

**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
 MR PAUL E.
 NICKNAME LAST SUFFIX
 POLASEK

OFFICE USE ONLY

Date Received

JAN 15 2016
RECEIVED
 City Secretary *[Signature]*

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 6023 COUNTRY CLUB DR.
 VICTORIA, TX 77904

Date Hand-delivered or Date Postmarked
 JAN 15 2016

Receipt # Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year
 7 / 16 / 15 THROUGH 1 / 15 / 16

Date Imaged

6 TOTALS

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

\$ 5,824.30

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

\$ - - -

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.

[Signature]

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Paul Polasek, this the 15th day of January, 20 16, to certify which, witness my hand and seal of office.

[Signature]
 Signature of officer administering oath

Scarlet Swoboda
 Printed name of officer administering oath

Notary
 Title of officer administering oath