

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 <i>Mr</i>	FIRST <i>James</i>	MI
	NICKNAME	LAST <i>Pressler</i>	SUFFIX
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; <i>8035 Cross Trail Dr</i>	APT / SUITE #;	CITY; STATE; ZIP CODE <i>Sugar Land, TX 77479</i>
	4 REPORT TYPE <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition		5 PERIOD COVERED Month Day Year <i>07/01/23</i> THROUGH <i>07/01/23</i>
6 TOTALS		1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ <i>1391.33</i>
		2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ <i>0.00</i>

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged
JUL 7 2023 RCVD

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

Please complete either option below:

(1) Affidavit

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *James Pressley* and my date of birth is *November 17, 1964*
 My address is *8035 Cross Trail Dr* *Sugar Land, TX 77479 USA*
 Executed in *Fort Bend* County, State of *Texas*, on the *7th* day of *July*, 20 *23*
 Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME James Pressler	9 Filer ID (Ethics Commission Filers)
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10 Date 1/1/23	11 Payee name Mercy Ships (BoFA 0700)	13 Amount (\$) 300.00
	12 Payee address; City; State; Zip Code P.O. Box 2020 Garden Valley, TX 75771	

14 Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date 1/1/23	Payee name Samaritan's Purse (BoFA 0700)	Amount (\$) 491.33
	Payee address; City; State; Zip Code 801 Bamboo Rd Boone, NC 28607	

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date 1/1/23	Payee name Trinity Church (BoFA 0700)	Amount (\$) 300.00
	Payee address; City; State; Zip Code 4771 Sweetwater PMB 145 Sugar Land, TX 77479	

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date 1/1/23	Payee name Lakewood Church (BoFA 0700)	Amount (\$) 300.00
	Payee address; City; State; Zip Code 3700 Southwest Fwy Houston, TX 77027	

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED