

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

John

R

NICKNAME

LAST

SUFFIX

Biggan

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

817 Forest Crossing Dr  
Hurst, TX 76053

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

Brody

NICKNAME

LAST

SUFFIX

Mulligan

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

312 Rambling Ct  
Euless, TX 76039

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

546-1820

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

3

/

25

/

25

THROUGH

Month

Day

Year

4

/

23

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

3

/

25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HEB ISD Board of Trustees, Place 2

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2  
2 of 26

13 C / OH NAME

14 Filer ID

15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$

0.00

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

\$

6,164.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

6,415.05

CONTRIBUTION  
BALANCE

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

\$

3,618.55

OUTSTANDING  
LOAN TOTALS

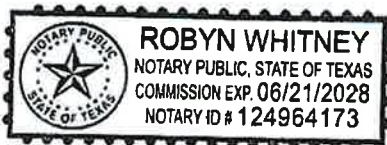
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

2,000.00

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Biggar, this the 25<sup>th</sup> day of April, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**  
3 of 27**18 FILER NAME****19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE

SUBTOTAL AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,164.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$	1,500.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	6,415.05
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:  
Sch: 1/21 Rpt: 4/26**2** FILER NAME**3** Filer ID**4** Date  
04/16/2025**5** Full name of contributor ☐ out-of-state PAC (ID#:  
Almendarez, Cindy**6** Contributor address: City; State; Zip Code**7** Amount of Contribution (\$)  
\$25.00**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
04/07/2025Full name of contributor ☐ out-of-state PAC (ID#:  
Ash, Matthew

Contributor address; City; State; Zip Code

Amount of Contribution (\$)  
\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025Full name of contributor ☐ out-of-state PAC (ID#:  
Azadpour, Aram

Contributor address; City; State; Zip Code

Amount of Contribution (\$)  
\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025Full name of contributor ☐ out-of-state PAC (ID#:  
Barish, Lucille

Contributor address; City; State; Zip Code

Amount of Contribution (\$)  
\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025Full name of contributor ☐ out-of-state PAC (ID#:  
Barish, Lucille

Contributor address; City; State; Zip Code

Amount of Contribution (\$)  
\$5.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/21 Rpt: 5/26

2 FILER NAME

3 Filer ID

4 Date  
04/21/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Barker, Megan

7 Amount of Contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Bauer, Mark

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Beard, Marilyn

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Bean, Marie

Amount of Contribution (\$) \$15.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Becker, Janice

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:  
Sch: 3/21 Rpt: 6/26

**2** FILER NAME

**3** Filer ID

**4** Date  
04/15/2025

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Berry, Suzanne

**7** Amount of Contribution (\$) \$25.00

**6** Contributor address; City; State; Zip Code

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
03/26/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Blackett, Ann

Amount of Contribution (\$) \$5.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/15/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Brandon, Daniel

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Britton, Kennard

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Callaway, Terry

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 4/21 Rpt: 7/26

2 FILER NAME

3 Filer ID

4 Date  
04/07/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Campbell, Randy

7 Amount of Contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/02/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Campolo, Allison

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Carney, Tim

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Christ, Dorothea

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Clay, Judy

Amount of Contribution (\$) \$30.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 5/21 Rpt: 8/26

2 FILER NAME

3 Filer ID

4 Date  
04/14/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Coble, Edgar

7 Amount of Contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Cogan, Daniel

Amount of Contribution (\$) \$300.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Cox, Robert

Amount of Contribution (\$) \$30.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Crawford, Deena

Amount of Contribution (\$) \$15.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Crawford, Deena

Amount of Contribution (\$) \$30.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 6/21 Rpt: 9/26

2 FILER NAME

3 Filer ID

4 Date  
04/07/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Crockett, Patricia

7 Amount of Contribution (\$) \$10.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/10/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Damri, Ava

Amount of Contribution (\$) \$50.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Damri, Ava

Amount of Contribution (\$) \$100.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/15/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Dansereau, Margaret

Amount of Contribution (\$) \$50.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
DiNovo, John

Amount of Contribution (\$) \$25.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 7/21 Rpt: 10/26

2 FILER NAME

3 Filer ID

4 Date  
03/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Donahue, Robert

7 Amount of Contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Duke, Michael

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/10/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Eng, James

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Escalante, Irene

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
GRAHAM, CYNTHIA RIAL

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 8/21 Rpt: 11/26

2 FILER NAME

3 Filer ID

4 Date  
04/19/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Gatlin, Charles

7 Amount of Contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/03/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Gayden, Crystal

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Gonzales, Cecilia

Amount of Contribution (\$) \$5.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Goode, Trisha

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Goodwin, Vikki

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 9/21 Rpt: 12/26

2 FILER NAME

3 Filer ID

4 Date  
04/07/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Griffitts, Mary

7 Amount of Contribution (\$) \$25.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Griffitts, Mary

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/29/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Grove, Cheryl

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hall, Scott

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/31/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hamilton, Garry

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 10/21 Rpt: 13/26

2 FILER NAME

3 Filer ID

4 Date  
04/14/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hartweg, Becky

7 Amount of Contribution (\$) \$30.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hicks, Maryellen

Amount of Contribution (\$) \$15.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/09/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hill, Beverly

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Horan, Heidi

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kimber, Greg

Amount of Contribution (\$) \$15.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 11/21 Rpt: 14/26

2 FILER NAME

3 Filer ID

4 Date  
04/04/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
LaChance, Christen

7 Amount of Contribution (\$) \$250.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Landgraf, Kenni

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Leder, Robert

Amount of Contribution (\$) \$25.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lessard, Dempsey

