

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

3709

FORM C/OH COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.

1 ACCOUNT#
(Ethics Commission file)

2 Total pages filed:

9

3 CANDIDATE/
OFFICEHOLDER
NAME

TITLE	FIRST	MI
NICKNAME	LAST	SUFFIX
	NATHAN	H.
	ZOOK	

4 CANDIDATE/
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
PO Box 180896		AUSTIN	TX	78718

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE	FIRST	MI
NICKNAME	LAST	SUFFIX
	Tom	
	GAGLEY	

Receipt #

HD / PM

Amount

Date Processed

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
4801 Mulkows Crossing Rd		AUSTIN, TX		78744

7 CAMPAIGN
TREASURER
PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(512)	447	-8065

8 REPORT TYPE

<input checked="" type="checkbox"/> January 15	<input 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)

9 PERIOD COVERED

Month	Day	Year	THROUGH	Month	Day	Year
7	1	97		12	31	97

10 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
3 / 10 / 98	

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE, PLACE 3

13 DIRECT CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- 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 expenditures.

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GOTOPAGE2

CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM COH COVER SHEET PG 2

14 COHNAME

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NOREPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$ 530.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1617.00

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 1952.42

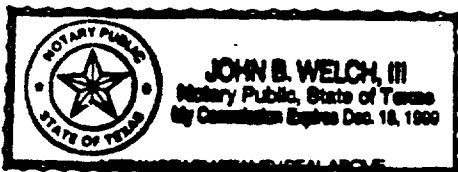
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 250.00

19 AFFIDAVIT

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



Nathan H. Zock
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said NATHAN H ZOCK, this the 15 day of JAN 19 98, to certify which, witness my hand and seal of office.

John B. Welch III
Signature of officer administering oath

John B. Welch III
Print name of officer administering oath

NOTARY
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: **3**

2 FILER NAME

NATHAN W ZACK

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/30/97

5 Full name of contributor

*CHRIS MATHIA
HARRIS, Dallas*

out of state PAC

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*4601 BULLOCKS WOODS
AUSTIN, TX 78759*

9 Principal occupation

Lawyer

10 Employer (optional)

Date

5/14/97

Full name of contributor

KIM L. ...

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*10407 RICHMOND CT
AUSTIN, TX 78739*

Principal occupation

Insurance Agent

Employer (optional)

Date

8/23/97

Full name of contributor

William Stone

out of state PAC

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2104 AZULE TR
AUSTIN, TX 78759*

Principal occupation

Retiree

Employer (optional)

Date

9/17/97

Full name of contributor

William Stone

out of state PAC

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2704 AZULE TR
AUSTIN, TX 78759*

Principal occupation

Retiree

Employer (optional)

Date

9/15/97

Full name of contributor

David Hartman

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2502 SCARLE DR
AUSTIN, TX 78703*

Principal occupation

Retiree

Employer (optional)

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 Schedule B:
1

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Nathan H Zeig

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

12/22/97

Hector D. Lopez

7 Pledgor address; City; State; Zip Code

3 Lucero Ln Austin 78746

100

10 Principal occupation

11 Employer (optional)

LAWYER

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

12/19/97

James Lopez

Pledgor address; City; State; Zip Code

~~*2 Lucero Ln Austin 78746*~~

50

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction GUIDE explains how to complete this form.			1 Total pages Schedule A: 3	
2 FILER NAME <i>Nathan H Zorn</i>			3 ACCOUNT # (Ethics Commission files)	
4 Date <i>12/1/97</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Ben. Suter</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City, State, Zip Code <i>7804 E. Pecan Dr Austin, TX 78737</i>				
9 Principal occupation <i>Executive</i>		10 Employer (optional)		
Date <i>12/2/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Paul M. ...</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)	
Contributor address; City, State, Zip Code <i>10226 ... Austin TX 78753</i>				
Principal occupation <i>...</i>		Employer (optional)		
Date <i>12/16/97</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>James ...</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)	
Contributor address; City, State, Zip Code <i>602 ... Austin TX 78723</i>				
Principal occupation <i>...</i>		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City, State, Zip Code				
Principal occupation		Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City, State, Zip Code				
Principal occupation		Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages 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	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City: State: Zip Code		

