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/	MS/MRS/MR FIRST	MI			
OFFICEHOLDER	Dr. David	M	1 dicting	(מלוח לאוא לופל	
NAME			Date Received	A Company of the Comp	
	NICKNAME LAST	SUFFIX	APF	R O 4 2024	
	Jones				
				ATION DEPARTMENT	
3 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		CITY OF HAR	KER HEIGHTS, TEXAS	
OFFICEHOLDER	(6)		Date Hand-delivered or Date Postmarked		
ADDRESS	2011 Elk Trail Harker Heights Texas 76548			Date i ostinarkeo (NY	
	2011 Lik Hall Harker Heights	exas 70340			
change of address			Receipt #	Amount \$	
4 REPORT TYPE	X Annual Final Dis	position	Date Processed		
	DERIOD Month Day Your Month Day Year			-	
5 PERIOD COVERED	Month Day Year 12 31 23 THROUGH	04 04 24	Date Imaged		
6 TOTALS	TOTAL AMOUNT OF UNEXPENDED POLITICAL DECEMBER 31 OF THE PREVIOUS YEAR.	CONTRIBUTIONS AS OF	\$ 0		
	772.00000 Strandondone (gurane) (1921) - 92.00000 Strandondondo (1920) Strandondo (1920) Strando				
	TOTAL AMOUNT OF INTEREST AND OTHE UNEXPENDED POLITICAL CONTRIBUTIONS DU		\$ 0		
- OLONATUDE					
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.					
Wicher (lanes)					
Signature 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		建筑市和		
(2) Unsworn Declaration					
David Michael Jones 09/09/1949					
iviy name is		, and my date of birth is	70540		
My address is	Elk Trail Hark	er Heights Te	xas 76548	US	
Rell (street) (city) (state) (zip code) (country)					
Bell	Texas	4 April			
Executed in County, State of, on the day of, 20_24					
(WMI aland Vana)					
	Signature of Candidate/Officeholder (Declarant)				
		Signature or Candidate	Ciliceriolder (Decis	arant)	