CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG

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: MR. | FIRST: KHALID | MI: | NICKNAME: | LAST: ISHAQ | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: 6016 TOLEDO ST. | APT / SUITE #: | CITY: PLANO | STATE: TX | ZIP CODE: 75094
☐ Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (972) | PHONE NUMBER: 836-6016 | EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR. | FIRST: GHULAM | MI: | NICKNAME: | LAST: WARRIACH | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 565 WATER OAK DR. | APT / SUITE #: | CITY: PLANO | STATE: TX | ZIP CODE: 75025

8 CAMPAIGN TREASURER PHONE
AREA CODE: (469) | PHONE NUMBER: 569-8226 | EXTENSION:

OFFICE USE ONLY
Date Received
RECEIVED 7/19/23 2:38 AM
Date Hand Delivered / Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

9 REPORT TYPE
☐ January 15 | ☐ 30th day before election | ☐ Runoff | ☐ 15th day after campaign treasurer appointment / Officeholder On
☑ July 15 | ☐ 8th day before election | ☐ Exceeded Modified Reporting Limit | ☐ Final Report / Act

10 PERIOD COVERED
Month / Day / Year: 4 / 28 / 23 THROUGH 7 / 17 / 23

11 ELECTION
ELECTION DATE: Month / Day / Year: 5 / 6 / 23
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any): —

13 OFFICE SOUGHT
PLANO ISD TRUSTEE PLACE 5

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: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME: KHALID ISHAQ FOR PLANO
COMMITTEE ADDRESS: 6016 TOLEDO ST. PLANO TX 75094
COMMITTEE CAMPAIGN TREASURER NAME: GHULAM WARRIACH
COMMITTEE CAMPAIGN TREASURER ADDRESS: 565 WATER OAK DR. PLANO TX 75025

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG

15 C/OH NAME: KHALID ISHAQ

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)	$ 8794.46
	2	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8794.46
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 23323.05
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 23323.05
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 inform required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

GHULAM WARRIACH
My Notary ID # 977063
Expires February 16, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by KHALID ISHAQ this the 17 day of JULY 20 23, to certify which, witness my hand and seal of office.

Signature of officer administering oath — GHULAM WARRIACH (Printed name of officer administering oath) — NOTARY (Title of officer administering oath)

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
KHALID ISHAQ	

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 8794.46
2	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ —
3	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ —
4	☐ SCHEDULE E: LOANS	$ —
5	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 23323.05
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	$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A

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 A: 3

2 FILER NAME: KHALID ISHAQ

3 Filer ID (Ethics Commission Filers)

Date	5 Full name of contributor / ☐ out-of-state PAC (ID#)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
5/1/2023	GHULAM JITANGUA	PLANO TX	$25

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESS	RETIRED

Date	Full name of contributor / ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
6/6/2023	GHULAM WARRIACH	PLANO TX	$1,500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS	SELF EMPLOYED

Date	Full name of contributor / ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/29/2023	AMIR QURISHI	5733 NORTHBROOK DR. PLANO TX 75093	$1,500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
PHYSICIAN	ARKANSAS SPINE AND PAIN

Date	Full name of contributor / ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/29/2023	AKHEEL MOHAMMED	813 COLD SPRING CT. MURPHY TX 75094	$700

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
INFORMATION TECHNOLOGY	3M

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: 3

2 FILER NAME: KHALID ISHAQ

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/28/2023	GHULAM WAKRIACH	525 WATER OAK DR. PLANO TX 75025	$3,500

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
BUSINESS	SELF EMPLOYED

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/28/2023	FARAZ NASEER		$200

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/28/2023	IFTIKHAR SAEED	FRISCO TX	$200

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/1/2023	SABEEL AHMED ABBASI	TYLER TX	$500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS	SELF EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 3

FILER NAME: KHALID ISHAQ

3 Filer ID (Ethics Commission Filers):

Date	5 Full name of contributor / out-of-state PAC (ID#)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
4/30/2023	JAFFER SYED	35 NOVA ALBION WAY SAN RAFAEL CA 94903	$100

Principal occupation / Job title (See Instructions): BUSINESS

9 Employer (See Instructions): SELF EMPLOYED

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
5/21/2023	BILAL PIRACHA	9804 HICKORY HOLLOW LANE IRVING TX 75063	$500

Principal occupation / Job title (See Instructions): PHYSICIAN

Employer (See Instructions): WCG TX

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)
7/6/2023	KHALID ISHAQ	6016 TOLEDO ST PLANO TX 75094	$ 7398.47

Principal occupation / Job title (See Instructions): INFORMATION TECHNOLOGY

Employer (See Instructions): DIRECTV

Date	Full name of contributor / out-of-state PAC (ID#)	Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 4

2 FILER NAME: KHALID ISHAQ

3 Filer ID (Ethics Commission Filers):

4 Date: 6/1/2023

5 Payee name: GOOGLE

Amount ($): $449.89

7 Payee address: 1600 AMPHITHEATRE PARKWAY | City: MOUNTAIN VIEW | State: CA | Zip Code: 94043

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSES

(b) Description: ONLINE ADVERTISING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

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Date: 6/1/2023

Payee name: MUSTANG STRATEGIES

Amount ($): $12,816.80

Payee address: 8745 GARY BURNS DR. | City: FRISCO | State: TX | Zip Code: 75034

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSES

Description: MAILER

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

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

---

Date: 7/6/2023

Payee name: KHALID ISHAQ

Amount ($): 5000

Payee address: 6616 TOLEDO ST | City: PLANO | State: TX | Zip Code: 75094

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): LOAN REPAYMENT

Description: LOAN PAYMENT

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 3(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Exp
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Contribution Refunded	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: 4

2 FILER NAME: KHALID ISHAQ

3 Filer ID (Ethics Commission Filers):

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4 Date: 5/2

5 Payee name: INGENIOUS PASSIONS INC.

6 Amount ($): $1953.89

7 Payee address: 701 LEGACY DR #1128 | City: PLANO | State: TX | Zip Code: 75023

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): PRINTING EXP

(b) Description: ADDITIONAL CARDS + FLYERS + MAILERS

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

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Date: 5/6

Payee name: META (FACEBOOK + INSTAGRAM)

Amount ($): $1021.22

Payee address: 1 HACKER WAY | City: MENLO PARK | State: CA | Zip Code: 94025

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXP

Description: FACEBOOK + INSTAGRAM ADDS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

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Date: 5/23

Payee name: WIX.COM

Amount ($): $24.89

Payee address: 500 TERRY A FRANCOIS BLVD | City: SAN FRAN | State: CA | Zip Code: 94158

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): WEBSITE FEE

Description: WEBSITE FEE

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

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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 3(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: 4

2 FILER NAME: KHALID SHAQ

3 Filer ID (Ethics Commission Filers)

4 Date: 5/1/2023

5 Payee name: GOOGLE

6 Amount ($): $298.52

7 Payee address; City; State; Zip Code: 1600 AMPHITHEATRE PARKWAY; MOUNTAIN VIEW; CA; 94043

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: ONLINE ADVERTISING

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

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Date: 7/1/2023

Payee name: CONSTANT CONTACT

Amount ($): $54.28

Payee address; City; State; Zip Code: 1601 TRAPELO RD; WALTHAM; MA; 02451

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: EMAIL CAMPAIGN

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

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Date: 5/10/2023

Payee name: INGENIOUS PASSION INC.

Amount ($): $360

Payee address; City; State; Zip Code: 701 LEGACY DR. #1129; PLANO; TX; 75023

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description: ONLINE ADVERTISING

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Officeholde /Political Committee
Non-Cash 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: 4

2 FILER NAME: KHALID USHAQ

3 Filer ID (Ethics Commission Filers):

4 Date: 5/1/2023

5 Payee name: REBEL IDEALIST LLC (DONORBOX)

6 Amount ($): $1,019.43

7 Payee address; City; State; Zip Code: [redacted] 601 KING ST. SUITE 200 ALEXANDRIA VA 22314

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): FEES

(b) Description: CHARGE BY DONORBOX FOR CONTRIBUTION COLLECTION

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

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Date: 5/1/2023

Payee name: KEEPERS FEES

Amount ($): $3 00

Payee address; City; State; Zip Code: 1905 ALPHA DR. SUITE 170 ROCKWALL TX 75087

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description: ADDITIONAL PRINTING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

---

Date: 5/1/2023

Payee name: KPC

Amount ($): $28.13

Payee address; City; State; Zip Code: 401 COIT RD. PLANO TX 75075

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): FOOD/ BEVERAGE

Description: VOLUNEER LUNCH

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FF

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 KHAID ISHAQ

2 Filer ID (Ethics Commission Filers)

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 may not convert unexpended political contributions or unexpended interest or income earned on political contributions personal use. I also understand that I must file an annual report of unexpended contributions and that I may not reta 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 unexpenced 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 understa that I may not convert assets purchased with political contributions or interest or other income from political contributions personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with th 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 a 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