

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 MI RAUL M. NICKNAME LAST SUFFIX RAMIREZ		<div style="border: 1px solid black; padding: 5px;"> <p>OFFICE USE ONLY Filed for Record Date Received 2:57 PM FEB 01 2010 By <i>[Signature]</i> Elections Administration Service Co., TX</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date imaged</p> </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 14 ENCINO, TX 78353		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 325-5470		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI RAUL M. NICKNAME LAST SUFFIX RAMIREZ		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 340 C.R. 304 ENCINO, TEXAS 78353		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 325-5470		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 15 2010 2 1 2010		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 03 02 2010		
12 OFFICE	OFFICE HELD (if any) County Judge	13 OFFICE SOUGHT (if known) County Judge	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> Additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name _____ Address / PO Box, Apt / Suite #, City, State, Zip Code _____		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

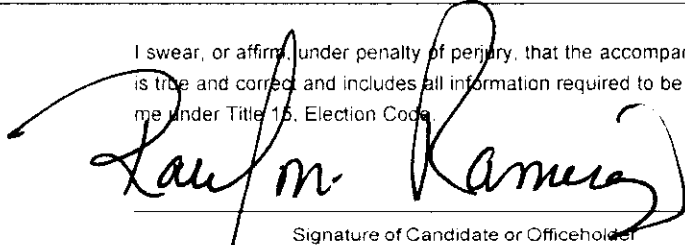
** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required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

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,537.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,279.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raul M. Ramirez this the 1 day of Feb. 20 10, to certify which, witness my hand and seal of office.

C.M. Gonzalez C.M. Gonzalez Notary Public.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date
1/15/10

5 Full name of contributor out-of-state PAC (ID#)
RAMIRO/AUCIA CANTU

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
*306 W. LITTLEFIELD
FALFURRIAS, TEXAS*

300⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
IN-LAWS

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)
NOEMI/GARY STARR

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/20/10

Contributor address: City: State: Zip Code
FALFURRIAS, TEXAS

300⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Sister

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ↕ ↘ ↙ ↕ ↘ ↙			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address, City: State: Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City: State: Zip Code	Amount of pledge (\$)	In-kind description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers):
4 TOTAL OF UNITEMIZED LOANS: \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address, City, State, Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address, City, State, Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address, City, State, Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address, City, State, Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filer)
4 Date 1/18	5 Payee name FALFURRIAS FACTS	7 Amount (\$) 105⁰⁰
6 Payee address, City, State, Zip Code FALFURRIAS, TEXAS 78355		
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISING (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/20	Payee name MURPHY USA	Amount (\$) 39⁰⁰
Payee address, City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) GAS TO PUT SIGNS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/21/10	Payee name SUNSET GRAPHICS	Amount (\$) 427.¹⁸
Payee address, City, State, Zip Code FALFURRIAS, TEXAS 78355		
Purpose of payment (See instructions regarding type of information required.) SIGNS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/22	Payee name SUNSET GRAPHICS	Amount (\$) 1039²
Payee address, City, State, Zip Code FALFURRIAS, TEXAS		
Purpose of payment (See instructions regarding type of information required.) CAPS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
1/16/10	Sunset GRAPHICS	140 ⁰⁰
6 Payee address: City: State: Zip Code		
FALFURRIQ, TEXAS 78355		
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH **
SIGNS (If travel outside of Texas, complete Schedule T)		Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
12/09 01-10	K.P.S.O	100
Payee address: City: State: Zip Code		
FALFURRIAS, TEXAS		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **
XMAS-VALENTINE greetings (If travel outside of Texas, complete Schedule T)		Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
1/25/10	CENTRAL Press & Design, INC	110.45
Payee address: City: State: Zip Code		
2951 100TH COURT NE, SUITE 150 BLAINE, MN 55449		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **
DOOR Hangers (If travel outside of Texas, complete Schedule T)		Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
01/20/10	US Post office	22 ⁰⁰
Payee address: City: State: Zip Code		
ENCLINO, TEXAS 78353		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH **
STAMPS (If travel outside of Texas, complete Schedule T)		Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-1-10	5 Payee name FALFURRIAS FACTS	7 Amount (\$) 105⁰⁰
6 Payee address: City State Zip Code FALFURRIAS, TEXAS		
8 Purpose of payment (See instructions regarding type of information required.) ADVERTISING (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 01/25/10	Payee name SACRED HEART PARISH HALL	Amount (\$) 385⁰⁰
Payee address: City State Zip Code FALFURRIAS, TEXAS 78235		
Purpose of payment (See instructions regarding type of information required.) HALL FOR election day (If travel outside of Texas, complete Schedule T)	** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Users)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Business name	7 Amount (\$)
6 Business address: City, State, Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address: City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address: City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address: City, State, Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City State Zip Code	
	7 Reason for credit	
	Payor name Payor address: City State Zip Code Reason for credit	Amount (\$)
	Payor name Payor address: City State Zip Code Reason for credit	Amount (\$)
	Payor name Payor address: City State Zip Code Reason for credit	Amount (\$)
	Payor name Payor address: City State Zip Code Reason for credit	Amount (\$)

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
8 Departure city or name of departure location		
9 Destination city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule 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		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule 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		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filer)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder