

# 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			OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX				
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received
	203 E IRVING AVE			MURKIN TX	79347		
<input type="checkbox"/> change of address							Receipt #
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition					Amount \$	
5 PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Processed
	10	21	2015	THROUGH	12	31	2015
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.					\$ 0	
	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.

*Rodney C Baker*  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

FILED FOR RECORD  
22nd DAY OF Jan YR 2016  
AT 1 HR 45 MIN A.M.  
IRENE ESPINOZA, COUNTY CLERK  
BAILEY COUNTY, TEXAS

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 RODNEY C BAKER, and my date of birth is MARCH 6 1960  
My address is 203 E IRVING AVE, MURKIN, TX, 79347, BAILEY  
(street) (city) (state) (zip code) (country)  
Executed in BAILEY County, State of TEXAS, on the 22 day of JANUARY, 2016  
(month) (year)  
*Rodney C Baker*  
Signature of Candidate/Officeholder (Declarant)

**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**

# CANDIDATE / OFFICEHOLDER DAILY PRE-ELECTION REPORT

FORM DAILY-C C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE;
	ZIP CODE				
5 OFFICE SOUGHT	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount \$		
	Date Processed				
	Date Imaged				

FILED FOR RECORD  
22nd DAY OF Jan YR 2026  
 AT 1 HR 46 MIN A M.  
 IRENE ESPINOZA, COUNTY CLERK  
 BAILEY COUNTY, TEXAS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		