

# 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 NICKNAME	FIRST LAST	MI SUFFIX	OFFICE USE ONLY			
	Pam Gosline			Date Received 4:45 pm APR - 3 2024 RECEIVED ms			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			3304 Maiden Vernon TX 76384			
<input type="checkbox"/> Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	(214) 762-5514			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	Susie Byars			
				Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:			STATE: ZIP CODE 2304 Hilltop Vernon, TX 76384			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	(940) 553-4606			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	1	19	24	4	4	2024	
11 ELECTION	ELECTION DATE Month Day Year 5/4/24		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Mayor			13 OFFICE SOUGHT (if known) Mayor			
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.						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

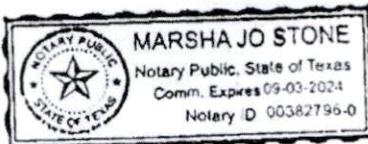
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3550.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 2457.18
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3550.00
	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.

*Pam Gostline*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Pam Gostline this the 3 day of April,  
20 24, to certify which, witness my hand and seal of office.

Marsha Jo Stone  
Signature of officer administering oath

Marsha Jo Stone  
Printed name of officer administering oath

City Secretary  
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 \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3550.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2457.18
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2457.18
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

## 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:
2 FILER NAME <b>Pam Gostine</b>				3 Filer ID (Ethics Commission Filers)
4 Date <b>2-26-24</b>	5 Full name of contributor <b>Dr. Lewis &amp; Amanda Lehman</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address: <b>[REDACTED]</b>	City: <b>Dr. Vernon Tx</b>	State: <b>TX</b>	Zip Code: <b>76384</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <b>1-31-24</b>	Full name of contributor <b>Dan &amp; Susie Osborne</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <b>200.00</b>
Contributor address: <b>[REDACTED]</b>	City: <b>Vernon Tx</b>	State: <b>TX</b>	Zip Code: <b>76384</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>2-2-24</b>	Full name of contributor <b>Shiplet Plumbing</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <b>200.00</b>
Contributor address: <b>[REDACTED]</b>	City: <b>Vernon Tx</b>	State: <b>TX</b>	Zip Code: <b>76384</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>2-2-24</b>	Full name of contributor <b>Spears Land Partners LP</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <b>200.00</b>
Contributor address: <b>[REDACTED]</b>	City: <b>Vernon Tx</b>	State: <b>TX</b>	Zip Code: <b>76384</b>	
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.				

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME <b>PAM Goshine</b></p>				3 Filer ID (Ethics Commission Filers)
4 Date <b>3-8-24</b>	5 Full name of contributor <b>Donna-Paul Stribling</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address: <b>[REDACTED], Vernon Tx 76384</b>		City:	State:	Zip Code
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <b>3-8-24</b>	Full name of contributor <b>LYNN Friberg</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <b>100.00</b>
Contributor address: <b>[REDACTED] Vernon, Tx 76384</b>		City:	State:	Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>3-1-24</b>	Full name of contributor <b>IRIS A. Pinchak</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <b>50.00</b>
Contributor address: <b>[REDACTED] Vernon Tx 76384</b>		City:	State:	Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>2-27-24</b>	Full name of contributor <b>Helen Williams</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <b>500.00</b>
Contributor address: <b>[REDACTED] Vernon Tx 76384</b>		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.

# 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:
2 FILER NAME <b>Pam Gasline</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>4-2-24</b>	5 Full name of contributor <b>Jerry Whitt</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address: [REDACTED]	City: <b>Vernon Tx</b> State: <b>76384</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>3/30/24</b>	Full name of contributor <b>Helen Williams</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>100.00</b>
Contributor address: [REDACTED]	City: <b>Vernon Tx</b> State: <b>76384</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/19/24</b>	Full name of contributor <b>J.G. Wright</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>1000.00</b>
Contributor address: [REDACTED]	City: <b>Ft. Worth Tx</b> State: <b>76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-19-24</b>	Full name of contributor <b>Donna White</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>200.00</b>
Contributor address: [REDACTED]	City: <b>Vernon Tx</b> State: <b>76384</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# 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:
2 FILER NAME <i>Pam Gostine</i>		3 Filer ID (Ethics Commission Filer)
4 Date <i>3-1-24</i>	5 Full name of contributor <i>Vicki Smith</i>	6 Contributor address: <i>[REDACTED] Vernon TX 76384</i>
7 Amount of contribution (\$) <i>100.00</i>	8 Principal occupation / Job title (See Instructions)	
9 Employer (See Instructions)		
Date	Full name of contributor <i>Lori Susie Byars</i>	□ out-of-state PAC (ID# _____) Amount of contribution (\$) <i>300.00</i>
Contributor address: <i>[REDACTED] Vernon TX 76384</i>		City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <i>Bobby &amp; Luanne Byars</i>	□ out-of-state PAC (ID# _____) Amount of contribution (\$) <i>300.00</i>
Contributor address: <i>[REDACTED]</i>		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.		

**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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Pam Gostine		
4 Date	5 Payee name		
3/22/24	Signs on the Cheap		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
658.60			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	adv-printing	18x24 signs 75	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
	Pam Gostine	Mayor	Mayor
Date	Payee name		
3/4/24	Signs on the Cheap		
Amount (\$)	Payee address:	City: State: Zip Code	
731.62			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	printing-adv	5 4x8 signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
	Pam Gostine	Mayor	Mayor
Date	Payee name		
2/27/24	Signs on the Cheap		
Amount (\$)	Payee address:	City: State: Zip Code	
1042.45			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	printing-adv	150 18x24 signs w/1stakes	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
	Pam Gostine	Mayor	Mayor

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Vista Print		
4 Date	5 Payee name	6 Amount (\$)	7 Payee address; City; State; Zip Code
2/26/24		263.46	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing - ady	(b) Description  500 dark blue business cards 1000 business cards	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Pam Gosline	Office sought  Mayor	Office held  Mayor
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)	
1	Pam Gostine		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 CREDIT CARD ISSUER	Name of financial institution Wasson National Bank		
6 PAYMENT	(a) Amount Charged 1042.45	(b) Date Expenditure Charged 2/27/24	(c) Date(s) Credit Card Issuer Paid 4/3/24
7 PAYEE	(a) Payee name Sams Club	(b) Payee address; P.O.Box 71711 Philadelphia PA 19176-1711	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing-adv	(b) Description Signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Pam Gostine		Office Sought Mayor
PAYMENT	(a) Amount Charged 731.42	(b) Date Expenditure Charged 3/4/24	(c) Date(s) Credit Card Issuer Paid 4/3/24
PAYEE	(a) Payee name Sams Club	(b) Payee address; P.O.Box 71711 Philadelphia PA 19176-1711	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing-adv	(b) Description Signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Pam Gostine		Office Sought Mayor
PAYMENT	(a) Amount Charged 5263.46	(b) Date Expenditure Charged 2/27/24	(c) Date(s) Credit Card Issuer Paid 4/3/24
PAYEE	(a) Payee name Cardmember Service	(b) Payee address; P.O.Box 6294 Carol Stream IL 60197-6294	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv-Printing	(b) Description doorKnobhangers-cards	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Pam Gostine		Office Sought Mayor
			Office Held Mayor

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 Filer)	2 Total pages filed <i>3</i>		
3 CANDIDATE / OFFICEHOLDER NAME		MR. / MRS / MR MR.	FIRST DUSTIN	MI M	OFFICE USE ONLY Date Received		
		NICKNAME	LAST FRATICELLI	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE 1825 CANAL ST, VERNON, TEXAS 76384		
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (940)	PHONE NUMBER 357-9422	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MRS.	FIRST VERONICA	MI O	Receipt # <i>4-34-24</i> Amount \$		
		NICKNAME	LAST FRATICELLI	SUFFIX	Date Processed <i>4-34-24</i>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX) PLEASE: APT / SUITE #: 1825 CANAL ST, VERNON, TEXAS 76384 CITY: STATE: ZIP CODE					
8 CAMPAIGN TREASURER PHONE		AREA CODE (940)	PHONE NUMBER 839-5622	EXTENSION			
9 REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
		<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED		Month 2	Day 17	Year 24	Month 4	Day 1	Year 24
11 ELECTION		ELECTION DATE Month 5 Day 4 Year	Primary <input checked="" type="checkbox"/> General	Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description		
12 OFFICE		OFFICE HELD (if any) CITY COMMISSIONER, PLACE 4	13 OFFICE SOUGHT (if known) MAYOR				
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

APR 24 2024

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

DUSTIN M. FRATICELLI

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 990.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,797.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE

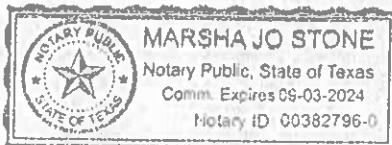
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dustin Fraticelli

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dustin Fraticelli, this the 24 day of April, 20 24, to certify which, witness my hand and seal of office.

Marsha Jo Stone

Signature of officer administering oath

Printed name of officer administering oath

City Secretary

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 \_\_\_\_\_, 20 \_\_\_\_\_, (month) \_\_\_\_\_, (year) \_\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

APR 24 2024

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

19. FILER NAME	20. Filer ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 990.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 990.00
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 807.60
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 APR 24 2024

## 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	4
<b>2 FILER NAME</b> <b>DUSTIN M. FRATICELLI</b>				3 Filer ID (Ethics Commission Filers)	
<b>4 Date</b> <b>02/24/20</b>	<b>5 Full name of contributor</b> <b>KYE JOHNSON</b>	out-of-state PAC (ID# _____)			<b>7 Amount of contribution (\$)</b> <b>30.00</b>
	<b>6 Contributor address:</b> [REDACTED]	City:	State:	Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>			<b>9 Employer (See Instructions)</b>		
<b>Date</b> <b>02/24/20</b>	<b>Full name of contributor</b> <b>ELISHA WEHRWEIN</b>	out-of-state PAC (ID# _____)			<b>Amount of contribution (\$)</b> <b>30.00</b>
	<b>Contributor address:</b> [REDACTED]	City:	State:	Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b> <b>02/24/20</b>	<b>Full name of contributor</b> <b>MATTHEW ENGLAND</b>	out-of-state PAC (ID# _____)			<b>Amount of contribution (\$)</b> <b>30.00</b>
	<b>Contributor address:</b> [REDACTED]	City:	State:	Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>Date</b> <b>02/24/20</b>	<b>Full name of contributor</b> <b>RHONDA COLLINGSWORTH</b>	out-of-state PAC (ID# _____)			<b>Amount of contribution (\$)</b> <b>30.00</b>
	<b>Contributor address:</b> [REDACTED]	City:	State:	Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

## MONETARY POLITICAL CONTRIBUTIONS

APR 24 2024

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: 4
2 FILER NAME <b>DUSTIN M. FRATICELLI</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>02/24/20</b>	5 Full name of contributor <b>TERRY NEWTON</b>	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <b>30.00</b>
6 Contributor address: [REDACTED]		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>02/24/20</b>	Full name of contributor <b>MARCY CHENAULT</b>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>60.00</b>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/26/20</b>	Full name of contributor <b>AUSTIN HAM</b>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>60.00</b>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/26/20</b>	Full name of contributor <b>MARIA DUDLEY</b>	out-of-state PAC (ID# _____)	Amount of contribution (\$) <b>30.00</b>
Contributor address: [REDACTED]		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.

## MONETARY POLITICAL CONTRIBUTIONS

APR 24 2024

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 4
<b>2 FILER NAME</b> <b>DUSTIN M. FRATICELLI</b>			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> <b>03/01/20</b>	<b>5 Full name of contributor</b> <b>JOEL WILSON</b>	<b>out-of-state PAC (ID#)</b>	<b>7 Amount of contribution (\$)</b> <b>60.00</b>
<b>6 Contributor address:</b> [REDACTED]		City:      State:      Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>03/01/20</b>	<b>Full name of contributor</b> <b>LARRY DAVENPORT</b>	<b>out-of-state PAC (ID#)</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Contributor address:</b> [REDACTED]		City:      State:      Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>03/06/20</b>	<b>Full name of contributor</b> <b>JENNIFER GIBSON</b>	<b>out-of-state PAC (ID#)</b>	<b>Amount of contribution (\$)</b> <b>30.00</b>
<b>Contributor address:</b> [REDACTED]		City:      State:      Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>03/15/20</b>	<b>Full name of contributor</b> <b>RANDY BOYD</b>	<b>out-of-state PAC (ID#)</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Contributor address:</b> [REDACTED]		City:      State:      Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

