

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) <i>N/A</i>
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <i>MR</i> FIRST <i>Jeffrey</i> MI <i>A.</i>	OFFICE USE ONLY Date Received JAN 7 2028 RCVD
	NICKNAME LAST SUFFIX <i>McMeans</i>	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>21218 Winding Path Way, Richmond, TX 77406</i>	Date Hand-delivered or Date Postmarked
	4 REPORT TYPE <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt #
5 PERIOD COVERED Month Day Year Month Day Year <i>1 / 1 / 25</i> THROUGH <i>12 / 31 / 25</i>	Date Processed	Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ <i>2,486.26</i>
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ <i>0</i>

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

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 Jeffrey A. McMeans, and my date of birth is 11/04/1965
 My address is 21218 Winding Path Way (street) Richmond, TX (city) TX (state) 77406 (zip code) USA (country)
 Executed in Fort Bend County, State of Texas, on the 7 day of Jan. 20 26 (month) (year)
Jeffrey A. McMeans
 Signature of Candidate/Officeholder (Declarant)

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

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

8 C/OH NAME Jeffrey A. McMeans		9 Filer ID (Ethics Commission Filers) N/A
10 Date 8/17/25	11 Payee name It's the Pits Cookers, Inc	13 Amount (\$) 250.00
12 Payee address; City; State; Zip Code P.O. Box 1336, Rosenberg, TX 77406		

14 Purpose of expenditure (See instructions regarding type of information required.) Donation	15 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 9/8/25	Payee name Dean Hrbacek Campaign	Amount (\$) 1,000.00
Payee address; City; State; Zip Code 1422 Eugene Heermann Circle, Richmond, TX 77469		

Purpose of expenditure (See instructions regarding type of information required.) Donation	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 9/15/25	Payee name Rosenberg Railroad Museum	Amount (\$) 40.00
Payee address; City; State; Zip Code 1921 Ave. F, Rosenberg, TX 77471		

Purpose of expenditure (See instructions regarding type of information required.) Donation	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