

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
 DR. ANDREW J
 NICKNAME LAST SUFFIX
 YOUNG

OFFICE USE ONLY

Date Received

RECEIVED 7/14/17
 City Secretary

AB 2:10pm

Date Hand-delivered or Date Postmarked

7/14/17 AB 2:10pm

Receipt #

Amount \$

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 801 W COMMERCIAL
 VICTORIA, TX 77901

change of address

Date Processed

4 REPORT TYPE

Annual Final Disposition

Date Imaged

5 PERIOD COVERED

Month Day Year Month Day Year
 1 / 1 / 17 THROUGH 6 / 30 / 17

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

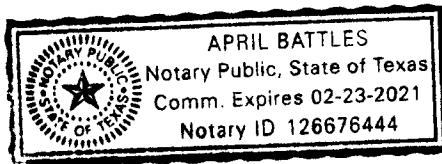
\$ 199.40

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ 0

7 AFFIDAVIT

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.



(Handwritten Signature)

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Young, this the 14 day of July, 20 17, to certify which, witness my hand and seal of office.

(Handwritten Signature)

Signature of officer administering oath

April Battles

Printed name of officer administering oath

Notary

Title of officer administering oath