

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00038111	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Gina G.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Parker	SUFFIX	Date Received ELECTRONICALLY FILED 01/07/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	REDACTED PER 254.0313, GOVT CODE			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Shelli L.	MI			
	NICKNAME	LAST Rosenkranz	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	REDACTED PER 254.0313, GOVT CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 722-2334	EXTENSION			
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 modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE			
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Court Of Criminal Appeals, Judge Place 7			12 OFFICE SOUGHT (if known)		

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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13 C / OH NAME	Parker, Gina G. (Ms.)		14 Filer ID (Ethics Commission Filers) 00038111
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> COMMITTEE TYPE GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,009.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 48,827.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 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.

Ms. Gina G. Parker

Signature of Candidate or Officeholder

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 - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Parker, Gina G. (Ms.)	00038111	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	0.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3. <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	0.00
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	967.69
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	42.18
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	79.81

PLEDGED CONTRIBUTIONS (JUDICIAL)**SCHEDULE B(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 1/1 Rpt: 4/12
2 FILER NAME Parker, Gina G. (Ms.)		3 Filer ID (Ethics Commission Filers) 00038111
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Pledgor's principal occupation		11 Pledgor's job title
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)
14 If pledgor is a child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/12
2 FILER NAME Parker, Gina G. (Ms.)		3 Filer ID (Ethics Commission Filers) 00038111
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender 8 Lender address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#: 9 Loan Amount (\$) 10 Interest Rate 11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/4 Rpt: 6/12	2 FILER NAME Parker, Gina G. (Ms.)	3 Filer ID (Ethics Commission Filers) 00038111
4 Date 10/27/2025	5 Payee name Buc-ee's	
6 Amount (\$) \$29.18	7 Payee address; City; 2760 N Interstate 35 New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder gas expense for travel to 2025 TFRW Biennal Convention
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Central Texas Republican Women PAC	
Amount (\$) \$64.00	Payee address; City; P.O. Box 24 Belton, TX 76513	
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 Chili Luncheon Tickets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Crockett Truck Stop	
Amount (\$) \$42.71	Payee address; City; 1409 E Loop 304 Crockett, TX 75835	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder gas for travel to Greater Houston of Federation Republican Women Garden Party
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/4 Rpt: 7/12	2 FILER NAME Parker, Gina G. (Ms.)	3 Filer ID (Ethics Commission Filers) 00038111
4 Date 12/19/2025	5 Payee name Discover	
6 Amount (\$) \$42.18	7 Payee address; City; State; Zip Code P.O. Box 71242 Charlotte, NC 28272	
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 Website domain yearly subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Grand Hyatt San Antonio Riverwalk	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 600 E. Market Street San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 2025 TFRW Biennal Convention Meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Grand Hyatt San Antonio Riverwalk	
Amount (\$) \$273.18	Payee address; City; State; Zip Code 600 E. Market Street San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel expense for the 2025 TFRW Biennal Convention
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/4 Rpt: 8/12	2 FILER NAME Parker, Gina G. (Ms.)	3 Filer ID (Ethics Commission Filers) 00038111	
4 Date 07/28/2025	5 Payee name Greater Houston of Federation Republican Women		
6 Amount (\$) \$170.00	7 Payee address; City; State; Zip Code 7941 Katy Freeway, #272 Houston, TX 77024		
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 Greater Houston of Federation Republican Women Tickets	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
Date 08/08/2025	Payee name McLennan County Republican Women PAC		
Amount (\$) \$28.00	Payee address; City; State; Zip Code P.O. Box 7291 Waco, TX 76710		
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 MCRW August 2025 Meeting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
Date 08/08/2025	Payee name McLennan County Republican Women PAC		
Amount (\$) \$55.00	Payee address; City; State; Zip Code P.O. Box 7291 Waco, TX 76710		
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 MCRW 70th Anniversary Dinner Tickets	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/4 Rpt: 9/12	2 FILER NAME Parker, Gina G. (Ms.)	3 Filer ID (Ethics Commission Filers) 00038111
4 Date 07/02/2025	5 Payee name TFRWPAC	
6 Amount (\$) \$203.44	7 Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78750	
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 2025 TFRW Biennal Convention Tickets
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4: Sch: 1/1 Rpt: 10/12	2 FILER NAME Parker, Gina G. (Ms.)		3 Filer ID (Ethics Commission Filers) 00038111
4 CREDIT CARD ISSUER	Name of financial institution Discover		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$42.18	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name GoDaddy Operating Company,		(b) Payee address; City, State, Zip Code 100 S Mill Ave, Suite 1600 Tempe, AZ 85281
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Website domain yearly subscription (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/2 Rpt: 11/12</p>
<p>2 FILER NAME Parker, Gina G. (Ms.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00038111</p>
<p>4 Date 11/26/2025</p>	<p>5 Name of person from whom amount is received Casino, Jane (Mrs.)</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79407</p>	<p>8 Amount (\$) \$60.00</p>
	<p>7 Purpose for which amount is received 2025 TFRW Biennal Convention Meal Reimbursement</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/31/2025</p>	<p>Name of person from whom amount is received SouthState Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883</p>	<p>Amount (\$) \$3.36</p>
	<p>Purpose for which amount is received Interest Earned on Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/31/2025</p>	<p>Name of person from whom amount is received SouthState Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883</p>	<p>Amount (\$) \$3.13</p>
	<p>Purpose for which amount is received Interest Earned on Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received SouthState Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883</p>	<p>Amount (\$) \$3.45</p>
	<p>Purpose for which amount is received Interest Earned on Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/31/2025</p>	<p>Name of person from whom amount is received SouthState Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883</p>	<p>Amount (\$) \$3.34</p>
	<p>Purpose for which amount is received Interest Earned on Checking Account</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 12/12
2 FILER NAME Parker, Gina G. (Ms.)		3 Filer ID (Ethics Commission Filers) 00038111
4 Date 11/30/2025	5 Name of person from whom amount is received SouthState Bank	8 Amount (\$) \$3.00
	6 Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883	
	7 Purpose for which amount is received Interest Earned on Checking Account	<input type="checkbox"/> Check if political contribution returned to filer
Date 12/31/2025	5 Name of person from whom amount is received SouthState Bank	Amount (\$) \$3.53
	6 Address of person from whom amount is received; City; State; Zip Code Winter Haven, FL 33883	
	7 Purpose for which amount is received Interest Earned on Checking Account	<input type="checkbox"/> Check if political contribution returned to filer