The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS.	FIRST Veronica	MI R	OFFICE USE ONLY
NAME	NICKNAME	LAST King	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 5053 State H	APT / SUITE #;	city; state; zip code shall; Texas; 75670	JUL 0 6 2023
Change of Address				HARRISON COUNTY ELECTIONS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	PHONE NUMBER 407-5415	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST Veronica	мі R	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		King	55.7.1.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	200000000000000 00000 VS8 IV	(NO PO BOX PLEASE); APT / S Highway 154; Mars	shall; Texas; 75670	STATE; ZIP CODE
(Residence or Business)				*
8 CAMPAIGN TREASURER PHONE	(903)	PHONE NUMBER 407-5415	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before of		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	- Landerson	Land division on	Reporting Limit	That report viscores on Try
10 PERIOD COVERED	Month 1	Day Year / 1 / 23	THROUGH 6	Day Year 30 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	=
	Month Day	Year Primary 24 General	Runoff Other Description Special Office holder	-Next election March & November 2024
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
	Tax Assess	sor Collector	Tax Assessor C	Collecter
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
00/////////////////////////////////////	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		GO TO	PAGE 2	

15 C/OH NAME Veronica King	1	6 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	30.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	Signature of Cano	lidate or Office	holder
	Please complete either option below:		
(1) Affidavit	DEBBIE JONES Notary Public State of Texas ID # 13042593-0 My Comm. Expires 11-02-2023		
NOTARY STAMP/SEAL			
Sworn to and subscribed	112 15 15 10 11 11 11	3 day of	July.
alluga	which, witness my hand and seal of office.	Chei	f Deputy
Signature of officer administer	ing oath Printed name of officer administering oath	Title of o	officer administering oath
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
My address is			
Executed in		te) (zip code	, , , , , , , , , , , , , , , , , , , ,
	Signature of Candidat		

						many are
The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Veronica		мі R		E USE ONLY
	NICKNAME	LAST King		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 5053 State Hi	,	CITY; STATE; Marshall Texas	ZIP CODE 75670	JAN 1	0 2023
Change of Address					HARRISO ELECTION	N COUNTY NS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)407	PHONE NUMBER 7-5415	EXTENSIO	N	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MS.	FIRST Veronica		мі R	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		King			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 5053 State H		SUITE #; CITY; Mar	shall	state; Texas	ZIP CODE 75670
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSIO	NNI		
TREASURER PHONE		-5415	EXTENSIO	VIN.		
9 REPORT TYPE	January 15	30th day before e	election Runo	off		after campaign appointment der Only)
	July 15	8th day before ele	COLIOIT	eded Modified orting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year / 01 / 2022	THROUGH	Month	Day Yea / 31 / 20	ar 022
11 ELECTION	Month Day 03 04	Year Primary	Runoff	Other Description Office holde	r - Next election Mar	rch & November 2024
12 OFFICE	OFFICE HELD (if any) Tax Assessor Colle		13 OFFICE SO Tax Assesso	DUGHT (if known) r Collector		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE W	ITHOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEL(G)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
,		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
8		GO ТО	PAGE 2			

15 C/OH NAME Veronica King		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ ₀
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ₀
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	* o
	4. TOTAL POLITICAL EXPENDITURES	\$ ₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$30.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true united to be reported by me under Title 15, Election Code.	and correct and includes all information
	Marries	1
	_/ Ollgrich	Ing
	Signature of Car	ndidate or Officeholder
		U
	Discourse 1 (20 0 1 1 1	
	Please complete either option below	
(4) A 500 1	Summer of the same	
(1) Affidavit	DEBBIE JONES	
	Notary Public State of Texas	
	ID # 13042593-0	
NOTARY STAMP/SEAL	My Comm. Expires 11-02-2023 R	
	ila	10
Sworn to and subscribed	before me by <u>Veronica King</u> this the _	10 day of Jan.
20 23, to certify	which, witness my hand and seal of office.	
0,0,0	long Debbie Jones	
Signature of officer administe		
orginature of officer administer	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	,,	
,		(zin codo) (zco-t-)
		tate) (zip code) (country)
Executed in	County, State of, on the day of(month)	
	(month)	(year)
	Signature of Candida	ate/Officeholder (Declarant)

The C/OH Instruction (to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Ms.	FIRST Veronica		мі R	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
		King			NEGE	MASTIN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 5053 State Highwa			ATE; ZIP CODE exas 75670	HARRISON	- 2022 FCP
Change of Address	AREA CODE	PHONE NUMBER	- FV	TENCION	ELECTION	S OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	(903) 407-5		EX	TENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
TREASURER NAME	Ms.	Veronica		R	Date Processed	. I
	NICKNAME	LAST King		SUFFIX	Date Imaged	
7 CAMPAIGN	Managara and a second s	NO PO BOX PLEASE); APT / S	1000000	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	5053 State Highw	ray 154	IV	1arshall	Texas	75670
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (903) 407-	PHONE NUMBER	EX	TENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	01/	01 / 2022	THROUGH	н 06	30 / 2022	
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	/ /	General	Special	Office holder - Ne	ext election November 2024	
12 OFFICE	OFFICE HELD (if any)		13 OF	FICE SOUGHT (if known	1)	
	Tax Assessor Colle	ector	Tax As	sessor Collector		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. <i>THESE EXPENDITURE</i> AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN I	MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRE	SS		6965
	I	GOTO	PAGE 2			
	Walter and the second second second	30 10	I AGE Z			

CAMPAIGN	I FINANCE REPORT	COVER SHEET FG 2
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Veronica King		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 30.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	F THE \$
	Signature of Ca	ndidate or Offigellolder
	Please complete either option below	J':
(1) Affidavit	DEBBIE JONES Notary Public State of Texas ID # 13042593-0 My Comm. Expires 11-02-2023	
NOTARY STAMP/SEAL		1
$\overline{}$	before me by 126616Johe 5 this the which, witness my hand and seal of office.	day of OULY,
Deletine	Jones Phylia Tones	
Signature of officer administer	ing bath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		· · · · · · · · · · · · · · · · · · ·
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on the day of(month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MS. Veronica	MI R	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	King		JAN -6 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 5053 State Highway 154 Marshall	rity; state; zip code Texas 75670	HARRISON COUNTY ELECTIONS OFFICE
Change of Address			KJN, KEU
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 407-5415	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Ms. Veronica	R	Date Processed
	King		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / St	JITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	5053 State Highway 154 Ma	arshall Texas 75670	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 407-5415	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07/ 30 / 2019	THROUGH 12/	Day Year 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	747.77 (2157-3-13)
	Month Day Year ✓ Primary 03 / 03 / 2020 ☐ General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Tax Assessor Collector	13 OFFICE SOUGHT (if known Tax Assessor Colle	
	go то	PAGE 2	

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)
Veronica King			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIONIDATE OF POLITICAL EXPENDIONIDATE OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		977.403 (-1
	DOENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	- Carrier	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0
EXPENDITURE TOTALS	1	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ ₀
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$750.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 30.85
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	
18 AFFIDAVIT		true and correct and includes all info	perjury, that the accompanying report is promation required to be reported by me
CAT AFEIX NOTARY STAW	HY DICKERSON Notary Public State of Texas ID # 393076-8 m. Expires 03-27-20	under Title 15, Election Code. Signature of Can	didate or officeholder
Sworn to and subsc	Δ.		, this the
day of Janua	m, 20 00,	to certify which, witness my hand and seal of office.	1100000
Chily	100 NOT	Cathy Dickerson	Notara public
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME Veronica King 20 Filer ID (Ethic	cs Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ \$780.85
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$750.00
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. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	/ОН \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	LOANS				SCHEDULE E
	The	Instruction Guide explains how to compl	ete this form		Total pages Schedule E: 1
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
Ve	eronica King				
4 TOTAL OF UNITEMIZED LOANS					\$ \$780.85
5	Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
7/:	30/2019	Veronica King			\$780.85
6	Is lender a financial Institution?	8 Lender address; City; 5053 State Highway 154 Marsha		tate; Zip Code	10 Interest rate 0
	Y N				11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employe	r (See Instructions)	
	Tax Asse	ssor Collector	Tax	Assessor Collector	
14	Description of Colla	ateral		Check if personal fundaccount (See Instructi	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	s	tate; Zip Code	
20	Principal Occupat	ion (See Instructions)	21 Employe	r (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;		State; Zip Code	Interest rate
	Institution? Y N				Maturity date
	Principal occupation	on / Job title (See Instructions)	Employe	er (See Instructions)	
	Description of Colla	ateral		Check if personal fund	ds were deposited into political
	none			account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
1 _ 11				State; Zip Code	
	not applicable				
l	Principal Occupati	on (See Instructions)	Employe	er (See Instructions)	
	If le	ATTACH ADDITIONAL COP			

POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Others of extension and listed of Equipment

	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	2 FILER NAME Veronica King		3 Filer ID (Ethics Commission Filers)
Date 11/09/2019	5 Payee name Republican Party of Harrison County		
\$ Amount (\$) \$750.00	7 Payee address; 709 E Pinecrest Marshall	City; TX 75670	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H Veronica King	Office sought Tax Assessor Collect	Office held tor Tax Assessor Collecto
Date .	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Amount (\$) PURPOSE OF EXPENDITURE	Payee address; Category (See Categories listed at the top of this schedule)	City; Description	State; Zip Code
PURPOSE OF		Description	State; Zip Code TX, officeholder living expense

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	1 Total pages filed:		
The state of the s	NDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
NAN	VIE	Ms. Veronica R	Filer ID #	
		King NICKNAME LAST SUFFIX	Date Received CIEIVEID	
MAI	NDIDATE ILING DRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5053 State Highway 154 Marshall Texas 75670	HARRISON COUNTY ELECTIONS OFFICE Date Hand-deliyered or Postmerked	
4 CAN	NDIDATE ONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount\$	
		(903)407-5415	Date Processed	
5 OFF HEL (if an	_D	Tax Assessor Collector	Date Imaged	
	FICE JGHT own)	Tax Assessor Collector		
	IPAIGN EASURER IE	Ms/mrs/mr first mi nickname Mrs. Veronica R	LAST SUFFIX King	
TRE STR ADD	MPAIGN EASURER REET DRESS noe or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE; 5053 State Highway 154 Marshall Texas 75670	ZIP CODE	
TRE	MPAIGN EASURER DNE	AREA CODE PHONE NUMBER EXTENSION (903)407-5415		
(A)	NDIDATE NATURE	I am aware of the Nepotism Law, Chapter 573 of the Tell I am aware of my responsibility to file timely reports as the Election Code. I am aware of the restrictions in title 15 of the Election Comporations and labor organizations. Signature of Candidate	s required by title 15 of	
GO TO PAGE 2				

The C/OH Instruction (Guide explains how to	complete this form	1 Filer ID (Ethic	cs Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Veronica		MI R	OFFICE	USE ONLY
INAIVIE	NICKNAME	LAST		SUFFIX	Date Received	
		King			DECT	5U5 A 25 A 50 5 50
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 5053 State Highway 1:		CITY; STATE Irshall Texa		RECI	6 2021
Change of Address	The second secon				HARRISON	N COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903) 407-541	PHONE NUMBER	EXTEN	ISION	Date Hand-delivered	or Date Rostmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Ms.	FIRST		мı R	Receipt #	Amount \$
NAME					Date Processed	
	NICKNAME	LAST King		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO I	PO BOX PLEASE); APT / SU	UITE #; CIT	ГҮ;	STATE;	ZIP CODE
TREASURER ADDRESS	5053 State Highway	154	Mars	shall	Texas	75670
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (903) 407-5415	PHONE NUMBER	EXTEN	ISION		
2 DEDODE TYPE	(000) -01.01.1	,				
9 REPORT TYPE	January 15	30th day before el	lection R	Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before elec		xceeded Modified eporting Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
00121(22	01/	01 / 2021	THROUGH	06/	30 / 2021	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	/ /	General	Special	Office holder - Nex	xt election November 2024	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	E SOUGHT (if known)	7.	
	Tax Assessor Collector		Tax Asses	ssor Collector		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOL	POLITICAL CONTRIBUTIONS A LDER. THESE EXPENDITURES OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE	E WITHOUT THE CAND	IDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)		DMMITTEE NAME	W=1 11		*	
Additional Pages	GENERAL	DMMITTEE ADDRESS		E.		
	SPECIFIC	DMMITTEE CAMPAIGN TREA	ASURER NAME			
	cc	DMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO I	PAGE 2			

15 C/OH NAME Veronica King	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	AY \$ 30.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE s	wear, or affirm, under penalty of perjury, that the accompanying report is true and	d correct and includes all information
red	uired to be reported by me under Title 15, Election Code.	d correct and includes all information
)	/
	Λ	
	Monta	aline
THE THE STATE OF	Signature of Candid	ate or Officeholder
		U
	Please complete either option below:	
Contraction of the same of the	***************************************	
(1) Affidav	CATHY DICKERSON 8	
	Notary Public State of Texas	
NOTA DE LA CONTRACTION DE LA C	ID # 393076-8	
NOTARY STAMP SHAW	Comm. Expires 03-27-2025	
~ \	before me by Veronica King this the	day of July,
20, to certify	which, witness my hand and seal of office.	(1)
Cathy D	who (athy Di clarson	Notary public
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on .	
My name is	, and my date of birth is	
My address is	, <u>, , , , , , , , , , , , , , , , , , </u>	_,,
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of	, 20
	(month)	(year)
	Signature of Candidate/0	Officeholder (Declarant)

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 Ms.	FIRST Veronica	R	OFFICE USE ONLY
NAME	NICKNAME	LAST King	SUFFIX	Date Begeine CEIVEID
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 5053 State Hi		CITY; STATE; ZIP CODE all Texas 75670	JAN 05 2021 HARRISON COUNTY ELECTIONS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903) 407-	PHONE NUMBER 5415	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Ms.	FIRST Veronica	мі R	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		King		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S Highway 154 Mars	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (903) 40	PHONE NUMBER 7-5415	EXTENSION	
9 REPORT TYPE	X January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year / 2020	THROUGH 12	Day Year / 31 / 2020
11 ELECTION	Month Day	Year Primary 2020 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Tax Assessor	Collector	13 OFFICE SOUGHT (if know Tax Assessor Colle	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES I S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

15 C/OH NAME Veronica King			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$ O
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	L EXPENDITURE.	\$ ₀
	4. TOTAL POLITICAL EXPENDI	TURES	\$ ₀
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS O PERIOD	
	ewear, or affirm, under penalty of perjury, th quired to be reported by me under Title 15, El	Lection Code.	and correct and includes all information
	Please compl	lete either option belov	w:
NOTARY STAMP//SEA Sworn to and subscribed		_(N G this the	5th day of January,
20 <u>21</u> , to certify	which, witness my hand and seal of office.	*	
Signature of officer administe	ering oath Printed name of office	cer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on	OR	
My name is		and my date of birth is	
			*
iviy address is	(atra at)		(444)
Executed in	(street) County, State of	34500	(state) (zip code) (country) , 20 (year)
		Signature of Candi	idate/Officeholder (Declarant)

The C/OH Instruction C	tuide explains how to complete this for-	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
The Con Instruction G	uide explains how to complete this form.		2	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Ms. Veronica	мі R	OFFICE	USE ONLY
NAME	NIS. VETORICA NICKNAME LAST	SUFFIX	Date Received	
		30/11/		
4 CANDIDATE/	King ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	RIZC	JEJ WARD
OFFICEHOLDER MAILING ADDRESS	5053 State Highway 154 Marshall		JUL	07 2020
Change of Address			HARRIS	ON COUNTY NS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 407-5415	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MS. Veropica	мі R	Receipt #	Amount \$
NAME	MIS. Veronica	SUFFIX	Date Processed	
	King		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 5053 State Highway 154 Marshall Texa		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 407-5415	EXTENSION		
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day aff treasurer ap (Officeholde	
	X July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
COVERED	01 / 01 / 2020	THROUGH 06	30 / 2020	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Minary	Description		
	03 / 03 / 2021 General	Special		
12 OFFICE	OFFICE HELD (if any) Tax Assessor Collector	13 OFFICE SOUGHT (if known Tax Assessor Collect		
	GO ТО	PAGE 2		

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
Vero	nica King		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS I URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	CIELL VIEID
	SPECIFIC	JU	JL 07 2020 (MO)
		COMMITTEE CAMPAIGN TREASURER NAME HARF	RISON COUNTY CTIONS OFFICE
Additional Pages	3		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN SES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ ₀
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ₀
EXPENDITURE TOTALS	3. TOTAL	. UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL	POLITICAL EXPENDITURES	\$ ₀
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 30.85
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TO DAY OF THE REPORTING PERIOD	* 0
18 AFFIDAVIT			
CATH	HY DICKERSON lotary Public tate of Texas	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me
(() () () () () () ()) # 393076-8 n. Expires 03-27-202	1 Signature of Cand	idate or Officeholder
AFFIX NOTARY STAM	MP/SEALABOVE		
Sworn to and subse	cribed before me,	by the said Veronia a King	, this the
day of July	1, 20_ 20_	, to certify which, witness my hand and seal of office.	
Cathy	Priva	on Cathy Dicherson	Notary publi
Signature of office	administering oath	Printed name of officer administering oath	Title of officer administering oath

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

Sec	e CTA Instruction Guide for detailed instructions.	Total pages filed: 1
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Ms. Veronica R	Filer ID#
	NICKNAME LAST SUFFIX	Date Received CIEIVED AUG 05 2013
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5053 State Highway 154 Marshall Texas 75670	HARRISON COUNTY ELECTIONS OFFICE Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (903)407-5415	Receipt# Amount\$ Date Processed
5 OFFICE HELD (if any)	Tax Assessor Collector	Date Imaged
6 OFFICE SOUGHT (if known)	Tax Assessor Collector	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME Mrs. Veronica R	King
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 5053 State Highway 154 Marshall Texas 75670	ZIP CODE
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903)407-5415	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
	I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions
	Signature of Candidate	7-30-19 Date Signed
	GO TO PAGE 2	

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR FIRST Ms. Veronica	R	OFFICE USE ONLY
	NICKNAME LAST King	SUFFIX	Date Repetives
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	deposits a series and the last terminate and the series are the series and the series and the series are the se	STATE; ZIP CODE Shall TX 75670	DEC 14 2016
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 407-5415	EXTENSION	HARRISON COUNTY ELECTIONS OFFICE Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Ms. Veronica NICKNAME LAST King	R suffix	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU 5053 State Hwy 154		zip code 75670
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 407-5415	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Y Final Report (Attach C/OH - FR)
	our day before ele	CHOIT ZASSSSSS QUO MINI	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 30 / 2016	THROUGH 12	Day Year 15 2016
11 ELECTION	Month Day Year Primary 11 08 2016 X General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
	Tax Assessor Collector	Tax Assessor Collec	ctor
	GO ТО	PAGE 2	

14 C/OH NAME Ve	eronica R King	15 Fil	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOITURES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	[10] 15(15) [10] [10] [10] [10] [10] [10] [10] [10]	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE PAY OF THE REPORTING PERIOD	\$ 0
Nota Stat	DICKERSON ary Public e of Texas expires 03-27-2017	I swear, or affirm, under penalty of perjury true and correct and includes all informat under Title 15, Election Code. Signature of Candidate	ion required to be reported by me
	pribed before me,, 20	by the said Veronica King to certify which, witness my hand and seal of office. (a My Dillerse Printed name of officer administering oath	, this the

SUBTOTALS - C/OH

19 FILER NAME Veronica R King 20 Filer ID (Ethics Com	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to cor •• Complete only if "Report Type" on page 1 is r	narked "Final Report" ••
1 C		NAME	2 ACCOUNT # (Ethics Commission Filers
	Verd	onica R King	
3 S	IGN	ATURE	
re	eport a	t expect any further political contributions or political expenditures in connections as a final report terminates my campaign treasurer appointment. I also unders any campaign expenditures without a campaign treasurer appointment on file	tand that I may not accept any campaigr contribution
		R WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••	
Α.		CAMPAIGN FUNDS	
	Chec	ck only one:	
		I do not have unexpended contributions or unexpended interest or income e	earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned for not convert unexpended political contributions or unexpended interest or income. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political cearned on political contributions in accordance with the requirements of Electrons.	come earned on political contributions to personal ntributions and that I may not retain unexpended outions longer than six years after filing this final contributions and unexpended interest or income
В.		ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other	ner income from political contributions.
		I do retain assets purchased with political contributions or interest or other inclinary not convert assets purchased with political contributions or interest or of use. I also understand that I must dispose of assets purchased with political of Election Code, § 254.204.	ther income from political contributions to personal
			Signature of Candidate
		CEHOLDER plete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officehold I am also aware that I will be required to file reports of unexpended contrib officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	utions if, after filing the last required report as an