

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00067374		2 Total pages filed: 11	
3 COMMITTEE NAME Cypress-Tomball Democrats				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/28/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 12215 Moorcreek Drive Houston, TX 77070				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Carol NICKNAME LAST SUFFIX Gray				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12215 Moorcreek Drive Houston, TX 77070				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12215 Moorcreek Drive Houston, TX 77070				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 435-2742				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/26/2025 08/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Cypress-Tomball Democrats	13 Filer ID (Ethics Commission Filers) 00067374
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. 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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,349.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,569.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Carol Gray

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 11

17 COMMITTEE NAME Cypress-Tomball Democrats		18 Filer ID (Ethics Commission Filers) 00067374
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 550.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,349.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/11
2 FILER NAME Cypress-Tomball Democrats		3 Filer ID (Ethics Commission Filers) 00067374
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Alice <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77539	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kelley <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Harris County
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressie, Robin <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Julie <hr/> Contributor address; City; State; Zip Code Jersey Village, TX 77040	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Contract Specialist		Employer (See Instructions) Texas Department of Transportation
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis-Patterson, Joyce <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Food Service		Employer (See Instructions) Buc-ee's

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/11
2 FILER NAME Cypress-Tomball Democrats		3 Filer ID (Ethics Commission Filers) 00067374
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Judith <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77377	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holter, Linda <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutson, Julie <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maner, Carol Ann <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Gambling Clinic of Texas, LLC
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raab, Nancy <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/11
2 FILER NAME Cypress-Tomball Democrats		3 Filer ID (Ethics Commission Filers) 00067374
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randazzo, Sue <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employe
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rospierski, Carolyn <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) ExxonMobil
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swann, Vally <hr/> Contributor address; City; State; Zip Code Houston, TX 77070	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Kathryn <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, P L <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) TransPerfect

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/11
2 FILER NAME Cypress-Tomball Democrats		3 Filer ID (Ethics Commission Filers) 00067374
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinberg, George	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77429	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 8/11	2 FILER NAME Cypress-Tomball Democrats	3 Filer ID (Ethics Commission Filers) 00067374
4 Date 08/12/2025	5 Payee name 48HourPrint	
6 Amount (\$) \$299.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys, CA 91406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$9.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$4.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 9/11	2 FILER NAME Cypress-Tomball Democrats	3 Filer ID (Ethics Commission Filers) 00067374
4 Date 08/13/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$4.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$2.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Dollar Tree		
Amount (\$) \$12.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11710 Grant Rd Cypress, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club anniversary party supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 10/11	2 FILER NAME Cypress-Tomball Democrats	3 Filer ID (Ethics Commission Filers) 00067374
4 Date 08/25/2025	5 Payee name H-E-B	
6 Amount (\$) \$20.52 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10919 Louetta Houston, TX 77070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club anniversary party supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Intuit Mailchimp	
Amount (\$) \$47.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name Michaels	
Amount (\$) \$27.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7630 FM 1960 W Houston, TX 77070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club anniversary party supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 11/11	2 FILER NAME Cypress-Tomball Democrats	3 Filer ID (Ethics Commission Filers) 00067374
4 Date 08/19/2025	5 Payee name Office Depot	
6 Amount (\$) \$247.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 25821 Highway 290 Cypress, TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Stellar Customs LLC	
Amount (\$) \$1,671.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13622 Balmor Circle Houston, TX 77069	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club t-shirts, caps, visors
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held