

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

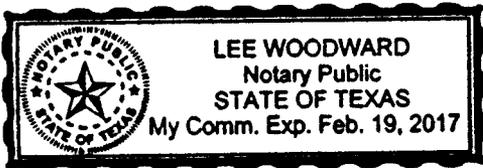
**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Dr. Aubrey W	OFFICE USE ONLY Date Received JW 8/25/15
	NICKNAME B	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 780 Elkins LK Huntsville TX 77340	Date Hand-delivered or Postmarked JW 8/25/15
	4 REPORT TYPE <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	5 PERIOD COVERED Month Day Year 01 / 01 / 2014 THROUGH 12 / 31 / 2014
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.	\$ 628.90
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$

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.

Aubrey W Barrett
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Aubrey Wayne Barrett, this the 25th day of August, 2015, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lee Woodward
Printed name of officer administering oath

City Secretary
Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS FORM C/OH-UC
EXPENDITURES PG 2

8 C/OH NAME <i>Aubrey W Barnett Jr.</i>	9 ACCOUNT # (Ethics Commission files)
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10 Date	11 Payee name <i>First Financial Bank</i>	13 Amount (\$) <i>\$60.00</i>
12 Payee address; City; State; Zip Code <i>33 SH 75 Huntsville TX 77320</i>		

14 Purpose of expenditure <i>Bank service charge</i> (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date	Payee name _____ Payee address; City; State; Zip Code _____	Amount (\$)
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Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name _____ Payee address; City; State; Zip Code _____	Amount (\$)
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Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name _____ Payee address; City; State; Zip Code _____	Amount (\$)
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Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED