

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

9344

**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 Mr. Christopher L	OFFICE USE ONLY Date Received 2019 JAN 16 FILED FOR RECORD
	NICKNAME LAST SUFFIX David	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14807 Broken Bow Trail Austin TX 78734	Date Hand-delivered or Date Postmarked JAN 16 2019
		Receipt # Amount \$
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition	Date Processed
5 PERIOD COVERED	Month Day Year 07 / 01 / 2018 THROUGH 01 / 15 / 2019	Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 18.00
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ -0-

7 AFFIDAVIT

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 or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Louis David, this the 14th day of January, 20 19, to certify which, witness my hand and seal of office.

Krista L. Whitaker Krista L. Whitaker Notary Republic
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME Christopher Louis David	9 Filer ID (Ethics Commission Filers)
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10 Date 01/11/2018	11 Payee name Christopher Louis David <hr/> 12 Payee address; City; State; Zip Code 14807 Broken Bow Trail Austin Texas 78734	13 Amount (\$) \$18.00
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14 Purpose of expenditure (See instructions regarding type of information required.) Partial repayment of loan. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
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Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
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Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
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Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED