FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086052 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Republican Volunteer Program PAC Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 341016 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Chris NAME NICKNAME LAST **SUFFIX** Gober STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd. Bldg. E-100 Ste. 226 STREET **ADDRESS** (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341016 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 354-1787 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/07/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Republican Volunteer Program PAC			00086052	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,423.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	1,165.96
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Chris	Gober	
		Signature of Car	npaign Treasure	r
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			3 of 10
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Republican Volunteer Program PAC 00086052			,
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 5,423.20
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment			xpense Vages/Contract Labor	OTHER (enter a	category not listed above)
orean outer aymon	The Instruction G	Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 1/7 Rpt: 4/10	Texas Republican Volunte	er Program PAC		00086052	
4 Date	5 Payee name				
07/12/2023	CROSBY OTTENHOFF G	ROUP LLC			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
\$940.00	611 PENNSYLVANIA AVE	SE			
	#267				
Expenditure from corporate funds	WASHINGTON, DC 20003	3			
8 PURPOSE			(b) December		
OF	(a) Category (See Categories listed at	the top of this schedule)	(b) Description	outside of Texas. Com	nlete Schedule T
EXPENDITURE	Accounting/Banking			, TX, officeholder living	
			COMPLIANC	E CONSULTIN	NG
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ight	Office he	eld
expenditure to benefit C/O	ł				
Date	Payee name				
08/17/2023	CROSBY OTTENHOFF G	ROUP LLC			
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$1,057.50	611 PENNSYLVANIA AVE	SE			
, , , , , , , , , , , , , , , , , , , ,	#267				
Expenditure from		,			
corporate funds	WASHINGTON, DC 20003				
PURPOSE OF	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
EXPENDITURE	Accounting/Banking			outside of Texas. Com , TX, officeholder living	
				E CONSULTIN	
			001111 211 1110	22 0011002111	.0
Complete ONLY if direct	Candidate/Officeholder name	Office sou	l aht	Office he	eld
expenditure to benefit C/O			3		
Date	Dayoo nama				
10/03/2023	Payee name CROSBY OTTENHOFF G	DOLID I I C			
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$352.50	611 PENNSYLVANIA AVE	: SE			
Expenditure from	#267				
corporate funds	WASHINGTON, DC 20003	3			
PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
OF EXPENDITURE	Accounting/Banking			outside of Texas. Com	
EXI ENDITORE				, TX, officeholder living	
			COMPLIANC	E CONSULTIN	NG
Complete ONII V Station	Condidate/Office helder are	O##	aht	Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	grit	Office he	eiu
,					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/7 Rpt: 5/10	2 FILER NAME Texas Republican Volunteer Program PAC 3 Filer ID (Ethics Commission Filers) 00086052
4 Date 10/25/2023	5 Payee name CROSBY OTTENHOFF GROUP LLC
6 Amount (\$) \$117.50 Expenditure from	7 Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267
corporate funds 8 PURPOSE	WASHINGTON, DC 20003 (b) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OR	Candidate/Officeholder name Office sought Office held
Date 11/16/2023	Payee name CROSBY OTTENHOFF GROUP LLC
Amount (\$) \$470.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 12/26/2023	Payee name CROSBY OTTENHOFF GROUP LLC
Amount (\$) \$235.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267 WASHINGTON, DC 20003
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 6/10	Texas Republican Volunteer Program PAC 00086052
4 Date	5 Payee name
07/11/2023	QUICKBOOKS PAYROLL SERVICE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.87	2632 MARINE WAY
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	BANKING FEES
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
08/16/2023	QUICKBOOKS PAYROLL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$3.74	2632 MARINE WAY
Expenditure from	
corporate funds	MOUNTAIN VIEW, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	BANKING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/18/2023	QUICKBOOKS PAYROLL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$1.87	2632 MARINE WAY
— Foresediture from	
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	BANKING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		\dashv
Sch: 4/7 Rpt: 7/10	Texas Republican Volunteer Program PAC 00086052	
4 Date	5 Payee name	┪
10/02/2023	QUICKBOOKS PAYROLL SERVICE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.87	2632 MARINE WAY	
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	BANKING FEES	
		┙
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/24/2023	QUICKBOOKS PAYROLL SERVICE	
Amount (\$)	Payee address; City; State; Zip Code	٦
\$1.87	2632 MARINE WAY	
Ψ1.01	2002 IVI WITHE WITH	
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	BANKING FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	╡
11/13/2023	QUICKBOOKS PAYROLL SERVICE	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$1.87	2632 MARINE WAY	
Expenditure from		
corporate funds	MOUNTAIN VIEW, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	٦
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	BANKING FEES	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦
expenditure to benefit C/OI	ł	
		٦

Event Expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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)

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 8/10	Texas Republican Volunteer Program PAC	00086052
4 Date	5 Payee name	-
11/15/2023	QUICKBOOKS PAYROLL SERVICE	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.87	2632 MARINE WAY	
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BANKING FEES
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		
Date	Doving name	
12/11/2023	Payee name QUICKBOOKS PAYROLL SERVICE	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.87	2632 MARINE WAY	
Expenditure from	MOUNTAINI VIEW CA 04042	
corporate funds	MOUNTAIN VIEW, CA 94043	
PURPOSE OF	, ,	Description Charlet frauel autoide of Taylor Complete Schodule T
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BANKING FEES
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	4	
Date	Payee name	
12/22/2023	QUICKBOOKS PAYROLL SERVICE	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.87	2632 MARINE WAY	
Ψ1.01	2002 WINNE WIN	
Expenditure from corporate funds	MOUNTAIN VIEW, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		BANKING FEES
Complete CMLV if alia	Condidate/Officeholder page	t Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
,		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/Political Comm

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/7 Rpt: 9/10 Texas Republican Volunteer Program PAC 00086052 4 Date Payee name 11/14/2023 SCKOLNIK CPA, HOWARD 6 Amount (\$) Payee address; City; State; Zip Code \$1,250.00 8203 E. SIERRA PINTA DRIVE Expenditure from SCOTTSDALE, AZ 85255 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense **ACCOUNTING SERVICES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2023 TEXAS PARTNERS BANK Amount (\$) Payee address; State; Zip Code City; \$2.00 1900 NORTHWEST LOOP 410 Expenditure from SAN ANTONIO, TX 78213 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **BANKING FEES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/17/2023 THE GOBER GROUP, PLLC Amount (\$) Payee address: City: State; Zip Code \$135.00 PO BOX 341016 Expenditure from AUSTIN, TX 78734 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense LEGAL CONSULTING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 10/10	Texas Republican Volunteer Program PAC 00086052
4 Date	5 Payee name
09/19/2023	THE GOBER GROUP, PLLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	PO BOX 341016
Expenditure from corporate funds	AUSTIN, TX 78734
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	LEGAL CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2023	THE GOBER GROUP, PLLC
Amount (\$)	Payee address; City; State; Zip Code
\$795.00	PO BOX 341016
7.00.00	
Expenditure from corporate funds	AUSTIN, TX 78734
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	LEGAL CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held