# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM MPAC COVER SHEET PG 1

| The MPAC Instruction               | I Guide explains how to complete this form | 1 Filer ID<br>(Ethics Commission Filers)<br>00087515 | <ul><li>2 Total pages filed:</li><li>7</li></ul> |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| 3 COMMITTEE NAME                   | E  |  | OFFICE USE ONLY                                  |  |  |  |  |
| Texas Insurance                    | Professionals Political Action Committee   |  | Date Received                                    |  |  |  |  |
|                                    |  |  | ELECTRONICALLY FILED 05/06/2024                  |  |  |  |  |
| 4 COMMITTEE                        | ADDRESS / PO BOX; APT / SUITE #;           | CITY; STATE; ZIP                                     |  |  |  |  |  |
| ADDRESS                            | 11102 Bammel N. Houston Rd.                |  |  |  |  |  |  |
| Change of Addres                   | <sup>ss</sup> Houston, TX 77066            |  |  |  |  |  |  |
| 5 CAMPAIGN                         | MS / MRS / MR FIRST                        | MI   | Date Hand-delivered or Date Postmarked           |  |  |  |  |
| TREASURER                          | Mr. Kristor                                |  | Receipt # Amount                                 |  |  |  |  |
| NAME                               |  |  |  |  |  |  |  |
|                                    | NICKNAME LAST                              | SUF  | Date Processed                                   |  |  |  |  |
|                                    | Kris Crow                                  | 306  | Date Imaged                                      |  |  |  |  |
|                                    |  |  | Date maged                                       |  |  |  |  |
| 6 CAMPAIGN                         | STREET ADDRESS (NO PO BOX PLEAS            | E); APT / SUITE #; CITY;                             | STATE; ZIP CODE                                  |  |  |  |  |
| TREASURER<br>STREET                | 3908 Tanglewood Ln.                        |  |  |  |  |  |  |
| ADDRESS<br>(Residence or Business) |  |  |  |  |  |  |  |
| (Residence of Business)            | Odessa, TX 79762                           |  |  |  |  |  |  |
| 7 CAMPAIGN                         | STREET ADDRESS OR PO BOX;                  | APT / SUITE #; CITY;                                 | STATE; ZIP CODE                                  |  |  |  |  |
| TREASURER<br>MAILING               | 3908 Tanglewood Ln.                        |  |  |  |  |  |  |
| ADDRESS                            |  |  |  |  |  |  |  |
| Change of Addres                   | <sup>35</sup> Odessa, TX 79762             |  |  |  |  |  |  |
| 8 CAMPAIGN<br>TREASURER            | AREA CODE PHONE NUMBER                     | R EXTENSION  |  |  |  |  |  |
| PHONE                              | (432) 559-2343                             |  |  |  |  |  |  |
| 9 REPORT TYPE                      |  | 10th day after campaign                              |  |  |  |  |  |
|                                    | X Monthly                                  | treasurer termination                                | Dissolution (Attach PAC-DR)                      |  |  |  |  |
| 10 MONTHLY                         |  | pril 5 🔲 July 5                                      | October 5  |  |  |  |  |
| REPORT FILING<br>DEADLINE          |  | pril 5 July 5  |  |  |  |  |  |
|                                    | February 5 X M                             | lay 5 August 5                                       | November 5                                       |  |  |  |  |
|                                    | March 5                                    | une 5 September 5                                    | 5 December 5                                     |  |  |  |  |
| 11 PERIOD                          | Month Day Year                             | Mon  | nth Day Year                                     |  |  |  |  |
| COVERED                            | 03/26/2024                                 | THROUGH 04/2   | 25/2024  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |
|                                    | GO TO PAGE 2                               |  |  |  |  |  |  |
| Forms provided by Te               | exas Ethics Commission www                 | v.ethics.state.tx.us                                 | Version V3.5.1.5b35d027                          |  |  |  |  |

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |  |  | 13 Filer ID    | (Ethics Commission Filers) |
|---|--|--|----------------|----------------------------|
| Texas Insurance Profes  | ssionals Political Action  | Committee  | 00087515       |                            |
| 14 COMMITTEE<br>ACTIVITY  | 1. Candidates<br>(Identify by name or, if<br>applicable, classify by party.)       | A. Supported   |                |                            |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |  | B. Opposed   |                |                            |
|   |  |  |                |                            |
|   | 2. Measures<br>(Describe by date and location<br>of election and nature of issue.) | A. Supported   |                |                            |
|   |  | B. Opposed   |                |                            |
|   | 3. Officeholders<br>Assisted   |  |                |                            |
|   | (Identify by name or, if applicable, classify by party.)                           |  |                |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS,<br>CONTRIBUTIONS M   | D POLITICAL CONTRIBUTIONS (OTHER THAN<br>OR GUARANTEES OF LOANS, OR<br>ADE ELECTRONICALLY)<br>gualifies for the higher itemization threshold | \$             | 0.00                       |
|   | 2. TOTAL POLITICA  |  | e              |                            |
|   | (OTHER THAN PLEI   | DGES, LOANS, OR GUARANTEES OF LOANS)   | \$             | 1,875.00                   |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | POLITICAL EXPENDITURES   | \$             | 19.22                      |
|   | 4. TOTAL POLITICA  | L EXPENDITURES   | \$             | 23,233.74                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL C<br>OF THE REPORTING   | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD  | DAY \$         | 631,207.05                 |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | THE \$         | 0.00                       |
| 16 AFFIDAVIT  | •  |  | I              |                            |
|   |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all infor<br>under Title 15, Election Code.                         |                |                            |
|   |  | Mr. Kriste   | on R. Crow     |                            |
|   |  | Signature of Ca  |                | rer                        |
|   |  | -  |                |                            |
| AFFIX NOTARY  | STAMP / SEAL ABOVE   |  |                |                            |
|   |  | , tl   | nis the        | day                        |
| of  | _, 20, to certify v  | which, witness my hand and seal of office.   |                |                            |
| Signature of officer ac   | Iministering oath  | Printed name of officer administering oath   | Title of offic | cer administering oath     |
| Forms provided by Texas E   | Ethics Commission  | www.ethics.state.tx.us   |                | Version V3.5.1.5b35d027    |

## SUBTOTALS - MPAC

## FORM MPAC COVER SHEET PG 3

3 of 7

| 17 COMMITT            | (Ethics Commission Filers)   |              |                     |  |
|-----------------------|--|--------------|---------------------|--|
| Texas Ins             |  |              |                     |  |
| 19 SCHEDUL<br>NAME OF | SUBTOTAL AMOUNT  |              |                     |  |
| 1. X                  | 1. X 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<br>ORGANIZATION         | IR           | \$                  |  |
| 5.                    | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA<br>LABOR ORGANIZATION | ATION OR     | \$                  |  |
| 6.                    | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.                         | ANIZATION    | \$                  |  |
| 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 CONTRIBUTIONS                     | S            | <b>\$</b> 21,736.24 |  |
| 11. X                 | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |              | <b>\$</b> 1,497.50  |  |
| 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 CONTRIBUTIO                    | ONS          | \$                  |  |
| 15.                   | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER       | RETURNED     | \$                  |  |
|                       |  |              |                     |  |

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

|   | The Instru                                 | ction Guide explains how to complete this f        | orm.                         | 1              | Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/7 |           |
|---|--|--|------------------------------|----------------|---|-----------|
| 2 | FILER NAME                                 |  |                              | 3              | Filer ID (Ethics Commission                   | n Filers) |
|   | Texas Insura                               | ance Professionals Political Action Committee      |                              |                | 00087515                                      |           |
| 4 | Date                                       | 5 Full name of contributor out-of-state PAC (ID#:_ | )                            | 7              | Amount of Contribution (\$)                   |           |
|   | 04/01/2024                                 | Burdick, Jeffrey                                   |                              |                |   | \$30.00   |
|   |  | 6 Contributor address; City; State; Zip Code       |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  | FORT WORTH, TX 76177-7054                          |                              |                |   |           |
| 8 | Principal occu                             | pation / Job title (See Instructions)              | 9 Employer (See Instructions | <u> </u><br>ເ) |   |           |
| ľ | Insurance                                  |  |                              | ,              |   |           |
|   |  |  |                              | <u> </u>       |   |           |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:    | )                            |                | Amount of Contribution (\$)                   | ¢ 45 00   |
|   | 04/24/2024                                 | Cole, Jewel  |                              |                |   | \$45.00   |
|   |  | Contributor address; City; State; Zip Code         |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  | MIDLAND, TX 79705-2651                             |                              |                |   |           |
|   | •  | pation / Job title (See Instructions)              | Employer (See Instructions   | 5)             |   |           |
|   | Insurance                                  |  |                              |                |   |           |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:_   | )                            |                | Amount of Contribution (\$)                   |           |
|   | 04/24/2024                                 | Cole, Jewel  |                              |                |   | \$15.00   |
|   |  | Contributor address; City; State; Zip Code         |                              | 1              |   |           |
|   |  |  |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  | MIDLAND, TX 79705-2651                             |                              |                |   |           |
|   | Principal occu                             | pation / Job title (See Instructions)              | Employer (See Instructions   | 5)             |   |           |
|   | Insurance                                  |  |                              |                |   |           |
| ⊨ | Date                                       | Full name of contributor out-of-state PAC (ID#:    | )                            | Γ              | Amount of Contribution (\$)                   |           |
|   | 04/07/2024                                 | Hurst, David                                       | /                            |                | /ouni or ooninisuuon (+)                      | \$100.00  |
|   | • • = • = •                                |  |                              |                |   | +200.00   |
|   |  | Contributor address; City; State; Zip Code         |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  | HOUSTON, TX 77066                                  |                              |                |   |           |
| ⊢ | Principal occu                             | pation / Job title (See Instructions)              | Employer (See Instructions   | <u>ו</u>       |   |           |
|   | Insurance                                  |  |                              | "              |   |           |
| ╘ |  |  |                              | _              |   |           |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:    | )                            |                | Amount of Contribution (\$)                   | ****      |
|   | 04/15/2024 Mims, David                     |  |                              |                |   | \$100.00  |
|   | Contributor address; City; State; Zip Code |  |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  |  |                              |                |   |           |
|   |  | WINNIE, TX 77665                                   |                              |                |   |           |
|   | Principal occu                             | pation / Job title (See Instructions)              | Employer (See Instructions   | 5)             |   |           |
|   | Insurance                                  |  |                              |                |   |           |
|   |  |  |                              |                |   |           |
| I |  |  |                              |                |   |           |

