CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC COVER SHEET PG 1

The C/OH-UC	Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)
2 CANDIDATE/	MS/MRS/MR MI	OFFICE USE ONLY
OFFICEHOLDER		OFFICE USE ONLY
NAME	WICHARD W	Date Received
	NICKNAME LAST SUFFIX	1
	NICKNAME LAST SUFFIX	RECEIVED JUL 1 5 202
	11/11-7 1/ FAVER	RECEIVED JUL 1 3 2020
	VIAC I VIAC CONTRACTOR OF THE CODE	(M
3 CANDIDATE/	ADDRESS INC. STATE: ZIP COLDS	W.
OFFICEHOLDER ADDRESS		Date Hand-delivered or Date Postmarked
ADDITEGG		
change of address		Receipt # Amount \$
4 REPORT		
TYPE	Annual Final Disposition	Date Processed
	Month Day Year Month Day Year	
5 PERIOD COVERED	World Day Your	Date Imaged
COVERED	12 / 31 / 2024 THROUGH 7/15/25	1
A TOTAL 0	Market W. Libert Lot W. Street J. W. Street L. W. W. W. Street L. W.	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF	\$ <i>5</i> 0. ∞
	DECEMBER 31 OF THE PREVIOUS YEAR.	
		/
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON	\$ Ø
	UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	¥ /
7 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.		
information required to be reported by the disposition of the disposit		
1/en wan wan		
Signature of Candidate/Officeholder		
Please complete either option below:		

(1) Affidaging AVIS MORRIS		
Notary ID #124453894		
My Commission Expires		
NOTARY STAMP (SEAL		
D. D. O. D. 1100.		
Sworn to and subscribed before me by R. Walton Weaver this the 16th day of July.		
20 25 to certify which, witness my hand and seal of office.		
Au	this Morns	1 TOTAL CONTROLLE
Signature of officer administering	ng oath Printed name of officer administering oath	Title of officer administering oath
Annual Control of the		
(0) Harmon Declaration		
(2) Unsworn Declaration	1	
My name is, and my date of birth is		
My address is		
•	(street) (city) (sta	te) (zip code) (country)
		, , , , , ,
Executed in	County, State of , on the day of (month)	, 20 (year)
	(menu)	
	Signature of Candidat	e/Officeholder (Declarant)