CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR) FIRST JOHA NICKNAME LAST	MI A SUFFIX	OFFICE USE OFFICE OFFICE OFFICE USE OFFICE USE OFFICE OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF
	Amsler		9 SW
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 648 Hempste	STATE: ZIPCODE	Date Hand-delivered or Postmarke 56
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 931-5356	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRSYMR FIRST CONTIE NICKNAME LAST	MI	Date Imaged
	Amsler		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE); APT/SUITE#; 26472 White Pine Dr	city; state; IVE Hempstea	ZIP CODE 0, TX 77445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-4866	EXTENSION	
9 REPORT TYPE	July 15 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7 / 15 /	Year / 2012
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) N/A :	13 OFFICE SOUGHT (#known) Waller C Precinct 1	Lounty CommissionER
, <u>, , , , , , , , , , , , , , , , , , </u>	GOTOPAG	SE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	John A.	Amsler	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	1 👟
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	WIZED \$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 219.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 527.04
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 750.00
	ONELLE HAMMACK COMMISSION EXPIRES December 2, 2015	is true and correct and includes a	of perjury, that the accompanying report the information required to be reported by the information required to
AFFIX NOTARY STAP		The same of the American	۴. this the
Sworn to and sub	. \ \ \	\ 5	my hand and seal of office.
Signature of officer adm	Hanno c	L Jonelle Hammack Printed name of officer administering oath	Title of officer administering oath
Constitution and		· · · · · · · · · · · · · · · · · · ·	2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	T. 2.2		3 ACCOUNT # (E	thics Commission Filers)
ر	John A. Amsler			
4 Date	# Full pages of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/20/12	Edward & SANdra Pickett		001107200077 (07	
-,0-,,0	6 Contributor address; City; State; Zip Code		250.00	-0-
	Edward & Sandra Pickett 6 Contributor address; City; State; Zip Code P.O. Box 23			1
	Liberty, Tx 77575-7	725	(If travel outside o	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	3.3, 3.3, 3.5			
				·- · · · · · · · · · · · · · · · · · ·
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			1
				l
			(If traval autoida	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or roxas, complete dolledule 1)
			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	 		,,,,	1
	Contributor address; City; State; Zip Code			}
			,	I I
				l of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		:	352.23(4)	1
	Contributor address; City; State; Zip Code			<u> </u>
]
				l of Texas, complete Schedule T)
Principal occup	pation / 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 foradditional reporting requirements.

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
2 FILER NAME	Phn A. Amsler		3 ACCOUNT # (E	hics Commission Filers)
	AL OF UNITEMIZED PLEDGES:	\$ \$ \$	\$	\$
5 Date NA	6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	L	of Texas, complete Schedule T)
			mana addudid	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			·	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Deinging!	notion / Joh title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)
нппсіраї осси	pation / Job title (See Instructions)	Employer (See I	naducuona)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(16.500.0)	of Toyon controlleto Cabadida Ti
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
If (ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

LOANS			s	CHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Sch	edule E:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
John 1	A Amsler			
4	L OF UNITEMIZED LOANS:	+ + + + + +	\$	
5 Date of loan	1//2	out-of-state PAC (ID#:) 9 Lo	an Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City: State;	Zip Code		terest rate
Y N			11 M	aturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>	
	•			
14 Description of Coll	ateral	15 Check if personal funds were	deposited into po	olitical account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 An	nount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender [out-of-state PAC (ID#:	Lo	ean Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	int	terest rate
Y N			M	aturity date
	ion / Job title (See Instructions)	Employer (See Instructions)		
	·	Í		
Description of Coll	ateral	Check if personal funds were	deposited into po	litical account
none				
GUARANTOR INFORMATION	Name of guarantor		An	nount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code.		
Principal Occupat	 lion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEEd ruction guide for additional rep		ents.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T	salaries/Wages/Co solicitation/Fundrai ravel In District ravel Out Of Distr Office Overhead/R	sing Expense ((rict	Loan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
	The Instruction Guide ex	xplains how to	complete this form	n.
1 Total pages Schedule F:	JOHN A. AMSI	er		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/23/12	5 Payee name News CitizEN			
6 Amount (\$) #85.00	7 Payee address; City: State 350 Business 290 Hempstead, Tx77	•		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Adverti Sing	this schedule)	(b) Description (f travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officenolder name		Office sought	Office held
Date 5/11/2012	Payee name Hotline Press			
Amount (\$) #34.00	Payee address; City: State 1116 Austin Stree Hempstead, Tx 77			
PURPOSE OF	Category (See categories listed at the top of	this schedule)	Description (f travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date 6/19/2012	Payee name GSPC			
Amount (\$)	Payee address; City; State P.O. Box 751 Hempsterd, Tx 774	zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Event Expense	this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS N	IEEDED

Description (If travel outside of Texas, complete Schedule T)

Description (If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense Fees **Printing Expense** OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Payee name Date City: State: Zip Code Payee address; Amount (\$)

Category (See categories listed at the top of this schedule)

Category (See categories listed at the top of this schedule)

Pavee name

Payee address;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City; State; Zip Code

Reimbursement from political contributions intended

PURPOSE OF **EXPENDITURE**

Date

Amount (\$)

Reimbursement from political contributions intended

PURPOSE OF **EXPENDITURE** Texas Ethics Commission

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra	act Labor Loa	an Repayment/Reimburse	ment
Accounting/Banking	Legal Services	Solicitation/Fundraising	g Expense Tra	ansportation Equipment & I	Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Co	ntributions/Donations Mad	
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officeholder/Po	olitical Committee
Fees	Printing Expense	Office Overhead/Renta	al Expense OT	HER (enter a category no	t listed above)
	The Instruction Guide	explains how to con	nplete this form.		
1 Total pages Schedule H:	2 FILER NAME	· - ·		3 ACCOUNT # (Ethics	Commission Filers)
1	JOHN A. A.	nela-			
		Vibler			
4 Date	5 Business name	I			
	/	1 /4			
6 Amount (\$)	7 Business address; City; St	ate; Zip Code			
• Amount (\$)	business address, City, Gu	ate, Zip Code			
8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule) (b	Description (If tr	avel outside of Texas, complete	Schedule T)
OF		ì			
EXPENDITURE					
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Off	ice held
expenditure to benefit C/O	н				
Date	Business name				
A	Durings adds Ok Ok	ato: Zin Cada			
Amount (\$)	Business address; City; Sta	ate; Zip Code			
	•				
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description (If to	avel outside of Texas, complete	Schedule T)
OF			• •		
EXPENDITURE					
Complete ONLY is disease	Candidate / Officeholder name		Office sought	Off	ice held
Complete <u>ONLY</u> if direct expenditure to benefit C/O			JD COUNTY	O.I.	
expenditure to benefit O/O					
Date	Business name				
Amount (\$)	Business address; City; St	ate; Zip Code			
DIPPOCE	Category (See categories listed at the to	p of this schedule)	Description (##	ravel outside of Texas, complete	Schedule T)
PURPOSE OF		· · · · · · · · · · · · · · · · · · ·			•
EXPENDITURE					
	Condidate / Office to ald a second		Office south	<u></u>	ice held
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Off	ice neid
expenditure to benefit C/O	'H				
D-1-	Business name				
Date	Dusiless hame				
					·
Amount (\$)	Business address; City; St	ate; Zip Code			
2112222	Category (See categories listed at the to	n of this schedule)	Description //fin	ravel outside of Texas, complete	Schedule T)
PURPOSE	Category (See categories listed at the to	y or and paredure)	Describant (III)	averousius or reads, complete	OMIDUUM IJ
OF EXPENDITURE					
E/4 E/10/11 U/14					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Off	ice held
expenditure to benefit C/O	н				
	ATTACH ADDITIONAL C	ODIES OF THIS SO	UEDIU E AC ME	EDED	
	ATTACH ADDITIONAL C	upies of This Sci	HEDULE AS NE	EUEU	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The second of the second secon	
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4	John A. Amsler	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
8 PURPOSE OF EXPENDITURE	(a) Category (ore any grant and any arrangement)	(b) Description (occumulation)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE K

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAMI	Tohn A. Amsler	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip	8 Amount (\$)
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip	Code
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip	Code
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip	Code
	Purpose for which amount is received	l

IN-KIND CONTRIB FOR TRAVEL OUT	UTION OR POLITICAL EXPEND SIDE OF TEXAS	OITURE SCHEDULE T
The Instruction Guid	e explains how to complete this form.	1 Total pages Schedule T: 1
2 FILER NAME JOHN A.	Amder ,	3 ACCOUNT # (Ethics Commission Filers)
	or Labor Organization / Pledgor Payee	
5 Contribution / Expenditure reporte	d on:	•
Schedule A	Schedule B Schedule C Schedul	e D Schedule F Schedule G
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E
6 Dates of travel 7 Name	of person(s) traveling	
8 Departi	ure city or name of departure location	
9 Destina	tion city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported	on:	
Schedule A	Schedule B Schedule C Schedule	e D Schedule F Schedule G
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of	person(s) traveling	
Departure	e city or name of departure location	
Destination	on city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, ser	ninar, or other event)
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported	l on:	
Schedule A	Schedule B Schedule C Schedul	e D Schedule F Schedule G
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of	person(s) traveling	
Departure	city or name of departure location	
Destinatio	n city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, ser	ninar, or other event)
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

		The Instruction Guide explains how to ← Complete only if "Report Type" on page 1	
C/0	OH N	AME	2 ACCOUNT# (Ethics Commission Filers
SI	GNA	TURE	
rep	oort as	expect any further political contributions or political expenditures in contract a final report terminates my campaign treasurer appointment. I also use any campaign expenditures without a campaign treasurer appointment	nderstand that I may not accept any campaign contributions
			Signature of Candidate / Officeholder
		WHO IS NOT AN OFFICEHOLDER slete A & B below only if you are not an officeholder. ••	
A.		CAMPAIGN FUNDS	
•	Chec	conty one:	
[I do not have unexpended contributions or unexpended interest or inc	ome earned from political contributions.
l		I have unexpended contributions or unexpended interest or income earnot convert unexpended political contributions or unexpended interest use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political report. Further, I understand that I must dispose of unexpended pole earned on political contributions in accordance with the requirements	at or income earned on political contributions to personal led contributions and that I may not retain unexpended contributions longer than six years after filing this final litical contributions and unexpended interest or income
		ASSETS	
В.			
	Chec	k only one:	•
	Chec		it or other income from political contributions.
	Chec	k only one:	ther income from political contributions. I understand that est or other income from political contributions to personal
	Chec	k only one: I do not retain assets purchased with political contributions or interest I do retain assets purchased with political contributions or interest or of I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with p	ther income from political contributions. I understand that est or other income from political contributions to personal
5 O		k only one: I do not retain assets purchased with political contributions or interest I do retain assets purchased with political contributions or interest or of I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with p	ther income from political contributions. I understand that est or other income from political contributions to personal olitical contributions in accordance with the requirements
5 O		I do not retain assets purchased with political contributions or interest or of I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with pof Election Code, § 254.204.	ther income from political contributions. I understand that est or other income from political contributions to personal olitical contributions in accordance with the requirements Signature of Candidate fficeholder who does not have a campaign treasurer on file. contributions if, after filing the last required report as an