

# 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

FIRST

MI

Mr

Everett

A

NICKNAME

LAST

SUFFIX

Roy

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

14626 Red River Drive

Corpus Christi TX

78410

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

443-9173

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Robin

NICKNAME

LAST

SUFFIX

Ritchey-Roy

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

14626 Red River Drive

Corpus Christi TX 78410

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(724)

816-7386

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

5 / 6 / 22

THROUGH

7 / 15 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 22

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Council member District 1

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.

COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

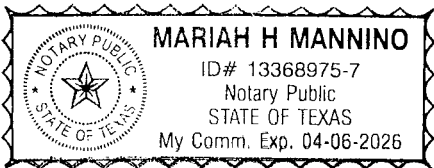
GO TO PAGE 2

# 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9274.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1090.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8184.63
OUTSTANDING LOAN TOTALS	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.



*Everett Roy*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Everett Roy this the 18 day of July, 2022 to certify which, witness my hand and seal of office.

*[Signature]* Mariah Mannino Notary of Public  
Signature of officer administering oath Printed name of officer administering oath 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 checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9274.68
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1090.05
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	\$ 0
9.	<input checked="" 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 checked="" 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: <b>1 of 6</b>
2 FILER NAME <b>Everett A Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/08/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken + Kim Griffin</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
6 Contributor address; City; State; Zip Code <b>5443 Atkins Way Robstown TX 78380</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Al Jones</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Contributor address; City; State; Zip Code <b>3420 Ocean Drive Corpus Christi TX 78411</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diane Leonetti</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>PO Box 331477 Corpus Christi TX 78463</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patty Clark</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>6713 Sahara Dr Corpus Christi TX 78412</b>		
Principal occupation / Job title (See Instructions) <b>Executive Director</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**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: <b>2 of 6</b>
2 FILER NAME <b>Everett A Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/08/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Loeb</b>	7 Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>3833, S. Staples St #5116 Corpus Christi TX 78411</b>		
8 Principal occupation / Job title (See Instructions) <b>Property Management</b>		9 Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken + Lynde Pa/K</b>	Amount of contribution (\$) <b>\$1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4702 Tuscan Way Corpus Christi Texas 78410</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Crabb</b>	Amount of contribution (\$) <b>\$ 200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3649 Leopard St Corpus Christi TX 78408</b>		
Principal occupation / Job title (See Instructions) <b>Banker</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ernest R. Garza</b>	Amount of contribution (\$) <b>\$ 300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>10201 Leopard St Corpus Christi TX 78410</b>		
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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: <b>3 of 6</b>
2 FILER NAME <b>Everett A Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/08/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William J Kelly</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code <b>1402 N. Chaparral Corpus Christi TX 78401</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill &amp; Liz Durrill</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>615 S. Upper Broadway Corpus Christi TX 78401</b>		
Principal occupation / Job title (See Instructions) <b>Self Employed</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CC File Pro</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>2106 Lipan St Corpus Christi TX 78408</b>		
Principal occupation / Job title (See Instructions) <b>storage document</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph and Connie Wise</b>	Amount of contribution (\$) <b>\$ 650.00</b>
Contributor address; City; State; Zip Code <b>PO Box 1604 Corpus Christi TX 78403</b>		
Principal occupation / Job title (See Instructions) <b>Financial Advisers</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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: <b>4 of 6</b>
2 FILER NAME <b>Everett A Roy</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>06/08/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gae Calloway</b>	7 Amount of contribution (\$) <b>\$20.00</b>
6 Contributor address; City; State; Zip Code <b>164 Driftwood, Portland TX 78374</b>		
8 Principal occupation / Job title (See Instructions) <b>Sales</b>		9 Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Danny Brooks</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>4902 Saratoga Blvd #5 Corpus Christi TX 78418</b>		
Principal occupation / Job title (See Instructions) <b>Banking</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shelly L. Whitlock</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>4517 Iron River Drive Corpus Christi TX 78410</b>		
Principal occupation / Job title (See Instructions) <b>Banking</b>		Employer (See Instructions)
Date <b>06/08/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>K&amp;M Premier Real Estate</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>7002 S. Staples, Ste 104 Corpus Christi TX 78413</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 of 6

2 FILER NAME

Ewett A Roy

3 Filer ID (Ethics Commission Filers)

4 Date

07/13/22

5 Full name of contributor

Joe + Mary McComb

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

5323 St. Andrews  
Corpus Christi TX 78413

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Moving Company

9 Employer (See Instructions)

Date

07/17/22

Full name of contributor

Amber Bozeman

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 150.00

Contributor address;

3506 Lake Palestine  
Robstown TX 78380

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

07/13/22

Full name of contributor

Johnnie Bickham

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address;

PO Box 10383  
Corpus Christi TX 78460

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Date

07/13/22

Full name of contributor

Ernest Garcia

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 1000.00

Contributor address;

1020 Leopard St  
Corpus Christi TX 78410

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

CPA

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: <b>6 of 6</b>
2 FILER NAME <b>Everett A Ray</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>07/13/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Antonio Gomez III</b>	7 Amount of contribution (\$) <b>\$30000</b>
6 Contributor address; City; State; Zip Code <b>4302 Wordsworth Creek Dr Corpus Christi TX 78410</b>		
8 Principal occupation / Job title (See Instructions) <b>Banking</b>		9 Employer (See Instructions)
Date <b>07/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aaron Etienne</b>	Amount of contribution (\$) <b>\$40000</b>
Contributor address; City; State; Zip Code <b>5905 Luso Vista Dr Corpus Christi TX 78414</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions)
Date <b>07/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arturo Alendarez</b>	Amount of contribution (\$) <b>\$10000</b>
Contributor address; City; State; Zip Code <b>7614 Adcote Dr Corpus Christi TX 78413</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>07/13/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aaron James Larson</b>	Amount of contribution (\$) <b>20000</b>
Contributor address; City; State; Zip Code <b>5502 E. River View Corpus Christi TX 78410</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		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.

Everett Roy

SCHEDULE F1

Expenses	Amount	Date	Category/Purpose	Address
Dollar Tree	\$ 2.00	6/9/2022	File folders from Dollar Tree	14101 Northwest Blvd. CC, TX
Star Bucks	\$ 5.68	6/10/2022	Social Media meeting at Starbucks	14213 Northwest Blvd. CC, TX
Walmart	\$ 19.97	6/10/2022	Office Supply	3829 US-77, CC, TX 78410
Brewster Street Icehouse	\$ 728.27	6/8/2022	Event food & drink	1724 N. Tanchua, CC, TX 78401
M. Ryan Design	\$ 80.00	5/27/2022	Graphic design - 6.8.22 event	340 Indiana Ave., Corpus Christi, TX 78404
TM Print Shop	\$ 18.67	6/1/2022	Print - invitations 6.8.22 event	2653 McKinzie, CC, TX 78410
Grunwald Printing	\$ 96.50	6/5/2022	Print - Business card	1418 Morgan Ave, CC, TX 78404
Inspiring Social	\$ 100.00	7/5/2022	June Social Medi	13842 Exchequer Dr., Corpus Christi, TX 78410
Office Depot	\$38.96	6/30/2022	Print - invitations - 7.13.22 event & thank you notes	

TOTAL \$1090.05

TOTAL EXPENSES

# 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.

<b>1</b> Total pages Schedule F1: <i>See Attached</i>	<b>2</b> FILER NAME <i>Everett A Ray</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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
	<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
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
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED