

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Melissa D			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Ait Belaid				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Princeton, TX 75407			Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Zakariae				
NICKNAME LAST SUFFIX Ait Belaid					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Princeton, TX 75407 (Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]				
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 23 THROUGH 9 / 28 / 23				
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23 ELECTION TYPE Primary Runoff Other Description ☒ General Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Princeton ISD Board of Trustees		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	Leadership For Educational Equity - Texas			
		COMMITTEE ADDRESS			
	SPECIFIC	[REDACTED] New York, New York 10004			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Melissa Ait Belaid		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,971.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,971.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

OR

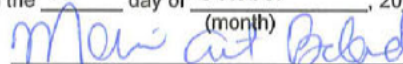
(2) Unsworn Declaration

My name is Melissa Ait Belaid, and my date of birth is September 16, 1986.

My address is _____, Princeton, TX, 75407, USA.

(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the 10 day of October, 2023.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Melissa Ait Belaid****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,639.50
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 333.17
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,019.71
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☒ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 48.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/20	5 Full name of contributor out-of-state PAC (ID#: Melissa Ait Belaid 6 Contributor address; City; State; Zip Code [REDACTED] Princeton, TX 75407	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions) ESL Teacher		9 Employer (See Instructions) Plano ISD
Date 08/16/20	Full name of contributor out-of-state PAC (ID#: Charles White Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, T	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/18/20	Full name of contributor out-of-state PAC (ID#: Leadership for Educational Equity - Texas Contributor address; City; State; Zip Code [REDACTED] New York, NY 10004	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) PAC
Date 08/26/20	Full name of contributor out-of-state PAC (ID#: Erin Langham Contributor address; City; State; Zip Code [REDACTED] Wylie TX 7	Amount of contribution (\$) 95.70
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Melissa Ait Behid		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/23	5 Full name of contributor out-of-state PAC (ID#: John Kusterbeck	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] McKinney, TX 75407		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) L3Harris
Date 9/4/23	Full name of contributor out-of-state PAC (ID#: Eleanor Crockett	Amount of contribution (\$) \$191.70
Contributor address; City; State; Zip Code [REDACTED] Garland, TX 75044		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/5/23	Full name of contributor out-of-state PAC (ID#: Bradford Chapman	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] Rowlett TX 75088		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/6/23	Full name of contributor out-of-state PAC (ID#: LeDetra Lindsay	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Redford, MI 48240		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Redford Union schools
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME <u>Meissa At Belard</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/10/23</u>	5 Full name of contributor <u>Winston Langham</u> out-of-state PAC (ID#: 6 Contributor address; [Redacted], <u>Chesapeake</u> City; State; Zip Code	7 Amount of contribution (\$) <u>\$250.00</u>
8 Principal occupation / Job title (See Instructions) <u>Teacher Assistant</u>		9 Employer (See Instructions) <u>Chesapeake Public Schools</u>
Date <u>9/8/23</u>	Full name of contributor <u>Amber Sims</u> out-of-state PAC (ID#: Contributor address; [Redacted], <u>Dallas TX 75241</u> City; State; Zip Code	Amount of contribution (\$) <u>\$25.00</u>
Principal occupation / Job title (See Instructions) <u>CEP</u>		Employer (See Instructions) <u>Young Leaders Strong City</u>
Date <u>9/10/23</u>	Full name of contributor <u>Charles English</u> out-of-state PAC (ID#: Contributor address; [Redacted], <u>Dallas TX 75232</u> City; State; Zip Code	Amount of contribution (\$) <u>\$239.70</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>Retired</u>
Date <u>9/18/23</u>	Full name of contributor <u>Elizabeth Michel</u> out-of-state PAC (ID#: Contributor address; [Redacted], <u>McKinney, TX 75070</u> City; State; Zip Code	Amount of contribution (\$) <u>\$25.00</u>
Principal occupation / Job title (See Instructions) <u>Homemaker</u>		Employer (See Instructions) <u>Homemaker</u>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>6</u>
2 FILER NAME <u>Melissa AT Belaid</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/19/23</u>	5 Full name of contributor <u>Carla Young</u> out-of-state PAC (ID#): _____ 6 Contributor address; City; State; Zip Code <u>[REDACTED], Dallas TX 75230</u>	7 Amount of contribution (\$) <u>\$100.00</u>
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>Retired</u>
Date <u>9/20/23</u>	Full name of contributor <u>Nelda Reid</u> out-of-state PAC (ID#): _____ Contributor address; City; State; Zip Code <u>[REDACTED], Klondike TX 75448</u>	Amount of contribution (\$) <u>\$50.00</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>Retired</u>
Date <u>9/20/23</u>	Full name of contributor <u>Peter Chapman</u> out-of-state PAC (ID#): _____ Contributor address; City; State; Zip Code <u>[REDACTED], Shaker Heights OH 44122</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions) <u>unemployed</u>		Employer (See Instructions) <u>unemployed</u>
Date <u>9/20/23</u>	Full name of contributor <u>Debra Chapman</u> out-of-state PAC (ID#): _____ Contributor address; City; State; Zip Code <u>[REDACTED]</u>	Amount of contribution (\$) <u>\$191.70</u>
Principal occupation / Job title (See Instructions) <u>unemployed</u>		Employer (See Instructions) <u>unemployed</u>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Melissa Art Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/23	5 Full name of contributor Kim Winn out-of-state PAC (ID#: 6 Contributor address; [REDACTED] Princeton TX 75407 City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 9/23/23	Full name of contributor Lynda Mitchell out-of-state PAC (ID#: Contributor address; [REDACTED] Creola, AL 36025 City; State; Zip Code	Amount of contribution (\$) \$95.70
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/26/23	Full name of contributor Courtney Harris out-of-state PAC (ID#: Contributor address; [REDACTED] Chesterfield MO 63017 City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) MLT
Date 9/8/23	Full name of contributor Leadership for Educational Equity - TX out-of-state PAC (ID#: Contributor address; [REDACTED] New York, NY 10004 City; State; Zip Code	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) PAC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Melissa A. Belaid		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/23	5 Full name of contributor out-of-state PAC (ID#: _____) Kathryn Darden	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Longview, TX 75605		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Pine Tree ISD

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)

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)

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.

SCHEDULE A2

1 Total pages Schedule A2: 1

3 Filer ID (Ethics Commission Filers)

\$ 0.00

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Melissa Ait Belaid		3 Filer ID (Ethics Commission Filers)	
4 Date 09/14/2023		5 Payee name Princeton Printing			
6 Amount (\$) 515.27		7 Payee address; City; State; Zip Code 111 Ticky Dr Princeton, 75407			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign T Shirts		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/15/2023		Payee name Leadership For Educational Equity			
Amount (\$) 675.00		Payee address; City; State; Zip Code 25 Broadway, 13th Floor. New York, NY 10004			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Coaching, Communications, Digital Presence		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/19/2023		Payee name DFW Custom Imprints			
Amount (\$) 577.41		Payee address; City; State; Zip Code 3710 Rawlins St, Suite 1420, Dallas, TX 75219			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Yard Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Melissa Aik Belaid	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/23	5 Payee name GoUnion Printing	
6 Amount (\$) 586.96	7 Payee address; City; State; Zip Code 2600 9th St N #501, St. Petersburg, FL 33704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Literature & Posters
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

**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" ••

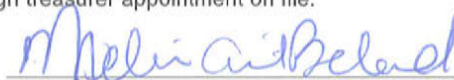
1 C/OH NAME

Melissa Ait Belaid

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

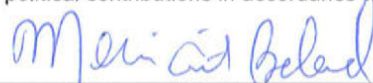
Check only one:

☒

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