Kingsbury St., Seguin, TX 78155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Purchased two Auction Items (chairs) @ Fundraiser
	(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 2-23-2020	Payee name Elm Creek Christ Lutheran Church	
Amount (\$) \$335⁰⁰	Payee address; City; State; Zip Code 3305 Church Rd., Seguin, TX 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Purchased Auction Items @ Fundraiser
	<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 2-28-2020	Payee name Cadence Targeted Communications	
Amount (\$) \$13,409.46	Payee address; City; State; Zip Code 829 Tom Sawyer Rd., Dripping Springs, TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mail outs
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 2 FILER NAME **Arnold S. Zwicker** 3 Filer ID (Ethics Commission Filers)

4 Date **2-27-2020** 5 Payee name **Seguin Gazette**

6 Amount (\$) **\$496¹⁰** 7 Payee address; City; State; Zip Code
P.O. Box 1200, Seguin, TX 78156

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule) **Advertising** (b) Description **Newspaper Ad**
(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 **2-27-2020** Payee name **Marion Education Foundation**

Amount (\$) **\$210⁰⁰** Payee address; City; State; Zip Code
P.O. Box 314, Marion, TX 78124

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) **Other** Description **Purchased Auction Items @ Fundraiser**
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

Date **3-3-2020** Payee name **Power Plant**

Amount (\$) **\$3,552.⁵³** Payee address; City; State; Zip Code
2006 Stockdale Hwy., Seguin, TX 78155

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule) **Food & Beverage Expense** Description **Election Night Event**
 Check if travel outside of Texas. Complete Schedule T. 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

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

Arnold S. Zwicke

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