## 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	OFFICE USE ONLY		
OFFICEHOLDER NAME	1 200	Date Received /		
1000	Linguisting Committee Comm	Meland		
	NICKNAME LAST SUFFIX	4/19/2021		
	1 AGOURS	1130 Am		
3 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	- 1130 Am		
OFFICEHOLDER ADDRESS	P.O. Box 1992	Date Hand-delivered or Date Postmarked		
change of address	McRINNEY, TX 75070	Receipt # Amount \$		
4 REPORT TYPE	Annual Final Disposition	Date Processed		
5 PERIOD	Month Day Year Month Day Year	Date Imaged		
COVERED	04/02/2021 THROUGH 04/19/2021	Sale imaged		
6 TOTALS	- 1 GR XURI - 17 191 2021			
O TOTALS	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 0		
	O TOTAL AMOUNT OF INTEREST AND OTHER WOOMS FARING ON			
	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 of Candidate/Officeholder				
y O sampa tanasansansan				
	Please complete either option below:	:		
(1) Affidavit				
NOTABY STAND (SEAL				
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 administerin	g oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration				
My name is LARRY L. TAGOURS and my date of birth is SEPT. 2, 1949.				
My address is P.O. BOX 1592 MCKINNEY TX 75070. USA				
(city) (state) (country)				
Executed in County, State of on the day of APRI				
	( (month)	(year)		
	Signature of Gooding	to/Officeholder (Deelevert)		
	alguarture of Clandiota	te/Officeholder (Declarant)		

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: FORM C/OH-UC EXPENDITURES				
8 C/OH NAME	LARRY WITAGOURS		9 Filer ID (Ethics Commission Filers)	
10 Date	11 Payee name  THE HOME DEPOT  12 Payee address; City; State; Zip Code  1515 CENTRAL AVE		Amount (\$)	
4/12/2021	MCKINNEY, TR 75070		20.13	
_ 4 ST	nditure (See instructions regarding type of information required.)  EEL T- POST (6')  ravel outside of Texas. Complete Schedule T.		re a contribution Yes a, officeholder, or mittee? No	
MEET	Payee name  SAMS CLUB  Payee address; City; State; Zip Code  UNIVERSITY DRIVE  MCKINNEYITX 75069  Inditure (See instructions regarding type of information required.)  THE CANDIDATE CHATCHEW REFLECTION  TAYLOR TO SERVER SCHOOL T.	Is expenditur to a candidate political comr	e a contribution Yes officeholder, or mittee?	
Date	Payee name		Amount (\$)	
	Payee address; City; State; Zip Code			
	nditure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes , officeholder, or No	
Date	Payee name		Amount (\$)	
	Payee address; City; State; Zip Code		<b>,,,</b>	
	nditure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes officeholder, or No	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				