

**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) 00027138	2 Total pages filed: 11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Michael E.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Mery	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026		
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		
	<b>REDACTED PER 254.0313, GOVT CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Margaret G.	MI			
	NICKNAME	LAST Mireles	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOVT CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (210) 735-6348	PHONE NUMBER EXTENSION				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		Primary General	Runoff Special	ELECTION TYPE Other	
11 OFFICE	OFFICE HELD (if any) District Judge District 144 Bexar			12 OFFICE SOUGHT (if known) District Judge District 144		

**GO TO PAGE 2**

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

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

2 of 11

13 C / OH NAME	Mery, Michael E. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00027138												
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> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 7,250.00												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 545.89												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 80,755.31												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												
17 AFFIDAVIT															
<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>The Honorable Michael E. Mery _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
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**

3 of 11

<b>18</b> FILER NAME Mery, Michael E. (The Honorable)	<b>19</b> Filer ID (Ethics Commission Filers) 00027138
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 7,250.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 191.80	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 354.09	
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 \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/11
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 01/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo, Joseph  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Attorney at Law		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Joseph Acevedo		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/07/2026  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Bobby  Contributor address; City; State; Zip Code  San Antonio, TX 78205		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm The Barrera Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/13/2026  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera Jr., Roy  Contributor address; City; State; Zip Code  San Antonio, TX 78205		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Partner
Contributor's employer/law firm Roy R. Barrera Jr., PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/11
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 01/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnahan, Roger  <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78205	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Self employed		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Charles  Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney Mediator		Contributor's Job Title Self employed
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/09/2026  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemmy, Thomas  Contributor address; City; State; Zip Code  San Antonio, TX 78212		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Partner
Contributor's employer/law firm Kemmy Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/11
<b>2</b> FILER NAME Mery, Michael E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027138
<b>4</b> Date 01/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of James P. Sieloff ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/13/2026 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibowitz, David ..... Contributor address; City; State; Zip Code  San Antonio, TX 78205		Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Solo practitioner
Contributor's employer/law firm Leibowitz Law Firm PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/12/2026 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manna, Kathleen ..... Contributor address; City; State; Zip Code  San Antonio, TX 78240		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/11</p>
<p><b>2</b> FILER NAME Mery, Michael E. (The Honorable)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00027138</p>
<p><b>4</b> Date 01/20/2026</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Victoria ..... <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10021</p>	<p><b>7</b> Amount of Contribution (\$) \$250.00</p>
<p><b>8</b> Contributor's Principal Occupation Attorney</p>		<p><b>9</b> Contributor's Job Title Solo practitioner</p>
<p><b>10</b> Contributor's employer/law firm Mery Law Firm, PLLC</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 01/10/2026</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Allan ..... Contributor address; City; State; Zip Code  San Antonio, TX 78512</p>
<p>Contributor's Principal Occupation Lawyer</p>		<p>Contributor's Job Title Solo practitioner</p>
<p>Contributor's employer/law firm Law office of Allan F. Smith</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

# 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: 1/2 Rpt: 8/11	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 01/11/2026	5 Payee name Anedot	
6 Amount (\$) \$104.60	7 Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
8 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 Transaction service fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/15/2026	Payee name Anedot	
Amount (\$) \$50.60	Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
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 Transaction service fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/17/2026	Payee name Anedot	
Amount (\$) \$6.30	Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
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 Transaction service fee.
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: 2/2 Rpt: 9/11	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 01/21/2026	5 Payee name Anedot	
6 Amount (\$) \$10.30	7 Payee address; City; 1340 Poydras Street  New Orleans, LA 70112	
8 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 Transaction service fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/17/2026	Payee name Northwest Democrats	
Amount (\$) \$20.00	Payee address; City; P.O. Box 681911  San Antonio, TX 78268	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Breakfast meeting.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast meeting.
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: 10/11	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138
4 Date 01/09/2026	5 Payee name Exxon	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 9445 Bandera Road  San Antonio, TX 78250	
<b>8 PURPOSE OF EXPENDITURE</b> (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Gasoline.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 01/22/2026	Payee name Exxon	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 9445 Bandera Road  San Antonio, TX 78250	
<b>PURPOSE OF EXPENDITURE</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gasoline.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 01/07/2026	Payee name GoDaddy	
Amount (\$) \$294.09	Payee address; City; State; Zip Code 155 E. GoDaddy Way  Tempe, AZ 85284	
<b>PURPOSE OF EXPENDITURE</b> Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for online services.
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: 11/11	2 FILER NAME Mery, Michael E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00027138	
4 Date 01/10/2026	5 Payee name Northeast Bexar County Democrats		
6 Amount (\$) \$10.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 700766  San Antonio, TX 78270		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting 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 Meeting expense.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held