

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: 10								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MRS.</div> <div>FIRST ANGELA</div> <div>MI C</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME ANGIE</div> <div>LAST WIERZBICKI</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED FEB 05 2025 WJ 8:52 AM </div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX: 2311 CREEK MEADOWS DRIVE, MISSOURI CITY, TX 77459</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE:</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (832)</div> <div>PHONE NUMBER 274-9246</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST AFSHAN</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME AFSHI</div> <div>LAST CHARANIA MERCHANT</div> <div>SUFFIX</div> </div>		<div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-top: 1px solid black; padding-top: 5px;"> Date Processed Date Imaged </div> </div>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE): 7343 CHATHAM GREEN DRIVE</div> <div>APT / SUITE #:</div> <div>CITY: SUGAR LAND</div> <div>STATE: TX</div> <div>ZIP CODE: 77479</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (832)</div> <div>PHONE NUMBER 687-6097</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 11 7 24 </div> <div>THROUGH</div> <div> Month Day Year 12 31 24 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 3 25 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known) Fort Bend ISD Position 7</div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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
ANGELA WIERZBICKI

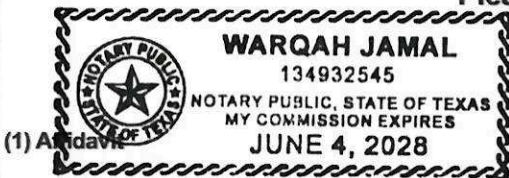
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,998.13
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,998.13
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 100.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 100.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,897.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 125.00

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.

Angela Wierzbicki
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angela Wierzbicki this the 5th day of February 2025, to certify which, witness my hand and seal of office.
Warqah Jamal Warqah Jamal Executive Assistant to Supt
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Angela Wierzbicki, and my date of birth is 9/20/77.
 My address is 2311 Creek Meadows, Missouri City, TX, 77459 USA.
 Executed in Fort Bend County, State of Texas, on the 15th day of January, 2025.
Angela Wierzbicki
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****ANGELA WIERZBICKI****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,998.13
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 125.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 100.98
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: **5**

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

11/15/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

SYED RIZVI

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

4114 STONEGLEN TERRACE LN, SUGAR LAND, TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/27/2024

Full name of contributor

out-of-state PAC (ID#: _____)

MONICA BABAIA

Amount of contribution (\$)

52.37

Contributor address;

City;

State;

Zip Code

3202 MILLERS OAK LANE, SUGAR LAND, TX 77498

Principal occupation / Job title (See Instructions)

LIBRARIAN

Employer (See Instructions)

FBISD

Date

11/27/2024

Full name of contributor

out-of-state PAC (ID#: _____)

KATHY HOUSER

Amount of contribution (\$)

104.42

Contributor address;

City;

State;

Zip Code

8703 SOUTH FITZGERALD WAY, MISSOURI CITY, TX 77459

Principal occupation / Job title (See Instructions)

VP - PATIENT SERVICES

Employer (See Instructions)

INNOVATION FERTILITY

Date

11/28/2024

Full name of contributor

out-of-state PAC (ID#: _____)

DEBBIE MANSFIELD

Amount of contribution (\$)

52.37

Contributor address;

City;

State;

Zip Code

3515 ROLLING GREEN LANE, MISSOURI CITY, TX 77459

Principal occupation / Job title (See Instructions)

GRAPHIC DESIGNER

Employer (See Instructions)

MARSH

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: **5**

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/2024

5 Full name of contributor

out-of-state PAC (ID# _____)

ANDEE MARKSAMER

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

23 SEATON COURT, SUGAR LAND, TX 77479

8 Principal occupation / Job title (See Instructions)

GEOLOGIST

9 Employer (See Instructions)

CHEVRON

Date

11/28/2024

Full name of contributor

out-of-state PAC (ID# _____)

PEGGY DEMARSH

Amount of contribution (\$)

52.37

Contributor address;

City;

State;

Zip Code

2611 GRANTS LAKE BLVD APT 155, SUGAR LAND, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/28/2024

Full name of contributor

out-of-state PAC (ID# _____)

MICHAEL MCINERNEY

Amount of contribution (\$)

26.34

Contributor address;

City;

State;

Zip Code

13019 JAMES LANE, STAFFORD, TX 77477

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/2024

Full name of contributor

out-of-state PAC (ID# _____)