Amount of Contribution (\$) \$9.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/29/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lucas, Ruth

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 12/21 Rpt: 15/26

2 FILER NAME

3 Filer ID

4 Date  
04/21/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Luebanos, Anael

7 Amount of Contribution (\$) \$150.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lyon, Katherine

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
MONDRAGON, CARLOS

Amount of Contribution (\$) \$30.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
MONDRAGON, CARLOS

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mattord, Roberta

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 13/21 Rpt: 16/26

2 FILER NAME

3 Filer ID

4 Date  
04/14/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mayfield, Dixie

7 Amount of Contribution (\$) \$20.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
McCann, Anne

Amount of Contribution (\$) \$5.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
McCauley, Myra Noel

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/10/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Morgan, David

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/10/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Morgan, Jan

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 14/21 Rpt: 17/26

2 FILER NAME

3 Filer ID

4 Date  
04/08/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Partridge, Paula

7 Amount of Contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Patrick, Brian

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Paudel, Tika

Amount of Contribution (\$) \$31.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Pearson, Celestine

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Platt, Melvin

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 15/21 Rpt: 18/26

2 FILER NAME

3 Filer ID

4 Date  
03/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Quittner, Claudia

7 Amount of Contribution (\$) \$30.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
ROYSE, JANIE

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Rheams, Chris

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Riley, Patrick

Amount of Contribution (\$) \$9.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Ritchie, David

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 16/21 Rpt: 19/26

2 FILER NAME

3 Filer ID

4 Date  
04/07/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Roche, Brenda

7 Amount of Contribution (\$) \$100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Rowe, Dana

Amount of Contribution (\$) \$10.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Ruiz, Steve

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/11/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Sabol, Amy

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Schilling, August

Amount of Contribution (\$) \$400.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 17/21 Rpt: 20/26

2 FILER NAME

3 Filer ID

4 Date  
03/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Scudder, Kendall

7 Amount of Contribution (\$) \$50.00

6 Contributor address: City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Simon, Paul

Amount of Contribution (\$) \$25.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Smith, Steven

Amount of Contribution (\$) \$20.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Syed, Hisham

Amount of Contribution (\$) \$5.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/31/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Tony, Randall

Amount of Contribution (\$) \$50.00

Contributor address: City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 18/21 Rpt: 21/26

2 FILER NAME

3 Filer ID

4 Date  
03/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Traver, Sue

7 Amount of Contribution (\$) \$20.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/25/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Trevino, Lara

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/18/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Trevino, Lara

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Vaughan, Jacqueline

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Vaughan, Jacqueline

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 19/21 Rpt: 22/26

2 FILER NAME

3 Filer ID

4 Date  
03/25/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Vonrosen, Nancy

7 Amount of Contribution (\$) \$10.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Wallace, Michelle

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/15/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Watson, Valerie

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/06/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Wenzel, Judy

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/13/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
White, Travis

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 20/21 Rpt: 23/26

2 FILER NAME

3 Filer ID

4 Date  
04/09/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Williams, Sarah

7 Amount of Contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/08/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Wolovits, Mel

Amount of Contribution (\$) \$20.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/05/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Woolen, Andrew

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/18/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Wright, James Mark

Amount of Contribution (\$) \$15.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/07/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Y, Kay

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:  
Sch: 21/21 Rpt: 24/26**2** FILER NAME**3** Filer ID**4** Date  
03/25/2025**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
scarborough, daniel**7** Amount of Contribution (\$)  
\$30.00**6** Contributor address: City; State; Zip Code**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)



**LOANS****SCHEDULE E****The Instruction Guide explains how to complete this form.****1** Total pages Schedule E:  
Sch: 1/1 Rpt: 25/27**2** FILER NAME**3** Filer ID**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan  
04/10/2025**7** Name of lender

John, Biggan

☐ out-of-state PAC (ID#:**9** Loan Amount (\$)

\$1,500.00

**6** Is lender a  
financial  
institution?  
No**8** Lender address; City;  
817 Forrest Crossing DR

State;

Zip Code

**10** Interest Rate**11** Maturity Date

Hurst, TX 76053

**12** Principal occupation / Job title (See Instructions)  
Data Analyst**13** Employer (See Instructions)  
Dept of Child Services**14** Description of Collateral☒ None**15** Check if personal funds were deposited into political account  
(See Instructions)☒**16** GUARANTOR  
INFORMATION☒ not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal occupation**21** Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense

Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 25/26	<b>2</b> FILER NAME	<b>3</b> Filer ID
<b>4</b> Date 04/23/2025	<b>5</b> Payee name DONORBOX	
<b>6</b> Amount (\$) \$221.74	<b>7</b> Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT CARD SERVICES FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2025	Payee name Edward & Patterson and Sons Signs	
Amount (\$) \$681.89	Payee address; City; State; Zip Code 203 S Belt Line Rd Irving, TX 75060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2025	Payee name Emblem, Inc.	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1201 Evans Avenue STE 100 Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 26/26		2 FILER NAME		3 Filer ID	
4 Date 04/11/2025		5 Payee name Emblem, Inc.			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 1201 Evans Avenue STE 100  Fort Worth, TX 76104			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING EXPENSE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/18/2025		Payee name My Marketing Cure			
Amount (\$) \$1,847.56		Payee address; City; State; Zip Code 951 W Pipeline Rd #444  Hurst, TX 76053			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/14/2025		Payee name Printplace			
Amount (\$) \$1,663.86		Payee address; City; State; Zip Code 1130 Ave H East  Arlington, TX 76011			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	