

**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) 00082242 | 2 Total pages filed: 10 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Kimberly | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Newcomer-Fitzpatrick | SUFFIX | Date Received ELECTRONICALLY FILED 01/12/2026 | | |
| 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 Mr. | FIRST David | MI | | | |
| | NICKNAME | LAST Cook | 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 (817) | PHONE NUMBER 832-8434 | 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) District Judge District 342 Tarrant | | | 12 OFFICE SOUGHT (if known) District Judge | | |

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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 | Newcomer-Fitzpatrick, Kimberly (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00082242 |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>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.</p> | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> 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 | | \$ 4,211.50 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 14,383.04 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 17,276.09 |

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.

The Honorable Kimberly Newcomer-Fitzpatrick

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 Newcomer-Fitzpatrick, Kimberly (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00082242 |
| 20 SCHEDULE SUBTOTALS 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 type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,895.75 | |
| 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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ | |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 1,315.75 | |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ | |

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: 4/10 | |
| 2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00082242 | |
| 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) | | | |

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: 5/10 | 2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082242 |
| 4 Date 10/01/2025 | 5 Payee name HDNP | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 3100 W Arkansas Ln Arlington, TX 76016 | |
| 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 sponsorship for gala |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/26/2025 | Payee name Metroplex Republican Women | |
| Amount (\$) \$70.00 | Payee address; City; State; Zip Code 147 E Hurst Blvd Hurst, TX 76053 | |
| 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 Christmas event ticket |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/21/2025 | Payee name Newcomer-Fitzpatrick, Kimberly | |
| Amount (\$) \$208.24 | Payee address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE | |
| 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 Reimbursement for thanksgiving lunch for building court staff |
| 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: 6/10 | 2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082242 |
| 4 Date 11/21/2025 | 5 Payee name Newcomer-Fitzpatrick, Kimberly | |
| 6 Amount (\$) \$49.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE | |
| 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 Reimburse True Texas Christmas ticket |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/14/2025 | Payee name Newcomer-Fitzpatrick, Kimberly | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE | |
| 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 Reimburse payment made for RWA high tea table sponsorship |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/14/2025 | Payee name Newcomer-Fitzpatrick, Kimberly | |
| Amount (\$) \$308.51 | Payee address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE | |
| 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 Reimburse for RWA high tea table decorations paid to Jessicas Flowers |
| 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: 7/10 | 2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082242 |
| 4 Date 12/09/2025 | 5 Payee name Republican Women of Arlington | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; PO Box 14317 Arlington, TX 76094 | State; Zip Code |
| 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 Jingle & Mingle sponsorship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/09/2025 | Payee name Republican Women of Arlington | |
| Amount (\$) \$105.00 | Payee address; City; PO Box 14317 Arlington, TX 76094 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (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 membership fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/06/2025 | Payee name Tarrant Star | |
| Amount (\$) \$155.00 | Payee address; City; 4500 Mercantile Plaza 300 FW, TX 76137 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (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 Membership dues and lunch expense |
| 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: 8/10 | 2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082242 |
| 4 Date 11/25/2025 | 5 Payee name Texas A&M | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; 1515 Commerce ST FW, TX 76102 | |
| 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 Sponsorship for event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 9/10 | 2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082242 | |
| 4 Date 09/22/2025 | 5 Payee name Jessicas Flowers | | |
| 6 Amount (\$) \$308.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 612 Cedar Street cedar hill, TX 75104 | | |
| 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 Decorations for high tea table | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/19/2025 | Payee name Prince Lebanese Grill | | |
| Amount (\$) \$208.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 502 West Randol Mill Arlington, TX 76011 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thanksgiving lunch for building staff | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/08/2025 | Payee name Republican Women of Arlington | | |
| Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code PO Box 14317 Arlington, TX 76094 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship High Tea | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 10/10 | 2 FILER NAME Newcomer-Fitzpatrick, Kimberly (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00082242 | |
| 4 Date 11/18/2025 | 5 Payee name True Texas Project | | |
| 6 Amount (\$) \$49.00 | 7 Payee address; City; State; Zip Code 1220-G Airport Freeway, #602 Bedford, TX 76022 | | |
| 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 Christmas event ticket | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |