

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC
COVER SHEET PG 1**

<p>The C/OH-UC Instruction Guide explains how to complete this form.</p>						1 Filer ID (Ethics Commission Filers)	
2 CANDIDATE / OFFICEHOLDER NAME MS/MRS/MR. <input type="text"/> FIRST <input type="text"/> MI NICKNAME <input type="text"/> LAST <input type="text"/> SUFFIX Victoria <input type="text"/> Nickie <input type="text"/> Quinn <input type="text"/>						OFFICE USE ONLY	
						RECEIVED	
						JAN 20 2026	
						By: <u>Mulson</u>	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address <input type="text"/>						Date Hand-delivered or Date Postmarked	
						FILED	
4 REPORT TYPE <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition						Receipt # <input type="text"/> 10411 <input type="checkbox"/> A M	
						Date <input type="text"/> 01/20/2026	
5 PERIOD COVERED Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> 7/1/2025 THROUGH <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> 12/31/2025						Date Processed <input type="text"/> NORMA G. EDISON Elections Administrator Galveston County Texas By <input type="text"/> Deputy <input type="text"/> Date Received <input type="text"/>	
6 TOTALS 1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR. 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.						\$ <input type="text"/> 603.46	
						\$ <input type="text"/> 603.46	
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.						<u><i>Ductene Glum</i></u> Signature of Candidate/Officeholder	
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP / SEAL							
Sworn to and subscribed before me by <input type="text"/> this the <input type="text"/> day of <input type="text"/> 20 <input type="text"/> , 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 <input type="text"/>		
(2) Unsworn Declaration							
My name is <input type="text"/> Victoria Quinn <input type="text"/> and my date of birth is <input type="text"/> 11-23-1957 My address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (street) <input type="text"/> (city) <input type="text"/> (state) <input type="text"/> (zip code) <input type="text"/> (country)							
Executed in <input type="text"/> Galveston <input type="text"/> County, State of <input type="text"/> TX <input type="text"/> on the <input type="text"/> 20 th <input type="text"/> day of <input type="text"/> January <input type="text"/> 2026 <input type="text"/> <u><i>Ductene Glum</i></u> Signature of Candidate/Officeholder (Declarant)							