

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) <i>WIA</i>	2 Total pages filed: <i>3</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Mary	MI E.	OFFICE USE ONLY		
	NICKNAME	LAST Espinoza	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
418 W. 5th Muleshoe TX 79347						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 566-0912	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Mary	MI E.	Date Hand-delivered to Date Postmarked _____ Receipt # _____ Date Processed _____ Date Imaged _____ <i>1/5/2026</i>		
	NICKNAME	LAST Espinoza	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE; ZIP CODE	
418 W. 5th			Muleshoe TX 79347			
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 566-0912	EXTENSION			
9 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)		
10 PERIOD COVERED	Month 11	Day 08	Year / 2025	Month 11	Day 08	
	THROUGH			Year / 2026		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) None			13 OFFICE SOUGHT (if known) County <i>Judge</i>		
14 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME <i>NONE</i>				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

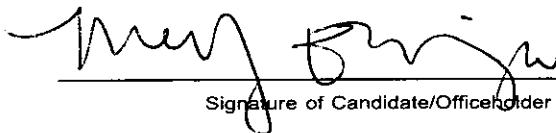
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	Mary E. Espinoza	16 Filer ID (Ethics Commission Filers) N/A
17 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)	\$ 2500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1600.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 899.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

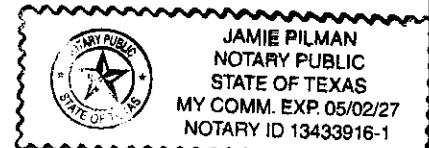
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mary E. Espinoza this the 15 day of January,

20 20, to certify which, witness my hand and seal of office.

Jamie Pilman
Signature of officer administering oath

Jamie Pilman
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Mary E. Espinoza	WVA
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2500.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1600.67
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: 3
2 FILER NAME Mary E. Espinoza				3 Filer ID (Ethics Commission Filers) N/A
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Alonso Jimmy Ramirez 6 Contributor address; City; State; Zip Code Unknown			7 Amount of contribution (\$) \$500.00
8 Contributor's principal occupation Bondsman		9 Contributor's job title Bondsman		
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A		
12 If contributor is a child, law firm of parent(s) (if any) N/A				
Date 12/09/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Elizabeth Daniels Contributor address; City; State; Zip Code Unknown			Amount of contribution (\$) \$250.00
Contributor's principal occupation Retail		Contributor's job title Night Stocker		
Contributor's employer/law firm Wal-Mart		Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any) N/A				
Date 12/09/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Benjamin Espinoza Contributor address; City; State; Zip Code 418 W. 5th Muleshoe TX 79347			Amount of contribution (\$) \$250.00
Contributor's principal occupation Food Industry		Contributor's job title Dishwasher		
Contributor's employer/law firm Pizza Hut		Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any) N/A				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: <i>3</i>
2 FILER NAME Mary E. Espinoza				3 Filer ID (Ethics Commission Filers) <i>NIA</i>
4 Date 12/09/25	5 Full name of contributor Samuel E. Espinoza	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) \$250.00
6 Contributor address; 418 W 5th St		City; Muleshoe	State; TX	Zip Code 79347
8 Contributor's principal occupation N/A		9 Contributor's job title N/A		
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A		
12 If contributor is a child, law firm of parent(s) (if any) N/A				
Date 12/09/25	Full name of contributor Samuel Espinoza	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) \$250.00
Contributor's principal occupation Retail		Contributor's job title Delivery Driver		
Contributor's employer/law firm O'Reilly Auto		Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any) N/A				
Date 12/09/25	Full name of contributor Camilo Espinoza	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) \$250.00
Contributor's principal occupation Laborer		Contributor's job title Laborer		
Contributor's employer/law firm City of Muleshoe		Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any) N/A				

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: <i>3</i>
2 FILER NAME Mary E. Espinoza				3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date 12/09/25	5 Full name of contributor Andrew Espinoza	<input type="checkbox"/> out-of-state PAC ID#: _____		7 Amount of contribution (\$) \$250.00
6 Contributor address; 418 W 5th St		City: Muleshoe	State: TX	Zip Code: 79347
8 Contributor's principal occupation Food Industry		9 Contributor's job title Manager		
10 Contributor's employer/law firm Pizza Hut		11 Law firm of contributor's spouse (if any) N/A		
12 If contributor is a child, law firm of parent(s) (if any) N/A				
Date 12/09/25	Full name of contributor Kit Diaz	<input type="checkbox"/> out-of-state PAC ID#: _____		Amount of contribution (\$) \$250.00
Contributor's principal occupation Local Gov't		Contributor's job title Deputy		
Contributor's employer/law firm Bailey County		Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any) N/A				
Date 12/09/25	Full name of contributor Brandi Lopez	<input type="checkbox"/> out-of-state PAC ID#: _____		Amount of contribution (\$) \$250.00
Contributor's principal occupation Homemaker		Contributor's job title N/A		
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A		
If contributor is a child, law firm of parent(s) (if any) N/A				

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 4	2 FILER NAME Mary E. Espinoza	3 Filer ID (Ethics Commission Filers) WIA
4 Date 12/11/25	5 Payee name MG Crafts & Designs	
6 Amount (\$) 867.44	7 Payee address; 305 Furneaux	City; State; Zip Code Sudan TX 79371
<input checked="" type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Yard Signs
	(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 Mary E. Espinoza	Office sought County Judge
Date 12/03/25	Payee name Heifer Shack Designs	
Amount (\$) \$41.14	Payee address; 100 Baron St	City; State; Zip Code Sudan TX 79371
<input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Business
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge
Date 12/31/25	Payee name 48HourPrint.com	
Amount (\$) \$98.97	Payee address; 8000 Haskell	City; State; Zip Code Van Nuys CA 91406
<input checked="" type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Business
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: <i>4</i>	2 FILER NAME Mary E. Espinoza	3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 Date 01/13/26	5 Payee name MG Crafts & Designs		
6 Amount (\$) \$71.01	7 Payee address; 305 Furneaux <input checked="" type="checkbox"/> Check if individual's residence address.	City: Sudan State: TX Zip Code: 79371	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Flyers	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge	Office held None
Date 12/22/25	Payee name Amazon		
Amount (\$) \$149.34	Payee address; Unknown <input type="checkbox"/> Check if individual's residence address.	City:	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	Description Stakes	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge	Office held None
Date 12/26/25	Payee name Amazon		
Amount (\$) \$98.97	Payee address; Unknown <input type="checkbox"/> Check if individual's residence address.	City:	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	Description Supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge	Office held None

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 4	2 FILER NAME Mary E. Espinoza	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/26	5 Payee name Samuel E.	
6 Amount (\$) \$263.72	7 Payee address; 418 W. 5th	City; State; Zip Code Muleshoe TX 79347
<input checked="" type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Labor
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge
		Office held None
Date 01/09/26	Payee name SEI Fuels	
Amount (\$) \$33.16	Payee address;	City; State; Zip Code Muleshoe TX 79347
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge
		Office held None
Date 01/12/26	Payee name 7-Eleven	
Amount (\$) \$30.00	Payee address;	City; State; Zip Code Muleshoe TX 79347
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary E. Espinoza	Office sought County Judge
		Office held None

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME	Mary E. Espinoza	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	01/12/26 TexMart	
6 Amount (\$)	7 Payee address:	City; Muleshoe	State; TX Zip Code 79347
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Travel	Gas	
	<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
	Mary E. Espinoza	County Judge	None
Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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