

**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 Filer)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MR/MR FIRST LAST SUFFIX VICTORIA J NICKIE QUINN	<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> <b>JAN 20 2026</b> By: <u>Nicholsen</u>
	3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Date Hand-delivered or Date Postmarked Receipt # <u>10-411</u> Amount <u>0.00</u> <u>AM</u> Date <u>01/20/2026</u> Date Processed By: <u>NORMA G. EDISON</u> Elections Administrator Goliad County Texas Date Signed By: <u>Nicholsen</u> Deputy
5 PERIOD COVERED	Month Day Year Month Day Year 7/1/2025 THROUGH 12/31/2025	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 603.46
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ 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>Victoria Quinn</u> Signature of Candidate/Officeholder  Please complete either option below:  (1) Affidavit  NOTARY STAMP / SEAL  Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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 <u>VICTORIA QUINN</u> , and my date of birth is <u>11-23-1957</u> My address _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country) Executed in <u>Goliad</u> County, State of <u>Tx</u> , on the <u>20th</u> day of <u>January</u> , 20 <u>26</u> . <u>Victoria Quinn</u> Signature of Candidate/Officeholder (Declarant)		