10 Principal occupation	11 Employer (optional)
-------------------------	------------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City: State: Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction GUIDE explains how to complete this form.			1 Total pages Schedule A: <p style="text-align: right;">3</p>	
2 FILER NAME <i>Nathan H Zoric</i>			3 ACCOUNT # (Ethics Commission files)	
4 Date <i>10/1/97</i>	5 Full name of contributor <i>Kiana Jacobs</i> <input type="checkbox"/> out of state PAC	6 Contributor address; City, State, Zip Code <i>10908 RICKMAN CT AUSTIN, TX 78739</i>	7 Amount of contribution (\$) <i>109.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation <i>Insurance Agent</i>		10 Employer (optional)		
Date <i>10/1/97</i>	Full name of contributor <i>Kiana Jacobs</i> <input type="checkbox"/> out of state PAC	Contributor address; City, State, Zip Code <i>10908 RICKMAN CT AUSTIN TX 78739</i>	Amount of contribution (\$) <i>53.00</i>	In-kind contribution description (if applicable)
Principal occupation <i>Insurance Agent</i>		Employer (optional)		
Date <i>10/1/97</i>	Full name of contributor <i>William Stoll</i> <input type="checkbox"/> out of state PAC	Contributor address; City, State, Zip Code <i>5704 BILKINS TR AUSTIN, TX 78759</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Principal occupation <i>Real Estate</i>		Employer (optional)		
Date <i>1.12.197</i>	Full name of contributor <i>JOANNA CLAPP</i> <input type="checkbox"/> out of state PAC	Contributor address; City, State, Zip Code <i>6723 BRADFORD DR AUSTIN TX 78750</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation <i>Real Estate</i>		Employer (optional)		
Date <i>12/9/97</i>	Full name of contributor <i>ARLENE ZORIC</i> <input type="checkbox"/> out of state PAC	Contributor address; City, State, Zip Code <i>PO Box 310627 New Braunfels TX 78130</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Principal occupation <i>Real Estate</i>		Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address: City: State: Zip Code

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address: City: State: Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILERNAME		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		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 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		14 Name of guarantor 15 Guarantor address; City; State; Zip Code	
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC		Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code	
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

2 FILER NAME

NATHAN H. ZOOK

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/13/97

5 Payee name

D & NIGHT PRINTING

6 Payee address: City, State, Zip Code

7 Amount

778.86

8 Purpose of expenditure

STATIONERY & ENVELOPES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

12/23/97

Payee name

TRAVIS COUNTY REPUBLICAN PARTY

Payee address: City, State, Zip Code

Amount

800.00

Purpose of expenditure

FILED FEE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address: City, State, Zip Code

Amount

(5)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address: City, State, Zip Code

Amount

(5)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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	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 Description of Collateral <input type="checkbox"/> none
--

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
--	--	----------------------------------

17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

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 (\$)
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Principal Occupation	Employer
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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: <div style="text-align: right; font-size: 1.5em;">2</div>
2 FILER NAME <i>NATHAN H ZOCK</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/1/97</i>	5 Payee name <i>L PARDENSHIP INSTITUTE</i>	7 Amount (\$) <i>\$150.00</i>
6 Payee address; City; State; Zip Code		
8 Purpose of expenditure <i>TRAINING SEMINAR</i>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held
Date <i>10/27/97</i>	Payee name <i>MURKIN DESIGN</i>	Amount (\$) <i>115.00</i>
Payee address; City; State; Zip Code		
Purpose of expenditure <i>Logo Design</i>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held
Date <i>11/24/97</i>	Payee name <i>RJL GRAPHICS</i>	Amount (\$) <i>93.00</i>
Payee address; City; State; Zip Code		
Purpose of expenditure		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held
Date <i>10/28/97</i>	Payee name <i>TRAVIS COUNTY REPUBLICAN PARTY</i>	Amount (\$) <i>15.00</i>
Payee address; City; State; Zip Code		
Purpose of expenditure <i>Training Seminar</i>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 filers)

NATHAN H ZOOK

4 Date

5 Payee name

8 Amount
(\$)

10/16/97

GRANTIA AUSTIN RIGHT TO LIFE COMMITTEE

65.00

6 Payee address; City; State; Zip Code

7 Purpose of expenditure

2150 WORTHINGTON SIGNAGE FROM FAST SIGNS (AUCTION)

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

12/23

U.S. POSTAL SERVICE

Payee address; City; State; Zip Code

32.00

Purpose of expenditure

STAMPS

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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 filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED