

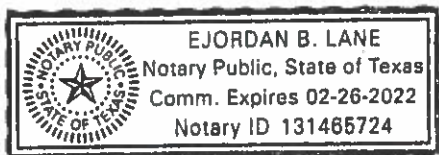
# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

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 FIRST MI Cory A NICKNAME LAST SUFFIX Clements	<b>OFFICE USE ONLY</b> Date Received Abilene City Secretary <b>JUL 16 2018</b> Filed for Record
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2161 Abilene TX 79604 <input checked="" type="checkbox"/> change of address	Date Hand-delivered or Date Postmarked Receipt # Amount \$
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Date Processed
5 PERIOD COVERED	Month Day Year Month Day Year 12/31/18 THROUGH 7/16/2018	Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 0
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ 0

## 7 AFFIDAVIT

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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cory Clements, this the 16 day of July, 20 18, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

E Jordan B Lane  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath