

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 <u>0</u> FIRST <u>DEBRA</u> MI <u>M</u>	OFFICE USE ONLY Date Received <u>1/16/2018</u> <u>11:30 AM</u>
	NICKNAME LAST <u>DAVISON</u> SUFFIX	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>9801 LIVE OAK CT</u> <u>MANVEL, TX 77578</u>	Date Hand-delivered or Date Postmarked
	4 REPORT TYPE <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	5 PERIOD COVERED Month Day Year <u>7/19/17</u> THROUGH Month Day Year <u>12/31/17</u>
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ <u>1062.44</u>
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ <u>0</u>

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.

Debra Davison
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debra Davison, this the 16 day of Jan, 20 18, to certify which, witness my hand and seal of office.

Tammy Bell
Signature of officer administering oath

Tammy Bell
Printed name of officer administering oath

City Secretary
Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS EXPENDITURES

FORM C/OH-UC
PG 2

8 C/OH NAME

9 Filer ID (Ethics Commission Filers)

10 Date

11 Payee name

13 Amount (\$)

12 Payee address; City; State; Zip Code

14 Purpose of expenditure (See instructions regarding type of information required.)

15

Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED