

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

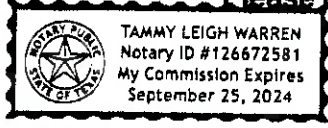
The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <u>Anthony</u> FIRST MI	<b>OFFICE USE ONLY</b> Date Received <u>4/23/21</u> <u>mlcava</u>
	NICKNAME <u>CONGIE</u> LAST SUFFIX	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>McKENNEY</u> <u>2217 THERRELL WAY TX 75072</u>	Date Hand-delivered or Date Postmarked
		Receipt # Amount \$
4 REPORT TYPE	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Date Processed
5 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u> / / THROUGH / /</u>	Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$

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.

[Signature]  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Anthony Congie this the 12 day of February, 2021, to certify which, witness my hand and seal of office.

Tammy Leigh Warren Tammy Leigh Warren Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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: <u>1</u>
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2 FILER NAME <u>ANTHONY LONGRINE</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>4-2</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHAR GREEN</u>	7 Amount of contribution (\$) <u>200-</u>
6 Contributor address; City; State; Zip Code <u>McKENNEY TX 75071</u>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <u>4-5</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JORDAN</u>	Amount of contribution (\$) <u>200-</u>
Contributor address; City; State; Zip Code <u>McKENNEY TX 75071</u>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>ANTHONY CONGORE</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-5-21</i>	5 Payee name <i>MINUTE MAN PRESS</i>
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6 Amount (\$) <i>152<sup>94</sup></i>	7 Payee address; City; State; Zip Code <i>McKENNEY TX 750</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-1-21</i>	Payee name <i>ANTHONY CONGORE</i>
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Amount (\$) <i>109<sup>49</sup></i>	Payee address; City; State; Zip Code <i>McKENNEY TX 750</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-3-21</i>	Payee name <i>PERI SIGNS</i>
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Amount (\$) <i>725<sup>79</sup></i>	Payee address; City; State; Zip Code <i>520 LOUISA VISTA HOUSTON TX 75032</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ANTHONY CONGORE</i>	Office sought <i>SCHOOL BOARD DIST 2</i>	Office held <i>None</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED