

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088764	2 Total pages filed: 11		
3 COMMITTEE NAME Taylor Area Republican Women PAC		<b>OFFICE USE ONLY</b> <p>Date Received ELECTRONICALLY FILED 01/09/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>			
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4403 Pinehurst Dr  Taylor, TX 76574				
5 CAMPAIGN TREASURER NAME  Mrs.	FIRST Deborah			MI	
	NICKNAME Parker	LAST	SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4403 Pinehurst Dr.  Taylor, TX 76574	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 4403 Pinehurst Dr.  Taylor, TX 76574	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 966-5850	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	Month Day Year ELECTION DATE	<input type="checkbox"/> Primary  <input type="checkbox"/> General	<input type="checkbox"/> Runoff  <input type="checkbox"/> Special	ELECTION TYPE  <input type="checkbox"/> Other	

**GO TO PAGE 2**

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Taylor Area Republican Women PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00088764
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican  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.)	
<b>15 CONTRIBUTION TOTALS</b>	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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,115.98
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,717.15
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,115.98
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<p>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.</p> <p style="text-align: right;">Mrs. Deborah Parker</p> <hr/> <p style="text-align: right;">Signature of Campaign Treasurer</p>		
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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 11

<b>17 COMMITTEE NAME</b> Taylor Area Republican Women PAC	<b>18 FILER ID</b> (Ethics Commission Filers) 00088764
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 25,115.98	
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 \$ 1,717.15	
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/11
<b>2</b> FILER NAME Taylor Area Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088764
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor Albert, Isabel	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  Thrall, TX 76578	
<b>8</b> Principal occupation / Job title (See Instructions) Teacher Aid		<b>9</b> Employer (See Instructions)
Date 12/11/2025	Full name of contributor Albert, Allison	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Thrall, TX 76578	
Principal occupation / Job title (See Instructions) Scheduler for Gov Abbott		Employer (See Instructions)
Date 12/11/2025	Full name of contributor Albert, Bill	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Thrall, TX 76578	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/11/2025	Full name of contributor Albert, Brenda	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Thrall, TX 76578	
Principal occupation / Job title (See Instructions) College Student		Employer (See Instructions)
Date 12/11/2025	Full name of contributor Albert, Charlotte	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Thrall, TX 76578	
Principal occupation / Job title (See Instructions) Retired/Minister		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/11
<b>2</b> FILER NAME Taylor Area Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088764
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ariola, Robin	<b>7</b> Amount of Contribution (\$) \$65.00
	<b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Anna	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Real Estate Agent		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Anna	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buzan, Candice	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Mtg Loan Officer		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Leander, TX 78641	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/11
<b>2</b> FILER NAME Taylor Area Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088764
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Janet	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Susan	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Thrall, TX 76578	
Principal occupation / Job title (See Instructions) Retired Realtor		Employer (See Instructions)
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVillez, Sue	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Retired Nurse		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harcлерode, Barsa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired CFO		Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Pam	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/11
<b>2</b> FILER NAME Taylor Area Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00088764
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leander Area Republican Women .....  <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$) \$23,792.00
	<b>8</b> Principal occupation / Job title (See Instructions) <b>9</b> Employer (See Instructions)	
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leander Area Republican Women .....  Leander, TX 78641	Amount of Contribution (\$) \$248.98
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Deborah .....  Taylor, TX 76574	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Alyson (Mrs.) .....  Coupland, TX 78615	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Cathy .....  Thrall, TX 76578	Amount of Contribution (\$) \$55.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/11
<b>2</b> FILER NAME Taylor Area Republican Women PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00088764
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor Webster, Cheryl ..... <b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	<b>7</b> Amount of Contribution (\$)  \$40.00	
<b>8</b> Principal occupation / Job title (See Instructions) Retired CEO		<b>9</b> Employer (See Instructions)	
<b>Date</b> 12/11/2025	<b>Full name of contributor</b> Wittliff, Cynthia ..... <b>Contributor address; City; State; Zip Code</b>  Coupland, TX 78615	<b>Amount of Contribution (\$)</b>  \$50.00	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)	

# 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: 1/3 Rpt: 9/11	2 FILER NAME Taylor Area Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00088764
4 Date 08/04/2025	5 Payee name Ashton, Anna	
6 Amount (\$) \$399.49	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Taylore, TX 76574	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items purchased for fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Ashton, Anna	
Amount (\$) \$94.18	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Taylore, TX 76574	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for ornaments to decorate tree at event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name City of Taylor	
Amount (\$) \$29.50	Payee address; City; State; Zip Code 400 Porter St  Taylor, TX 76574	
<input type="checkbox"/> Expenditure from corporate funds	(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 Booth at Christmas Festival downtown
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: 2/3 Rpt: 10/11	2 FILER NAME Taylor Area Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00088764
4 Date 07/11/2025	5 Payee name KC Strategies LLC	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 3571 Far West Blvd Ste 196 Austin, TX 78731	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Mailers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name TFRW	
Amount (\$) \$25.30	Payee address; City; State; Zip Code PO Box 171146  Austin, TX 78717	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Member Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name TFRW	
Amount (\$) \$379.50	Payee address; City; State; Zip Code PO Box 171146  Austin, TX 78717	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Member Dues
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: 3/3 Rpt: 11/11	2 FILER NAME Taylor Area Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00088764
4 Date 12/24/2025	5 Payee name TFRW	
6 Amount (\$) \$20.20	7 Payee address; City; State; Zip Code PO Box 171146  Austin, TX 78717	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Taylor'd Flowers	
Amount (\$) \$248.98	Payee address; City; State; Zip Code 814 N Main  Taylor, TX 76574	
<input type="checkbox"/> Expenditure from corporate funds	(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 Flowers for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name WAA-TX0980	
Amount (\$) \$170.00	Payee address; City; State; Zip Code 103 County Road 180 #28  Leander, TX 78641	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Wreaths Across America donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held