



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (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.

N/A

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

"A Very Merry Christmas in District 4"

SPECIFIC

COMMITTEE ADDRESS

713 South M Street  
Harlingen, Texas 78550

COMMITTEE CAMPAIGN TREASURER NAME

Corinz De la Rosa

COMMITTEE CAMPAIGN TREASURER ADDRESS

502 North Q Street  
Harlingen, Texas 78550

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ 150.00

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

\$ 2,759.08

EXPENDITURE  
TOTALS

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

\$ 256.15

4. TOTAL POLITICAL EXPENDITURES

\$ 991.03

CONTRIBUTION  
BALANCE

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

\$ 1,172.00

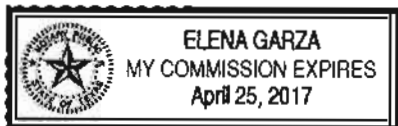
OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rubende la Rosa, this the 9th day of January, 20 17, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Elena Garza  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A:                                     |  |
| 2 FILER NAME<br><i>Ruben De La Rosa</i>   |   | 3 ACCOUNT # (Ethics Commission Filers)                        |  |
| 4 Date<br><i>12/1/16</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>HEB</i>             | 7 Amount of contribution (\$)<br><i>\$60.00</i>               | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>613 South Expressway 83<br/>Harlingen, Texas 78550</i> |   | (If travel outside of Texas, complete Schedule T)             |  |
| 9 Principal occupation / Job title (See Instructions)<br><i>Art Tovi2s / Store manager</i>                |   | 10 Employer (See Instructions)<br><i>HEB</i>                  |  |
| Date<br><i>12/8/16</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Sergio De Leon</i>    | Amount of contribution (\$)<br><i>\$200.00</i>                | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>2109 Whitetail Drive<br/>Harlingen, Texas 78550</i>      |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>Registered Nurse</i>                            |   | Employer (See Instructions)<br><i>Veterans Clinic</i>         |  |
| Date<br><i>12/10/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Paula Cruz</i>        | Amount of contribution (\$)<br><i>\$150.00</i>                | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>2506 Shofner Lane<br/>Harlingen, Texas 78552</i>         |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>Retired</i>                                     |   | Employer (See Instructions)<br><i>Retired</i>                 |  |
| Date<br><i>11/2/16</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>RGV Jzyces</i>        | Amount of contribution (\$)<br><i>\$100.00</i>                | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>P.O. Box 38<br/>Rio Hondo, Texas 78583</i>               |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>Diana Bustamonte / Director</i>                 |   | Employer (See Instructions)<br><i>RGV Jzyces organization</i> |  |
| Date<br><i>10/28/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Golf Cart Repairs</i> | Amount of contribution (\$)<br><i>\$100.00</i>                | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>19591 FM 508<br/>Harlingen, Texas 78550</i>              |   | (If travel outside of Texas, complete Schedule T)             |  |
| Principal occupation / Job title (See Instructions)<br><i>Jessica Quintanilla</i>                         |   | Employer (See Instructions)<br><i>Golf Cart Repairs</i>       |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A:   |  |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission Filers)                                  |  |
| 4 Date<br><i>12/13/16</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>F&amp;I (Finance &amp; Insurance System)</i> | 7 Amount of contribution (\$)<br><i>\$100.00</i>                        | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>1201 W. VAN BUREN<br/>Harlingen, Texas 78550</i> |   | (If travel outside of Texas, complete Schedule T)                       |  |
| 9 Principal occupation / Job title (See Instructions)<br><i>OWNER / Insurance Agent</i>             |   | 10 Employer (See Instructions)<br><i>FINANCE &amp; INSURANCE SYSTEM</i> |  |
| Date<br><i>12/13/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Louise Davis</i>                               | Amount of contribution (\$)<br><i>\$100.00</i>                          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>2314 ANN ARBOR<br/>Harlingen, Texas 78550</i>      |   | (If travel outside of Texas, complete Schedule T)                       |  |
| Principal occupation / Job title (See Instructions)<br><i>OWNER / Insurance Agent</i>               |   | Employer (See Instructions)<br><i>FINANCE &amp; INSURANCE SYSTEM</i>    |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  | Amount of contribution (\$)   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code  |   | (If travel outside of Texas, complete Schedule T)                       |  |
| 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 (\$)   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code  |   | (If travel outside of Texas, complete Schedule T)                       |  |
| 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 (\$)   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code  |   | (If travel outside of Texas, complete Schedule T)                       |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)   |  |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |   |  |  |
|--|--|---|--|--|
| The Instruction Guide explains how to complete this form.  |  |   | 1 Total pages Schedule A:                          |  |
| 2 FILER NAME<br><i>Ruben De La Rosa</i>  |  |   | 3 ACCOUNT # (Ethics Commission Filers)             |  |
| 4 Date<br><i>10/19/16</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>MB Trucking</i>         | 7 Amount of contribution (\$)<br><i>\$100.00</i>        | 8 In-kind contribution description (if applicable) |  |
| 6 Contributor address, City, State, Zip Code<br><i>4201 Wood Ave,<br/>Harlingen, Texas</i>           |  | (If travel outside of Texas, complete Schedule T)       |  |  |
| 9 Principal occupation / Job title (See Instructions)<br><i>manuel Bazzan / owner</i>                |  | 10 Employer (See Instructions)<br><i>MB TRUCKING</i>    |  |  |
| Date<br><i>11/19/16</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Alicia</i>                | Amount of contribution (\$)<br><i>\$100.00</i>          | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code   |  | (If travel outside of Texas, complete Schedule T)       |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                             |  |  |
| Date<br><i>12/1/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Ruiz Law Firm, PLLC</i>   | Amount of contribution (\$)<br><i>\$200.00</i>          | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code<br><i>1106 East Tyler Ave<br/>Harlingen, Texas 78550</i>  |  | (If travel outside of Texas, complete Schedule T)       |  |  |
| Principal occupation / Job title (See Instructions)<br><i>GUS RUIZ / Attorney</i>                    |  | Employer (See Instructions)<br><i>RUIZ LAW FIRM</i>     |  |  |
| Date<br><i>12/6/16</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Sue Ann Teubert</i>       | Amount of contribution (\$)<br><i>\$50.00</i>           | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code<br><i>Rio Hondo, Texas 78583</i>                          |  | (If travel outside of Texas, complete Schedule T)       |  |  |
| Principal occupation / Job title (See Instructions)<br><i>Realtor</i>                                |  | Employer (See Instructions)<br><i>Remax</i>             |  |  |
| Date<br><i>12/14/16</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>George Cunningham Co.</i> | Amount of contribution (\$)<br><i>\$549.08</i>          | In-kind contribution description (if applicable)   |  |
| Contributor address; City, State, Zip Code<br><i>610 North Express 77<br/>Harlingen, Texas 78550</i> |  | (If travel outside of Texas, complete Schedule T)       |  |  |
| Principal occupation / Job title (See Instructions)<br><i>JM Selzner / Manager</i>                   |  | Employer (See Instructions)<br><i>George Cunningham</i> |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

**Ruben De La Rosa**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**10/26/16**

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

**L D Gray**

7 Amount of contribution (\$)

**\$500.00**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

**1716 Palm Valley DR E  
Harlingen, TX. 78552**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**Retired**

10 Employer (See Instructions)

**N/A**

Date

**11/6/16**

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

**Gerry Water**

Amount of contribution (\$)

**\$50.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**34 Alvarado Ave  
Rancho Viejo, TX. 78575**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A**

Date

**12/1/16**

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

**Rodeo Dental**

Amount of contribution (\$)

**\$250.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**1141 US BUSINESS 77 Suite G  
San Benito, TX. 78586**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Dentist Clinic**

Employer (See Instructions)

**Rodeo Dental**

Date

**12/4/16**

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

**Cesar R. Cruz**

Amount of contribution (\$)

**\$50.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**11621 Arbor Downs Road  
Austin, Texas 78748**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Assistant Administrator Director**

Employer (See Instructions)

**Excel Fitness**

Date

**12/8/16**

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

**Trinity Funeral Home**

Amount of contribution (\$)

**\$100.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**1002 East Harrison Ave  
Harlingen, TX. 78550**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Funeral Home**

Employer (See Instructions)

**Trinity Funeral Home**

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|  |   |   |   |
|--|---|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule B: <b>2</b>                |   |
| 2 FILER NAME<br><i>Ruben De La Rosa</i>  |   | 3 ACCOUNT # (Ethics Commission Filers)            |   |
| 4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   |   |   | \$  |
| 5 Date<br><i>12/9/16</i>   | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>MSI Mexican Snacks, Inc.</i> | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable)<br><i>Donated Chips</i>                       |
| 7 Pledgor address; City; State; Zip Code<br><i>826 North FM 509<br/>Harlingen, Texas 78550</i>   |   | (If travel outside of Texas, complete Schedule T) |   |
| 10 Principal occupation / Job title (See Instructions)   |   | 11 Employer (See Instructions)                    |   |
| Date<br><i>12/16/16</i>  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Quality Rental</i>             | Amount of pledge (\$)                             | In-kind description (if applicable)<br><i>Loan Horse Tent</i>                       |
| Pledgor address; City; State; Zip Code<br><i>322 North eye Street<br/>Harlingen, Texas 78550</i> |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |   |
| Date<br><i>12/16/16</i>  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Chick-fil-A</i>                | Amount of pledge (\$)                             | In-kind description (if applicable)<br><i>Donated cookie + Ice Cream Gift Cards</i> |
| Pledgor address; City; State; Zip Code<br><i>1021 Dixieland Road<br/>Harlingen, Texas 78552</i>  |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |   |
| Date<br><i>12/16/16</i>  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>7 UP Bottling Company</i>      | Amount of pledge (\$)                             | In-kind description (if applicable)<br><i>Donated Drinks</i>                        |
| Pledgor address; City; State; Zip Code<br><i>915 North Ed Carey<br/>Harlingen, Texas 78550</i>   |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |   |
| Date<br><i>12/17/16</i>  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:<br><i>Stefano's Brooklyn Pizze</i>   | Amount of pledge (\$)                             | In-kind description (if applicable)<br><i>Donated Pizze</i>                         |
| Pledgor address; City; State; Zip Code<br><i>4201 US 83<br/>Harlingen, Texas 78552</i>           |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |   |

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |   |   |   |
|---|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule B.                         |   |
| 2 FILER NAME<br><i>Ruben De La Rosa</i>   |   | 3 ACCOUNT # (Ethics Commission Filers)            |   |
| 4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$                                      |   |   |   |
| 5 Date<br><i>10/1/16</i>  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Terry Duran</i>           | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable)<br><i>Invitations (Donation)</i>              |
| 7 Pledgor address; City; State; Zip Code<br><i>307 McCain Ave.<br/>Raymondville, Texas 78580</i>    |   | (If travel outside of Texas, complete Schedule T) |   |
| 10 Principal occupation / Job title (See Instructions)  |   | 11 Employer (See Instructions)                    |   |
| Date<br><i>12/17/16</i>   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Averett Express, Inc.</i>   | Amount of pledge (\$)                             | In-kind description (if applicable)<br><i>Donated Popcorn</i>                       |
| Pledgor address; City; State; Zip Code<br><i>800 US Express, 83<br/>L2 Feri'2, Texas 78559</i>      |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |   |
| Date<br><i>12/17/16</i>   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>EarthCo. Civ'l Engineer</i> | Amount of pledge (\$)                             | In-kind description (if applicable)<br><i>Donated storage space for event items</i> |
| Pledgor address; City; State; Zip Code<br><i>1110 West Jackson Ave.<br/>Harlingen, Texas 78550</i>  |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |   |
| Date<br><i>12/17/16</i>   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Knights of Columbus</i>     | Amount of pledge (\$)                             | In-kind description (if applicable)<br><i>cooked Hot dogs</i>                       |
| Pledgor address; City; State; Zip Code<br><i>1701 East Harrison Ave.<br/>Harlingen, Texas 78550</i> |   | (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#: _____)                                   | Amount of pledge (\$)                             | In-kind description (if applicable)   |
| Pledgor address; City; State; Zip Code  |   | (If travel outside of Texas, complete Schedule T) |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |   |

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# LOANS

# SCHEDULE E

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.               |   | 1 Total pages Schedule E:  |
| 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$              |   |  |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y    N                      | 8 Lender address;    City;    State;    Zip Code                        | 10 Interest rate   |
|   |   | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |   | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |   | 15 Check if personal funds were deposited into political account<br><input type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor  |  |
|   | 18 Guarantor address;    City;    State;    Zip Code                    |  |
| 20 Principal Occupation (See Instructions)                              |   | 21 Employer (See Instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y    N                        | Lender address;    City;    State;    Zip Code                          | Interest rate  |
|   |   | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |   | Check if personal funds were deposited into political account<br><input type="checkbox"/>    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor   |  |
|   | Guarantor address;    City;    State;    Zip Code                       |  |
| Principal Occupation (See Instructions)                                 |   | Employer (See Instructions)  |

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F:                           | <b>2</b> FILER NAME  | <b>3</b> ACCOUNT # (Ethics Commission Filers)                             |
| <b>4</b> Date  | <b>5</b> Payee name  |   |
| <b>6</b> Amount (\$)                                       | <b>7</b> Payee address; City; State; Zip Code                    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                            | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T)         |
|  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <b>ONLY</b> 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                                     | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)             |
|  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <b>ONLY</b> 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                                     | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)             |
|  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <b>ONLY</b> 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                                     | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)             |
|  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <b>ONLY</b> 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                                     | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)             |
|  |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought      Office held  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G  | <b>2</b> FILER NAME   | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date  | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address, City, State, Zip Code                           |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Date   | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                                    |   |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Date   | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                                    |   |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
| Date   | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code                                    |   |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)            | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule H:                             | <b>2</b> FILER NAME   | <b>3</b> ACCOUNT # (Ethics Commission Filers)                            |
| <b>4</b> Date  | <b>5</b> Business name  |  |
| <b>6</b> Amount (\$)   | <b>7</b> Business address; City; State; Zip Code                          |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See categories listed at the top of this schedule)   | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |
| Date   | Business name   |  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See categories listed at the top of this schedule)              | Description (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   | Business name   |  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See categories listed at the top of this schedule)              | Description (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   | Business name   |  |
| Amount (\$)  | Business address; City; State; Zip Code                                   |  |
| PURPOSE OF EXPENDITURE                                       | Category (See categories listed at the top of this schedule)              | Description (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   |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|                                       |   |  |
|---------------------------------------|---|--|
| 1 Total pages Schedule I:<br><b>3</b> | 2 FILER NAME<br><b>Ruben De La Rosa</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---|--|

|                           |                                    |
|---------------------------|------------------------------------|
| 4 Date<br><b>12/13/16</b> | 5 Payee name<br><b>Hobby hobby</b> |
|---------------------------|------------------------------------|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><b>\$ 26.98</b> | 7 Payee address; City; State; Zip Code<br><b>2209 West Lincoln<br/>Hartlingen, Texas 78552</b> |
|----------------------------------|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.)<br><b>ink stamps &amp; pads</b> |
|--------------------------|---|--|

|                         |                              |
|-------------------------|------------------------------|
| Date<br><b>12/16/16</b> | Payee name<br><b>Henry's</b> |
|-------------------------|------------------------------|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><b>\$ 23.59</b> | Payee address; City; State; Zip Code<br><b>715 South Lewis Lane<br/>Hartlingen, Texas 78552</b> |
|--------------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.)<br><b>Hair nets</b> |
|------------------------|---|--|

|                         |                                 |
|-------------------------|---------------------------------|
| Date<br><b>12/13/16</b> | Payee name<br><b>SAM'S CLUB</b> |
|-------------------------|---------------------------------|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><b>\$ 173.25</b> | Payee address; City; State; Zip Code<br><b>621 North Express, 77<br/>Hartlingen, Texas 78550</b> |
|---------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.)<br><b>Candy, brown bass, traps</b> |
|------------------------|---|---|

|                         |                          |
|-------------------------|--------------------------|
| Date<br><b>12/17/16</b> | Payee name<br><b>HEB</b> |
|-------------------------|--------------------------|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><b>\$ 560.83</b> | Payee address; City; State; Zip Code<br><b>613 South Express, 83<br/>Hartlingen, Texas 78550</b> |
|---------------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.)<br><b>FRANKS, Hot dogs buns, condiments</b> |
|------------------------|---|--|

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|                                 |   |   |
|---------------------------------|---|---|
| 1 Total pages Schedule I:<br>-- | 2 FILER NAME<br>Ruben Delez Rosa  | 3 ACCOUNT # (Ethics Commission Filers)  |
| 4 Date<br>11/13/16              | 5 Payee name<br>Office Depot  |   |
| 6 Amount (\$)<br>\$ 97.37       | 7 Payee address; City; State; Zip Code<br>605 South Expressway 83<br>Harlingen, Texas 78550 |   |
| 8 PURPOSE OF EXPENDITURE        | (a) Category (See instructions for examples of acceptable categories)                       | (b) Description (See instructions regarding type of information required.)<br>Copy Paper, Envelops                  |
| Date<br>11/27/16                | Payee name<br>Vista Print   |   |
| Amount (\$)<br>45.00            | Payee address; City; State; Zip Code<br>95 Hayden Ave.<br>Lexington, MA 02421-7942          |   |
| PURPOSE OF EXPENDITURE          | (a) Category (See instructions for examples of acceptable categories)                       | (b) Description (See instructions regarding type of information required.)<br>merry Christmas cards for candy bags. |
| Date                            | Payee name<br>Snapfish Print'ns   |   |
| Amount (\$)<br>\$ 29.00         | Payee address; City; State; Zip Code<br>10550 Ewing Road<br>Beltville, MD 20705             |   |
| PURPOSE OF EXPENDITURE          | (a) Category (See instructions for examples of acceptable categories)                       | (b) Description (See instructions regarding type of information required.)<br>EVENTS THANK YOU cards                |
| Date<br>12/2/16                 | Payee name<br>Office Depot  |   |
| Amount (\$)<br>\$ 20.01         | Payee address; City; State; Zip Code<br>605 South Expressway 83<br>Harlingen, Texas 78550   |   |
| PURPOSE OF EXPENDITURE          | (a) Category (See instructions for examples of acceptable categories)                       | (b) Description (See instructions regarding type of information required.)<br>Printing Paper for certificates       |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

|                               |   |  |
|-------------------------------|---|--|
| 1 Total pages Schedule I:     | 2 FILER NAME<br><i>Ruben De La Rosa</i>   | 3 ACCOUNT # (Ethics Commission Filers)   |
| 4 Date<br><i>12/9/16</i>      | 5 Payee name<br><i>City of Harlingen</i>  |  |
| 6 Amount (\$)<br><i>15.00</i> | 7 Payee address: City: State: Zip Code<br><i>502 East Tyler<br/>Harlingen, TX 78556</i> |  |
| 8 PURPOSE OF EXPENDITURE      | (a) Category (See instructions for examples of acceptable categories)                   | (b) Description (See instructions regarding type of information required.)<br><i>Food Permit</i> |

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

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

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|------------------------|---|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

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

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|------------------------|---|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

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

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
|------------------------|---|--|

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

|   |                           |
|---|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: |
|---|---------------------------|

|              |  |
|--------------|--|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------|--|

|  |   |               |
|--|---|---------------|
| 4 Date                                 | 5 Name of person from whom amount is received<br>.....<br>6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount (\$) |
| 7 Purpose for which amount is received |   |               |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received<br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received |   |             |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received<br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received |   |             |

|                                      |   |             |
|--------------------------------------|---|-------------|
| Date                                 | Name of person from whom amount is received<br>.....<br>Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received |   |             |

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule T:              |
| 2 FILER NAME  |  | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input checked="" type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |  |  |
| 6 Dates of travel   | 7 Name of person(s) traveling  |  |
|   | 8 Departure city or name of departure location                               |  |
|   | 9 Destination city or name of destination location                           |  |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E              |  |  |
| Dates of travel   | Name of person(s) traveling  |  |
|   | Departure city or name of departure location                                 |  |
|   | Destination city or name of destination location                             |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E              |  |  |
| Dates of travel   | Name of person(s) traveling  |  |
|   | Departure city or name of departure location                                 |  |
|   | Destination city or name of destination location                             |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |

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# 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

2 ACCOUNT # (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