MARUTHI DEVARAKONDA

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

3315 RESTON LANDING LANE, KATY, TX 77494

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

BAKER HUGHES**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:

5

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2024

5 Full name of contributor

out-of-state PAC (ID#:

MEGHAN SCOGGINS

7 Amount of contribution (\$)

104.42

6 Contributor address;

City;

State;

Zip Code

25911 HUMBLE VISTA TRAIL, RICHMOND, TX 77406

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

SCOGGINS FIRE & SAFETY LLC

Date

12/01/2024

Full name of contributor

out-of-state PAC (ID#:

EILEEN RAESE

Amount of contribution (\$)

104.42

Contributor address;

City;

State;

Zip Code

2702 CORTLANDT STREET, HOUSTON, TX 77008

Principal occupation / Job title (See Instructions)

POLICY ADVISOR

Employer (See Instructions)

HARRIS COUNTY

Date

12/02/2024

Full name of contributor

out-of-state PAC (ID#:

KIERSTEN BRYANT

Amount of contribution (\$)

104.42

Contributor address;

City;

State;

Zip Code

2010 ARCADIA DR, SUGAR LAND, TX 77498

Principal occupation / Job title (See Instructions)

CONFLICT ANALYST

Employer (See Instructions)

BAKER BOTTS

Date

12/03/2024

Full name of contributor

out-of-state PAC (ID#:

ANNE SUNG

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

7807 MEADOWVALE DR, HOUSTON, TX 77063

Principal occupation / Job title (See Instructions)

POLICY CHIEF

Employer (See Instructions)

HARRIS COUNTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

ANGELA WIERZBICKI

3 Filer ID (Ethics Commission Filers)

4 Date

12/04/2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

JANICE MILO

6 Contributor address;

City;

State;

Zip Code

2711 PECAN RIDGE DR, SUGAR LAND, TX 77479

7 Amount of contribution (\$)

21.13

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/04/2024

Full name of contributor

out-of-state PAC (ID#: _____)

WHITNEY JALALI

Contributor address;

City;

State;

Zip Code

1803 RUSTIC HILLS COURT, SUGAR LAND, TX 77479

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/04/2024

Full name of contributor

out-of-state PAC (ID#: _____)

WILMARIE STROCK

Contributor address;

City;

State;

Zip Code

513 PINCHOT DRIVE, ASHEVILLE, NC 28803

Amount of contribution (\$)

52.37

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2024

Full name of contributor

out-of-state PAC (ID#: _____)

VICKI COFFMAN

Contributor address;

City;

State;

Zip Code

802 SYCAMORE ROAD, RICHMOND, TX 77479

Amount of contribution (\$)

21.13

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: 5
2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/2024	5 Full name of contributor out-of-state PAC (ID#: _____) SCOTT PETT 6 Contributor address; City; State; Zip Code 3907 FLINTROCK LN, SUGAR LAND, TX 77479	7 Amount of contribution (\$) 52.37
8 Principal occupation / Job title (See Instructions) EDITOR		9 Employer (See Instructions) RICE UNIVERSITY
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**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 E: 1
2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 125.00
5 Date of loan 11/11/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELA WIERZBICKI	9 Loan Amount (\$) 25.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2311 CREEK MEADOWS DRIVE, MISSOURI CITY, TX 77459	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Grants Manager		13 Employer (See Instructions) Harris County
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 11/23/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGELA WIERZBICKI	Loan Amount (\$) 100.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 2311 CREEK MEADOWS DRIVE, MISSOURI CITY, TX 77459	Interest rate 0.00
		Maturity date
Principal occupation / Job title (See Instructions) Grants Manager		Employer (See Instructions) Harris County
Description of Collateral none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME ANGELA WIERZBICKI		3 Filer ID (Ethics Commission Filers)	
4 Date 12/09/2024		5 Payee name WALGREENS			
6 Amount (\$) 7.57		7 Payee address; City; State; Zip Code 3316 HWY 6, SUGAR LAND, TX 77478			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description OFFICE SUPPLIES		
	(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 12/21/2024		Payee name STRIPE			
Amount (\$) 93.41		Payee address; City; State; Zip Code 354 OYSTER POINT BLVD, SOUTH SAN FRANCISCO, CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description BANK FEES		
	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			
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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					