

# 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  
*Mr. Jon L.*  
 NICKNAME LAST SUFFIX  
*Christensen*

OFFICE USE ONLY

Date Received

RECEIVED

DEC 07 2022

City Secretary  
Fort Worth, TX

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*P.O. Box 2662 Port Aransas TX 78373*

change of address

4 REPORT TYPE

Annual  Final Disposition

5 PERIOD COVERED

Month Day Year Month Day Year  
*08/25/2021 THROUGH 12/07/2021*

6 TOTALS

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

\$

*583.90*

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

\$

*0*

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.

*Jon L. Christensen*  
 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 *JON L. CHRISTENSEN*, and my date of birth is *09/24/2021*.

My address is *P.O. Box 2662*, *Port Aransas*, *TX*, *78373*, *Mexico*.  
 (street) (city) (state) (zip code) (country)

Executed in *Mexico* County, State of *TEXAS*, on the *07* day of *December*, 20 *21*.  
 (month) (year)

*Jon L. Christensen*  
 Signature of Candidate/Officeholder (Declarant)

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

**FORM C/OH-UC**

**PG 2**

<b>8 C/OH NAME</b> <i>Tom L Christensen</i>	<b>9 Filer ID (Ethics Commission Filers)</b>
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<b>10 Date</b>	<b>11 Payee name</b> <i>Tom L Christensen</i>	<b>13 Amount (\$)</b> <i>583.90</i>
<b>12 Payee address; City; State; Zip Code</b> <i>P.O. Box 2662 Port Aransas, TX 78373</i>		

<b>14 Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>		

<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>		

<b>Purpose of expenditure (See instructions regarding type of information required.)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>		

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