

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 /
OFFICEHOLDER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2025

3 CANDIDATE /
OFFICEHOLDER
ADDRESS

☐ change of address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

4 REPORT
TYPE

☒ Annual

☐ Final Disposition

Date Processed

5 PERIOD
COVERED

Month Day Year Month Day Year
12 / 31 / 2024 THROUGH 7 / 15 / 25

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF
DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 50.00

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON
UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

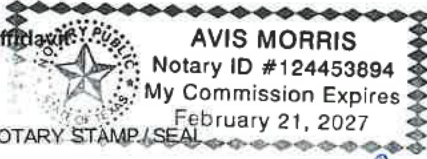
\$ 0

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.

Signature of Candidate/Officeholder

Please complete either option below:

(1)  AVIS MORRIS
Notary ID #124453894
My Commission Expires
February 21, 2027
NOTARY STAMP/SEAL

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.

Signature of officer administering oath

Printed name of officer administering oath

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)