

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 <i>mr</i>	FIRST <i>Rooney</i>	MI <i>C</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>BAKER</i>	SUFFIX	Date Received		
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: <i>203 E 8TH AVE</i>	APT / SUITE #: <i></i>	CITY: <i>MURKIN</i>	STATE: <i>TX</i> ZIP CODE <i>79347</i>		
<input type="checkbox"/> change of address						
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition					
5 PERIOD COVERED	Month <i>10</i>	Day <i>21</i>	Year <i>2015</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2015</i>
1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.				\$ <i>0</i>		
2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.				\$ <i>0</i>		

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.

Rooney 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 45 AM.
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 Rooney C. Baker, and my date of birth is March 6 1960.
My address is 203 E 8TH AVE, MURKIN, TX, 79347.
(street) (city) (state) (zip code)

Executed in BAILEY County, State of TEXAS, on the 22 day of January, 2016.
(month) (year)

Rooney 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <i>RONNEY</i>	MI <i>C</i>	Date Received								
	NICKNAME	LAST <i>BAKER</i>	SUFFIX									
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; <i>MOJAVE</i>	STATE; <i>TX</i>	ZIP CODE <i>79451</i>							
5 OFFICE SOUGHT	<i>JUDGE OF THE PEACE</i>											
<table border="1"> <tr> <td>Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>						Date Hand-delivered or Date Postmarked	Receipt #	Amount \$	Date Processed		Date Imaged	
Date Hand-delivered or Date Postmarked												
Receipt #	Amount \$											
Date Processed												
Date Imaged												

FILED FOR RECORD
22nd DAY OF Dec YR 2026
 AT 1 HR 45 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 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 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		