

**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)

N/A

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI
Jeffrey A.

NICKNAME LAST SUFFIX
McMeans

OFFICE USE ONLY

Date Received JAN 6 2025 RCVD

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
21218 Winding Path Way
Richmond, TX 77406

change of address

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year
01 / 01 / 2024 THROUGH 12 / 31 / 2024

Date Imaged

6 TOTALS

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

\$ 3,776.29

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

\$ 0.29

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.

Jeffrey A. McMeans
Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Jeffrey A. McMeans this the 6th day of January 2025, to certify which, witness my hand and seal of office.

Candia A. Hooper Candia A. Hooper 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)

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

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

8 C/OH NAME	9 Filer ID (Ethics Commission Filers) <i>N/A</i>
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10 Date <i>01/29/2024</i>	11 Payee name <i>Judge Watson Campaign</i>	13 Amount (\$) <i>250.00</i>
12 Payee address; City; State; Zip Code		

14 Purpose of expenditure (See instructions regarding type of information required.) <i>Donation</i>	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Date <i>07/15/2024</i>	Payee name <i>It's the Pits Cookers</i>	Amount (\$) <i>250.00</i>
Payee address; City; State; Zip Code		

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

Date <i>07/20/2024</i>	Payee name <i>The Thankful Ones</i>	Amount (\$) <i>200.00</i>
Payee address; City; State; Zip Code		

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

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED