

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

RECEIVED FOR FILING
DALLAS COUNTY
ELECTIONS DEPARTMENT

**FORM C/OH-UC
COVER SHEET PG 1**

2022 JAN 20 AM 4:29

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	OFFICE USE ONLY		
	Mr.	Timothy	King	Date Received		
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
	Fifer			Receipt #	Amount \$	
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed		
<input type="checkbox"/> change of address	P.O. Box 38562, Dallas, Texas 75238			Date Imaged		
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition			6 TOTALS		
5 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	1	1	2021	THROUGH	12	31 / 2021
	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.			\$	25,648.16	
	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

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 Timothy King Fifer, and my date of birth is May 22, 1964.

My address is P.O. Box 38562, Dallas, Texas 75238 USA.

Executed in Dallas County, State of Texas, on the 14 day of January, 2022.

Signature of Candidate/Officeholder (Declarant)

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

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ELECTIONS DEPARTMENT

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

2022 JAN 20 AM 4: 29

8 C/OH NAME Timothy King Fifer		9 Filer ID (Ethics Commission Filers)
10 Date 01/13/2021	11 Payee name North Texas Food Bank	13 Amount (\$) 1,000.00
12 Payee address; City; State; Zip Code 3677 Mapleshade Lane, Plano TX 75075		

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 12/31/2021	Payee name PNC Bank	Amount (\$) 57.00
Payee address; City; State; Zip Code Skillman Branch, Dallas, TX 75238		

Purpose of expenditure (See instructions regarding type of information required.) Monthly Bank Fees - 9 mos @ \$5.00/Month/3Months @\$3.00	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.	

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