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

| The Instruction Guide explains how to complete this form. |  |  |                              | 1             | Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/7 |            |
|---|--|--|------------------------------|---------------|---|------------|
| 2   | FILER NAME   | ЛЕ   |                              | 3             | Filer ID (Ethics Commission                   | on Filers) |
|   | Texas Insurance Professionals Political Action Committee |  |                              |               | 00087515                                      |            |
| 4   | Date   | 5 Full name of contributor out-of-state PAC (ID#:                  | )                            | 7             | Amount of Contribution (\$)                   |            |
|   | 04/24/2024   | Paysse, Kenneth  | /                            |               |   | \$50.00    |
|   |  | 6 Contributor address; City; State; Zip Code                       |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  | BEEVILLE, TX 78102-4514  |                              |               |   |            |
| 8   | Principal occu   |  | 9 Employer (See Instructions | <u> </u><br>ວ |   |            |
| ľ   | Insurance  |  |                              | ,             |   |            |
| ╞   |  |  |                              |               |   |            |
|   | Date   | Full name of contributor out-of-state PAC (ID#:                    | )                            |               | Amount of Contribution (\$)                   | +=0.00     |
|   | 03/27/2024   | Paysse, Kenneth  |                              |               |   | \$50.00    |
|   |  | Contributor address; City; State; Zip Code                         |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  |  |                              |               |   |            |
| ∟   |  | BEEVILLE, TX 78102-4514  |                              |               |   |            |
|   |  | pation / Job title (See Instructions)                              | Employer (See Instructions   | 5)            |   |            |
|   | Insurance  |  |                              |               |   |            |
|   | Date   | Full name of contributor out-of-state PAC (ID#:                    | )                            |               | Amount of Contribution (\$)                   |            |
|   | 04/01/2024   | Raeke, Rebecca   |                              |               |   | \$10.00    |
|   |  | Contributor address; City; State; Zip Code                         |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  | COLLEYVILLE, TX 76034-4116   |                              |               |   |            |
|   | Principal occu   | pation / Job title (See Instructions)                              | Employer (See Instructions   | ;)            |   |            |
|   | Insurance  |  |                              |               |   |            |
|   | Date   | Full name of contributor out-of-state PAC (ID#:                    | )                            |               | Amount of Contribution (\$)                   |            |
|   | 04/24/2024   | Sewell, David  |                              |               |   | \$1,400.00 |
|   |  | Contributor address; City; State; Zip Code                         |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  | GEORGETOWN, TX 78628-5335  |                              |               |   |            |
| ⊢   | Principal occu   | pation / Job title (See Instructions)                              | Employer (See Instructions   | L;)           |   |            |
|   | Insurance  |  |                              | ,             |   |            |
| ⊨   |  | Full name of contributor Out-of-state PAC (ID#:                    |                              | _             | Amount of Contribution (ft)                   |            |
|   | Date<br>04/24/2024                                       | Full name of contributor out-of-state PAC (ID#:<br>Swierc, Roxanne | )                            |               | Amount of Contribution (\$)                   | \$75.00    |
|   |  |  |                              |               | Φ15.00  |            |
|   | Contributor address; City; State; Zip Code               |  |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  | WEST TV 76601 1557   |                              |               |   |            |
| ⊢   | Deinstrad  | WEST, TX 76691-1557  |                              |               |   |            |
|   |  | pation / Job title (See Instructions)                              | Employer (See Instructions   | 5)            |   |            |
|   | Insurance  |  |                              |               |   |            |
|   |  |  |                              |               |   |            |
|   |  |  |                              |               |   |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |  |  |  |  |
|--|---|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District |  |  |  |  |
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |
| Sch: 1/1 Rpt: 6/7  | Texas Insurance Professionals Political Action Committee 00087515   |  |  |  |  |
| 4 Date   | 5 Payee name  |  |  |  |  |
| 03/26/2024   | Atchley & Associates LLP  |  |  |  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |
| \$967.02   | 1005 La Posada Dr   |  |  |  |  |
| Expenditure from<br>corporate funds  | Austin, TX 78752  |  |  |  |  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |
| OF<br>EXPENDITURE  | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense   |  |  |  |  |
|  | PAC accounting and reporting services   |  |  |  |  |
|  |   |  |  |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held<br>H  |  |  |  |  |
| Date   | Payee name  |  |  |  |  |
| 03/27/2024   | Cates Legal Group PLLC  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
| \$750.00   | 5910 Clementine Ln  |  |  |  |  |
| Expenditure from<br>corporate funds  | Austin, TX 78744  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Legal Services</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>PAC legal services</li> </ul>   |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |  |  |  |  |
| Date   | Payee name  |  |  |  |  |
| 03/26/2024   | Galitski, Frank V.  |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |
| \$20,000.00  | 11700 Red Oak Valley Ln   |  |  |  |  |
| Expenditure from<br>corporate funds  | Austin, TX 78732  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | <ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Consulting Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>PAC government affairs consulting</li> </ul>                              |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held<br>H  |  |  |  |  |
|  |   |  |  |  |  |

|  | RRED OBLIGATIONS   |  | SCHEDULE F2   |
|--|--|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expense<br>Fees<br>Food/Beverage Expense<br>y - Gift/Awards/Memorials Expen<br>al Committee Legal Services | ATEGORIES FOR BOX 10(a)<br>Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Salaries/Wages/Contract Labor<br>explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 Total pages Schedule F2:<br>Sch: 1/1 Rpt: 7/7  | 2 FILER NAME<br>Texas Insurance Professionals  | Political Action Committee   | 3 Filer ID (Ethics Commission Filers)<br>00087515   |
| <sup>4</sup> TOTAL OF UNITEMI  | ZED UNPAID INCURRED OBLIG  | GATIONS  | \$  |
| 5 Date<br>04/24/2024   | 6 Payee name<br>Atchley & Associates LLP   |  |   |
| 7 Amount (\$)<br>\$747.50  | 8 Payee address; City;<br>1005 La Posada Dr  | State; Zip Code  |   |
| 9 TYPE OF<br>EXPENDITURE   | Austin, TX 78752   | Non-Political  |   |
| 10 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top<br>Accounting/Banking   | Check if travel  | l outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>ting and reporting services   |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name<br>H   | Office sought  | Office held   |
| Date<br>03/26/2024   | Payee name<br>Cates Legal Group PLLC   |  |   |
| Amount (\$)<br>\$750.00  | Payee address; City;<br>5910 Clementine Ln   | State; Zip Code  |   |
| Expenditure from<br>corporate funds  | Austin, TX 78744   |  |   |
| TYPE OF<br>EXPENDITURE   | X Political  | Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top<br>Legal Services   | Check if travel  | l outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>PrVICES   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name<br>H   | Office sought  | Office held   |
|  |  |  |   |