#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST MI **OFFICE USE ONLY OFFICEHOLDER** Jill NAME Date Received SUFFIX **NICKNAME** LAST Palmer ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE CANDIDATE / **OFFICEHOLDER** 121 Live Oak Dr MAILING Amount **ADDRESS** Change of Address Wylie, TX 75098 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI TREASURER NAME NICKNAME LAST **SUFFIX** APT / SUITE #; STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); CITY; CAMPAIGN **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE REPORT 15th day after campaign treasurer appointment (officeholder only) TYPE January 15 IXI 30th day before election Runoff **Exceeded** modified Final Report (Attach C/OH-FR) 8th day before election July 15 reporting limit Year Month PERIOD Day Year Day COVERED **THROUGH** 09/29/2022 07/01/2022 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Month Day Year X Primary Runoff Other 11/08/2022 Special General OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Wylie ISD School Board of Trustee, Place 1 **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

SOFFORFE	X TOTALO				2 of 15		
13 C / OH NAME	Palmer, Jill		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this information	the candidate's or officeh	older's knov	vledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		12 Test			
	X GENERAL	We the People WAM					
		COMMITTEE ADDRESS					
	SPECIFIC	2005 Highland Drive			<u>.</u> 3		
		Wylie , TX 75098		12			
	COMMITTEE CAMPAIGN TREASURER NAME						
		Schwerin , Michael	a <sup>re</sup>				
COMMITTEE CAMPAIGN TREASURER ADDRESS 2005 highland drive							
		wylie , TX 75098					
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, ECTRONICALLY)	\$	0.00				
	\$	5,520.00					
EXPENDITURE TOTALS	3- XIII-33	\$	0.00				
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	2,389.53		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING P	CAL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$	1,380.47		
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	S OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT							
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	companying o be reporte	report is d by me		
Distriction of the second of t	RHONDA ANN TR Notary Public, State of Comm. Expires 07-2 Notary ID 11806	8-2023 343 Signature	of Candidate or Officehol	lder			
3000001 2466	scribed before me, by the	Tim Palmas	, this the	tn	day		
Rhal Signature of of	ficer administering	Rhond Auntra Printed name of officer administering	Title of office	st. to er administer	the Sup		

# SUBTOTALS - C/OH

## FORM C/OH **COVER SHEET PG 3**

3 of :										
18 FILER NAM Palmer, Jill		19 Filer ID								
20 SCHEDULE NAME OF S			SUBTOTAL A	MOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,770.00						
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,750.00						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	2,389.53						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	ions	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	<i></i>						
	The Commission was at the state by us	22.2 22 2	Wantan V	2 5 1 95/250						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/15 2 FILER NAME 3 Filer ID Palmer, Jill Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) Date 09/09/2022 \$100.00 Brenner, Douglas 6 Contributor address; City; State; Zip Code 3700 Mapleshade Ln apt 3014 Plano, TX 75075 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/27/2022 \$100.00 Followwill, Dennis Contributor address; City; State; Zip Code 6419 Champion Way Colleyville, TX 76034 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 08/27/2022 Followwill, Rusty \$100.00 Contributor address; City; State; Zip Code 7008 Stoneridge Dr Fort Worth, TX 76182 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$1,000.00 08/17/2022 Girardot, Bryant Contributor address; City; State; Zip Code 121 NE 3rd Street, APT 2003, Fort Lauderdale, FL 33301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date 09/19/2022 Girardot, Efrain \$1,000.00 Contributor address; City; State; Zip Code 3104 Cornflower Dr Plano, TX 75075 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** www.ethics.state.tx.us Version V3.5.1.8b4250f1 Forms provided by Texas Ethics Commission

SCHEDULE A	11
pages Schedule A1: 2/4 Rpt: 5/15	
nt of Contribution (\$) \$1	100.00
nt of Contribution (\$)	100.00
int of Contribution (\$) \$	100.00
unt of Contribution (\$)	\$200.00
unt of Contribution (\$)	\$500.00
	Version V3.5.1.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/4 Rpt: 6/15 2 FILER NAME 3 Filer ID Palmer, Jill 5 Full name of contributor 7 Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/28/2022 Palmer, Jill \$70.00 6 Contributor address; City; State; Zip Code 121 Live Oak Drive Wylie, TX 75098 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$50.00 08/16/2022 Palmer, Melanie Contributor address; City; State; Zip Code 171 Longview Ln Bayfield, CO 81122 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$50.00 08/16/2022 Palmer, Wesley Contributor address; City; State; Zip Code 121 Live Oak Drive Wylie, TX 75098 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 09/10/2022 Purdue, Nicole \$50.00 Contributor address; City; State; Zip Code 6324 Creekwood Ct Sachse, TX 75048 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$100.00 08/21/2022 Rosman, John Contributor address; City; State; Zip Code 13420 Stanmere Dr Frisco, TX 75035 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) www.ethics.state.tx.us Version V3.5.1.8b4250f1 Forms provided by Texas Ethics Commission

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	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/15	
2	FILER NAME Palmer, Jill			3	Filer ID	
4	Date 08/27/2022		Full name of contributor	7	Amount of Contribution (\$)	\$50.00
			2273 Yellowflower Rd Frisco, TX 75033			
8	Principal occu	pat	ion / Job title (See Instructions)  9 Employer (See Instructions)	5)		
	Date 08/17/2022		Full name of contributor out-of-state PAC (ID#:) Willis, Lori Contributor address; City; State; Zip Code 111 Autumn Sage Dr		Amount of Contribution (\$)	\$100.00
	Principal occi	ıpa	Wylie, TX 75098  tion / Job title (See Instructions) Employer (See Instruction	s)		
F	orms provide	d b	y Texas Ethics Commission www.ethics.state.tx.us	BH GOST	Version V3.	5.1.8b4250i

## **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/15 FILER NAME Filer ID Palmer, Jill \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution 5 Date 6 Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 08/01/2022 Abreu-hill, Jacquelyn \$750.001 campaign yard sign Contributor address; City; State; Zip Code design 1806 Saxon Drive Houston, TX 77018 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) safey engineer ENI usa 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 07/29/2022 Elliot, Paul \$1,000.00 I DSN and domain Contributor address; City; State; Zip Code assistance 5825 Vineyard Lane Mckinney, TX 75070 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

## SCHEDULE F1

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

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 complete this form.	R 181 8 181
L Total pages Schedule F1:	2 FILER NAME 3 Filer ID	<del></del>
Sch: 1/7 Rpt: 9/15	Palmer, Jill	
Date	5 Payee name	
08/16/2022	Anedot Inc.	
\$ Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
B PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Completing Check if Austin, TX, officeholder living a Banking Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	d
Date	Payee name	
08/16/2022	Anedot Inc.	
Amount (\$) \$2.30	Payee address; City; State; Zip Code  1340 Poydras Street  Suite 1770  New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Comp  Check if Austin, TX, officeholder living  Banking Fees	
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Date 08/17/2022	Payee name Anedot Inc.	
Amount (\$) \$8.30	Payee address; City; State; Zip Code  1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Com  Check if Austin, TX, officeholder living  Banking Fees	
Complete ONLY if direct expenditure to benefit C/C		eld

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Git/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/7 Rpt: 10/15	Palmer, Jill
4		5 Payee name
	08/17/2022	Anedot inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street
		Suite 1770
	2077100	New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	08/17/2022	Anedot Inc.
V	Amount (\$)	Payee address; City; State; Zip Code
5	\$4.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
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	08/17/2022	Anedot Inc.
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		New Orleans, LA 70112
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	expenditure to benefit C/O	H
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## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

al pages Schedule F1: ch: 3/7 Rpt: 11/15 te /17/2022 rount (\$) \$4.30	Palmer, Jill  5 Payee name Anedot Inc.  7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112
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9/19/2022	Anedot Inc.
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9/19/2022	Anedot Inc.  Payee address; City; State; Zip Code  1340 Poydras Street
9/19/2022 mount (\$)	Anedot Inc.  Payee address; City; State; Zip Code  1340 Poydras Street Suite 1770
9/19/2022 mount (\$)	Anedot Inc.  Payee address; City; State; Zip Code  1340 Poydras Street Suite 1770 New Orleans, LA 70112
9/19/2022 mount (\$) \$20.30	Anedot Inc.  Payee address; City; State; Zip Code  1340 Poydras Street Suite 1770 New Orleans, LA 70112  (a) Category (See Categories listed at the top of this schedule)  (b) Description
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## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mmittee L	ift/Awards/Memorials Exper egal Services			Vages/	Contract Labor	Travel Out of District OTHER (enter a category not listed above	e)
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	Sch: 4/7 Rpt: 12/15		Palmer, Jill							
4	Date	5	Payee name							
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6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	ode			
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			Suite 1770							
			New Orleans	, LA 70112						
8	PURPOSE	(a)	Category (See	Categories listed at the top	of this sche	edule)	(b)	Description		
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			Suite 1770							
è			New Orleans	s, LA 70112						
	PURPOSE	(a	) Category (Se	e Categories listed at the to	p of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Accounting/					<b>_</b>	outside of Texas. Complete Schedule T.	
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## SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Accounting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa	Travel in District Travel Out of District OTHER (enter a category not listed above)		
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1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	
	Sch: 5/7 Rpt: 13/15	Palmer, Jill					
4	Date	5 Payee name		10			
	08/27/2022	Anedot Inc.					
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense Contributions/ Donations Made By Candidata/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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 Sch: 6/7 Rpt: 14/15 Palmer, Jill 4 Date 5 Payee name 09/10/2022 Anedot Inc. Payee address: Amount (\$) City: State: Zip Code \$2,30 1340 Poydras Street **Suite 1770** New Orleans, LA 70112 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense **Banking Fees** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/25/2022 Gibraltar Security Consultants Payee address; City; State; Zip Code Amount (\$) \$100.00 14860 Montfort Drive Suite 206 Dallas, TX 75254 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **Background Check Fee** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/28/2022 GoDaddy.com Amount (\$) Payee address; State; Zip Code \$12.17 2155 E GoDaddy Way Tempe, AZ 85284 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Hosting Candidate/Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Co	mmittee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid			pense ages/(	Contract Labor	Travel Out of OTHER (entr		bove)
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4	Date	5	Payee name								
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8			McKinney,	TX 75069							
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	PURPOSE OF	(8		See Categories listed at the		nedula)	(b)	Description			
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Ш			Candidate	/Officeholder/Politi	cai Comn	iiilee		Contribution		aving expense	
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H	Complete ONLY if direct	1	Candidate/O	ficeholder name		Office sou	ight	W	Offic	e held	
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