APR 24 2024

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: 4						
2 FILER NAME DUSTIN M. FRATICELLI		3 Filer ID (Ethics Commission Filers)						
4 Date 03/29/20	5 Full name of contributor JOHN LEAVITT	6 Contributor address; City: State: Zip Code [REDACTED]						
7 Amount of contribution (\$) 100.00								
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)						
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor</td> <td>out-of-state PAC (ID#)</td> </tr> <tr> <td></td> <td>Contributor address;</td> <td>City: State: Zip Code</td> </tr> </table>		Date	Full name of contributor	out-of-state PAC (ID#)		Contributor address;	City: State: Zip Code	Amount of contribution (\$)
Date	Full name of contributor	out-of-state PAC (ID#)						
	Contributor address;	City: State: Zip Code						
Principal occupation / Job title (See Instructions)		Employer (See Instructions)						
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor</td> <td>out-of-state PAC (ID#)</td> </tr> <tr> <td></td> <td>Contributor address;</td> <td>City: State: Zip Code</td> </tr> </table>		Date	Full name of contributor	out-of-state PAC (ID#)		Contributor address;	City: State: Zip Code	Amount of contribution (\$)
Date	Full name of contributor	out-of-state PAC (ID#)						
	Contributor address;	City: State: Zip Code						
Principal occupation / Job title (See Instructions)		Employer (See Instructions)						
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor</td> <td>out-of-state PAC (ID#)</td> </tr> <tr> <td></td> <td>Contributor address;</td> <td>City: State: Zip Code</td> </tr> </table>		Date	Full name of contributor	out-of-state PAC (ID#)		Contributor address;	City: State: Zip Code	Amount of contribution (\$)
Date	Full name of contributor	out-of-state PAC (ID#)						
	Contributor address;	City: State: Zip Code						
Principal occupation / Job title (See Instructions)		Employer (See Instructions)						

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**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

APR 24 2024

**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 FILER NAME <b>DUSTIN M. FRATICELLI</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>03/05/2024</b>	5 Payee name <b>A.G.E. GRAPHICS, LLC</b>		
6 Amount (\$) <b>990.00</b>	7 Payee address: <b>678 Collins Road, Little Hocking, OH 45742</b>	City: State: Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <b>CAMPAIGN YARD SIGNS</b>	
	(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
  <b>PURPOSE OF EXPENDITURE</b>	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
  <b>PURPOSE OF EXPENDITURE</b>	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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

APR 24 2024

SCHEDULE G

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G: 2	2 FILER NAME: DUSTIN M. FRATICELLI	3 Filer ID (Ethics Commission Filers)	
4 Date: 03/05/2024	5 Payee name: A.G.E. GRAPHICS, LLC		
6 Amount (\$): 95.00 Reimbursement from political contributions intended	7 Payee address: 678 Collins Road, Little Hocking, OH 45742	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): PRINTING EXPENSE	(b) Description: CAMPAIGN YARD SIGNS	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name: Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held	
Date: 03/07/2024	Payee name: AMSCO STEEL		
Amount (\$): 135.00 Reimbursement from political contributions intended	Payee address: 1101 SOUTH MAIN ST, ALTUS, OKLAHOMA 73521	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): OTHER	Description: REBAR	
	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: 03/10/2024	Payee name: VISTA PRINT		
Amount (\$): 194.81 Reimbursement from political contributions intended	Payee address: 275 WYMAN STREET, WALTHAM, MA 02451	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): PRINTING EXPENSE	Description: BUSINESS CARDS, & 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 PERSONAL FUNDS

APR 24 2024

## SCHEDULE G

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 G: 2	2 FILER NAME DUSTIN M. FRATICELLI	3 Filer ID (Ethics Commission Filers)	
4 Date 04/01/2024	5 Payee name A.G.E. GRAPHICS, LLC		
6 Amount (\$) 370.00 <small>Reimbursement from political contributions intended</small>	7 Payee address: 678 Collins Road, Little Hocking, OH 45742	City: State: Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule). <b>PRINTING EXPENSE</b>	(b) Description <b>CAMPAIGN YARD SIGNS</b>	
	(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 04/15/2024	Payee name Constant Contact		
Amount (\$) 12.79 <small>Reimbursement from political contributions intended</small>	Payee address: 1601 TRAPELO ROAD WALTHAM, MA 02451	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>EMAIL NOTIFICATIONS</b>	
	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 (\$) <small>Reimbursement from political contributions intended</small>	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

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