

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Castro, Melina (Mrs.)

15 ACCOUNT # (Ethics Commission filers)
11111110

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

CITY CLERK DEPT.
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17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,225.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 1,045.10

4. TOTAL POLITICAL EXPENDITURES \$ 13,469.85

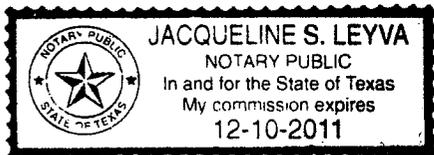
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,870.00

18 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.

Melina Castro

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melina Castro, this the 1st day of July, 2009, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva Jacqueline S. Leyva Notary Public
Signature of officer administering oath Print 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 PAGE # Schedule: 1/4 Report: 3/12	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 06/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AZCARATE, JORGE (Mr.) 6 Contributor address; City; State; Zip Code 3241 TIERRA LUCERO LN EL PASO, TX 79938	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRYAN, NORMAN (Mr.) Contributor address; City; State; Zip Code 3626 BUCKNER EL PASO, TX 79925	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHAVIRA, JOSE (Mr.) Contributor address; City; State; Zip Code 6767 GATEWAY W EL PASO, TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EP APT. ASSOCIATION BETTER GOVERNMENT FUND Contributor address; City; State; Zip Code 6730 E PAISANO EL PASO, TX 79925	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EPPERSON, IRENE (Ms.) Contributor address; City; State; Zip Code 5400 SILENT SUN EL PASO, TX 79912	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/12	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 06/06/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FAVELA, GIL (Mr.) 6 Contributor address; City; State; Zip Code 4889 MAUREEN EL PASO, TX 79924	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) MUSIC SERVICES
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GUTIERREZ, ENRIQUE (Mr.) Contributor address; City; State; Zip Code 8721 ORION PLACE EL PASO, TX 79904	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HIGHFILL, BYRON (Mr.) Contributor address; City; State; Zip Code 3212 MESA VERDE LN EL PASO, TX 79904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HUFF, VICTOR (Mr.) Contributor address; City; State; Zip Code PO BOX 640274 EL PASO, TX 79904	Amount of contribution (\$) \$175.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) OLIVAS, JAIME (Mr.) Contributor address; City; State; Zip Code 210 CAMPBELL EL PASO, TX 79901	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/12	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 06/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PeREZ, ROBERT (Mr.) 6 Contributor address; City; State; Zip Code 210 N CAMPBELL EL PASO, TX 79901	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SaNDOVAL, SYLVIA (Ms.) Contributor address; City; State; Zip Code 10900 LOMA DE COLOR DR EL PASO, TX 79934	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sariana, Luis (Mr.) Contributor address; City; State; Zip Code 10216 Ridgewood El Paso, TX 79925	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VILLALOBOS, ALEX (Mr.) Contributor address; City; State; Zip Code 6767 GATEWAY W EL PASO, TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VIRAMONTES, HEIDI (Ms.) Contributor address; City; State; Zip Code 10908 DON JANUARY EL PASO, TX 79935	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 6/12	
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110	
4 Date 06/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) YEGGE, THOMAS (Mr.) 6 Contributor address; City; State; Zip Code 11112 TERRELL AVE EL PASO, TX 79936	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 7/12
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 06/02/2009	5 Payee name BARRON, LUIS (Mr.) 6 Payee address; City; State; Zip Code 5820 THREADGUILL DR EL PASO, TX 79924	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) IT SERVICES (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/16/2009	Payee name BeBES HALL Payee address; City; State; Zip Code 1150 VISTA DE ORO EL PASO, TX 79935	Amount (\$) \$335.00
Purpose of payment (See instructions regarding type of information required.) CATERING (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/30/2009	Payee name Best Buy Payee address; City; State; Zip Code 9521 Viscount El Paso, TX 79925	Amount (\$) \$122.29
Purpose of payment (See instructions regarding type of information required.) INK CARTRIDGE (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2009	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	Amount (\$) \$58.65
Purpose of payment (See instructions regarding type of information required.) REIMBURSE EXPENSE FROM PERSONAL FUNDS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 8/12
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 06/25/2009	5 Payee name Castro, Melina (Mrs.) 6 Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	7 Amount (\$) \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSE LOAN FROM 6-8-2009 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/29/2009	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	Amount (\$) \$58.65
Purpose of payment (See instructions regarding type of information required.) TO PAY BACK EXPENSE MADE PERSONAL FUNDS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/29/2009	Payee name Castro, Melina (Mrs.) Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924	Amount (\$) \$670.99
Purpose of payment (See instructions regarding type of information required.) TO PAY BACK LOANS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2009	Payee name CLEAR CHANNEL OUTDOOR Payee address; City; State; Zip Code 2305 SPARKMAN ST EL PASO, TX 79903	Amount (\$) \$5,094.00
Purpose of payment (See instructions regarding type of information required.) ADVERTISING (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 9/12
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 06/11/2009	5 Payee name GONZALEZ, GUADALUPE (Ms.) 6 Payee address; City; State; Zip Code 9944 BALLISTIC EL PASO, TX 79924	7 Amount (\$) \$124.48
8 Purpose of payment (See instructions regarding type of information required.) CHAIRS, TABLES JUMPING BALLOON RENTAL (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/05/2009	Payee name H & H DINERO TREE INC Payee address; City; State; Zip Code 9020 MAYFLOWER EL PASO, TX 79925	Amount (\$) \$2,336.13
Purpose of payment (See instructions regarding type of information required.) MAILING SERVICES (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/04/2009	Payee name ONE STOP PRINT SHOP Payee address; City; State; Zip Code 7800 NORTH LOOP DR EL PASO, TX 79915	Amount (\$) \$665.74
Purpose of payment (See instructions regarding type of information required.) PRINTING (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/08/2009	Payee name PUBLY SHOP Payee address; City; State; Zip Code 6524 BOEING DR SUITE C-6 EL PASO, TX 79925	Amount (\$) \$280.91
Purpose of payment (See instructions regarding type of information required.) T-SHIRTS (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

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CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 10/12

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
11111110

4 Date

06/22/2009

5 Payee name
TMOBILE

.....
6 Payee address; City; State; Zip Code
PO BOX 660252
DALLAS, TX 75266

7 Amount (\$)

\$91.34

8 Purpose of payment (See instructions regarding type of information required.)
MOBILE PHONE SERVICE

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

06/24/2009

Payee name
TMOBILE

.....
Payee address; City; State; Zip Code
PO BOX 660252
DALLAS, TX 75266

Amount (\$)

\$87.53

Purpose of payment (See instructions regarding type of information required.)
MOBILE PHONE SERVICE

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

06/05/2009

Payee name
Wal-Mart

.....
Payee address; City; State; Zip Code
4530 Woodrow Bean Transmountain Dr
El Paso, TX 79924

Amount (\$)

\$60.25

Purpose of payment (See instructions regarding type of information required.)
SUPPLIES

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

06/08/2009

Payee name
Wal-Mart

.....
Payee address; City; State; Zip Code
4530 Woodrow Bean Transmountain Dr
El Paso, TX 79924

Amount (\$)

\$180.14

Purpose of payment (See instructions regarding type of information required.)
VOLUNTEER SNACKS & DRINKS ELECTION DAY

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

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CITY CLERK DEPT.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 11/12

2 FILER NAME Castro, Melina (Mrs.)

3 ACCOUNT #

(Ethics Commission filers)

11111110

4 Date	5 Payee name	8 Amount (\$)
05/29/2009	Castro, Melina (Mrs.) ----- 6 Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924 7 Purpose of expenditure (See instructions regarding type of information required.) STAMPS, SUPPLIES VOLUNTEER LUNCH (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$58.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
06/08/2009	Castro, Melina (Mrs.) ----- Payee address; City; State; Zip Code 9932 Ballistic El Paso, TX 79924 Purpose of expenditure (See instructions regarding type of information required.) LOAN (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 12/12
2 FILER NAME Castro, Melina (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 11111110
4 Date 06/12/2009	5 Payor name TMOBILE 6 Payor address; City; State; Zip Code DYER EL PASO, TX 79924 7 Reason for credit RETURNED ITEM AND STORE REIMBURSED ACCOUNT	8 Amount (\$) \$290.09
Date 06/11/2009	Payor name Wal-Mart Payor address; City; State; Zip Code 4530 Woodrow Bean Transmountain Dr El Paso, TX 79924 Reason for credit Returned item and store reimbursed account	Amount (\$) \$128.82

CITY CLERK DEPT.
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**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 <i>Melina Castro</i>	2 ACCOUNT # (Ethics Commission filers)
--	---

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.

Melina Castro

 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.

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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.

Melina Castro

 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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder