CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS COVER SHEET PG 1

FORM C/OH-UC

The C/OH-U	C Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)		
2 CANDIDATE/	MS/MRS/MR FIRST MI			
OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY		
NAME	MO / 10001	Date Received		
	Lice - Mary	4 .		
	NICKNAME LAST SUFFIX	4/6/2021		
	JAGOURS	mleance		
3 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	9:10An		
OFFICEHOLDER ADDRESS	P.O. Box 1992			
ADDRESS		Date Hand-delivered or Date Postmarked		
change of address	MCRINNEY, YELAS 75070	Receipt # Amount \$		
4 REPORT TYPE	Annual Final Disposition	Date Processed		
5 PERIOD	Month Day Year Month Day Year			
COVERED	Day Teal	Date Imaged		
	2/01/2021 THROUGH 4/02/2021	İ		
6 TOTALS	No acopt			
,	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$		
	DECEMBER OF THE PREVIOUS TEAN.			
		<u> </u>		
	2. TOTAL ÁMOUNT OF INTÉRÉST AND OTHER INCOMÉ ÉARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ <i>O</i>		
7 SIGNATURE Isw	ear, or affirm, under penalty of perjury, that the accompanying report	in Among and a control and in about		
	rmation required to be reported by me under Title 15, Election Code.	is true and correct and includes all		
	O The 13, Lection Code.			
	Jan Jan			
	Signature of Carididate	or Office holder		
	<u>G</u>	s/Omcenoider		
	Please complete either option below:			
4.43 A PP .574	. tages southtate attitut abitati materi.			
(1) Affidavit				
NOTARY STAMP/SEAL				
Owner to and automobile to				
Swom to and subscribed be	efore me by this the	day of,		
20, to certify wh	nich, witness my hand and seal of office.			
Signature of officer administering	g oath Printed name of officer administering oath	Trial - F - Fr		
	The state of the s	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	r			
	L. JACOURS and my data of high in SE	1 WHO		
My name is WKKY	, and my date of bill it is 3C	PT, 2, 1949		
My address is	BOX 1992 , MCKINNEY , To	.7501U, USA.		
Δ.	(street) (city) (state			
Executed in Collin	County, State of TEXAS, on the bru day of APRIL	A .		
executed in COVICIO County, State of IEXAS , on the Branday of AVRIL , 20 21 . (year)				
	Jan	(year)		
	Signature of Candidate	Officeholder (Declarant)		

	C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: EXPENDITURES			
& COHNAME LARRY TAGOURS		9 Filer ID (Ethics Commission Filers)		
10 Date 11 Payee name		13 Amount		
2/4/21 Signaruma 12 Payeel address; City; State; Zip Code		\$1396.69		
12 Payed address; City; State; Zip Code (502W. University Dr. #1	801	3 (6.01		
McKinney L. 75069		,		
14 Purpose of expenditure (See instructions legarding type of information required.) 15 Is expenditure to a candidate political composition of the composition of th		re a contribution Yes e, officeholder, or mittee? No		
Check if travel outside of Texas. Complete Schedule T. Date Payee name		Amount		
2/19/21 Summan Payee address; City; State; Zip Code		(\$)		
Payer address; City; State; Zip Code 1502 W. University # 108		¹ 73.89		
McKinney, Jx. 75069				
Purpose of expenditure (See instructions regarding type of information required.) 500 Butthers Coulds	Is expenditur	e a contribution Yes		
Check if travel outside of Texas. Complete Schedule T.	to a candidate political comr	, officeholder, or		
Date Payee name		Amount		
The Home Deput		(\$)		
2/19/21 Payee address; City; State; Zip Code		4G2.26		
McKinney, Fr. 75069		(par y		
Purpose of expenditure (See instructions regarding type of information required.)		a contribution Yes		
Date Payee name		Amount (\$)		
21.11 Payee address; City: State: 7ip Code				
3/4/21 Payer address; City; State; Zip Code 1502 W. University Dr. #10	8	4292.28		
McKinney Sx. 75069				
Purpose of expenditure (See instructions regarding type of information required.)	Is expenditure	a contribution Yes		
Check if travel outside of Texas. Complete Schedule T.		officeholder, or		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

C/OH REF	FORM C/OH-UC PG 2			
8 C/OH NAME	Treame		9 Filer ID (Ethics Commission Filers)	
10 Date	11 Payee name		13 Amount	
	Office Depot / Office Max		(\$)	
319[21	12 Payee address; City; State; Zip Code V W. Central Expressivat		478,43	
	McKinney, Lx. 75069		,	
		re a contribution Yes e, officeholder, or Mittee?		
Check if	travel outside of Texas. Complete Schedule T.			
Date	Payee name Suynanama		Amount (\$)	
3/16/21	Payee address; City; State; Zip Code 1502 W. University Dr. # 108		4402,69	
	McKinney, L. 75069			
	nditure (See instructions regarding type of information required.)	Is expenditur	e a contribution	
「8×1より 「Check if:	and Jump + Stuffer travel outside of Texas. Complete Schedule T.		e, officeholder, or	
Date	Payee name		Amount	
2/24/21	Signaruma Payee address; City; State; Zip Code 1502 W. University Dr., # 108 McKinney, Ar. 75069		\$ 161.01	
Purpose of expen	nditure (See instructions regarding type of information required.)	ls expenditure	e a contribution	
to a candidate			, officeholder, or	
Date	Payee name		Amount	
	Signarama		(\$)	
4/2/21	Payee address; City; State; Zip Code 1502 W. University Pr. H 108		4	
	McKinney Jr. 75069		4515,01	
Purpose of expenditure (See instructions regarding type of information required.) Is expenditure			a contribution Yes	
Check if travel outside of Texas. Complete Schedule T.			officeholder, or	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: FORM C/OH-UC EXPENDITURES				
8 C/OHNAME			9 Filer ID (Ethics Commission Filers)	
	ly ALGOURS			
3/24/21 Payee address; City: State; Zip Code 15/5 Central Expression		13 Amount (\$)		
			920.13	
4.4	McKinney Jr. 75070	7		
6 Met	nditure (See Instructions regarding type of information required.) L Stulius ravel outside of Texas. Complete Schedule T.	Is expenditur to a candidate political com	re a contribution e, officeholder, or mittee? Yes No	
Date	Payee name The Home Deput Payee address; City; State; Zip Code		Amount (\$)	
3/28/21	1515 Central Expressiving McKeiney Sc. 75070		TO.01#	
Purpose of expe	nditure (See instructions regarding type of information required.)		e a contribution Yes c, officeholder, or	
Check if t	ravel outside of Texas. Complete Schedule T.	Ì		
Date	Payee name		Amount (\$)	
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
Purpose of exper	diture (See instructions regarding type of information required.)		e a contribution Yes	
Check if travel outside of Texas. Complete Schedule T.				
Date	Payee name		Amount (\$)	
	Payee address; City; State; Zip Code			
to a candidate political communication and the communication and t		e a contribution Yes officeholder, or No		
Check if travel outside of Texas. Complete Schedule T.				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				