CANDIDATE / OFFICEHOLDER

P.O. Box 12070

FORM C/OH-U

F	REPORT OF	UNEXPENDED CONTRIBUTION	15	COVER SHEET PG 1
The C/OH-UC Instruction Gulde explains how to complete this form.				1 ACCOUNT # (Ethics Commission filers)
2	CANDIDATE /	MS/MRS/MR FIRST MI		OFFICE USE ONLY
	OFFICEHOLDER NAME	Ma, Googe w.		Date Received
		NICKNAME LAST SU	JFF1X	20 Bu
		Russell		POIS JAN JAN COUP BURNET C
3	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP	CODE	200
	OFFICEHOLDER ADDRESS	P.O. Ba 3 Machetalle To 7	. به باه	Date Hand-delivered or Postmarked
	change of address	P.O. Box 3 Massletalle 1/2 7	8654	Receipt #m = Amount
4	REPORT TYPE	Annual Final Disposition		Date Processed 00
5	PERIOD COVERED	Month Day Year THROUGH 12 31	Year	Date Imaged
6	TOTALS	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS DEC. 31 OF THE PREVIOUS YEAR.	AS OF	\$ 1,710.25
		2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNE UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVYEAR.		\$ -0-
7	AFFIDAVIT		d include	erjury, that the accompanying sall information required to be on Code.



AFFIX NOTARY STAMP / SEAL ABOVE

___, to certify which, witness my hand and seal of office.

Signature of officer administering oath

oath Printed name of officer attrinistering oath

Title of office administering oath