CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

P.O. Box 12070

FORM C/OH-UC COVER SHEET PG 1

| \vdash | | | | | | | |
|--|--|--|--------------------------|------------|--|--|--|
| | The C/OH-UC | 1 ACCOUNT # (Ethics Commission filers) | | | | | |
| 2 | CANDIDATE / | MS/MRS/MR FIRST MI | OFFICE USE ONLY | | | | |
| | OFFICEHOLDER NAME | | Date Received | | | | |
| | IVAIVIL | <u></u> <u></u> | | | | | |
| | | NICKNAME LAST SUFFIX | | | | | |
| | | | | | | | |
| 3 | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | 1 | | | | |
| | OFFICEHOLDER ADDRESS | | Date Hand-delivered or F | Postmarked | | | |
| | | | | Ι. | | | |
| | change of address | | Receipt # | Amount | | | |
| 4 | REPORT | Annual Final Disposition | Date Processed | | | | |
| | TYPE | | | | | | |
| 5 | PERIOD COVERED | Month Day Year Month Day Year THROUGH | Date Imaged | | | | |
| | | | | | | | |
| 6 | TOTALS | | | | | | |
| | | TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR. | \$ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON | ₽ | | | | |
| | | UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR. | \$ | | | | |
| | | ILAN. | | | | | |
| 7 | AFFIDAVIT | <u> </u> | | | | | |
| - | 7 | | | | | | |
| | 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 | e 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 | | | | | | | |
| | | | | | | | |

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| C/OH REP | FORM C/OH-UC PG 2 | | | |
|---------------------------|--|---------------|--|--|
| 8 C/OH NAME | | | 9 ACCOUNT # (Ethics Commission filers) | |
| 10 Date | 11 Payee name | | 13 Amount (\$) | |
| | 12 Payee address; City; State; Zip Code | | | |
| 14 Purpose of expe | re a contribution Yes e, officeholder, or No | | | |
| (If travel out | side of Texas, complete Schedule T) (See Instruction Guide) | | | |
| Date | Payee name | | Amount (\$) | |
| | Payee address; City; State; Zip Code | | | |
| Purpose of exper | diture side of Texas, complete Schedule T) (See Instruction Guide) | to a candidat | nditure a contribution Yes didate, officeholder, or No | |
| Date | Payee name | | Amount (\$) | |
| | Payee address; City; State; Zip Code | | (4) | |
| Purpose of exper | Inditure ide of Texas, complete Schedule T) (See Instruction Guide) | | re a contribution Yes e, officeholder, or No | |
| Date | Payee name | | Amount (\$) | |
| | Payee address; City; State; Zip Code | | | |
| Purpose of exper | re a contribution Yes e, officeholder, or No | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | FORM AS NEE! | DED | |

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