

**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 <u>MR</u> <u>Cody</u> NICKNAME LAST SUFFIX <u>Shook</u>	OFFICE USE ONLY Date Received <u>4/14/2025</u> <u>Vicki Miller</u>
	3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 191, Savoy, TX 75479</u>	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed <u>4/14/2025</u> Date Imaged
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	
5 PERIOD COVERED	Month Day Year Month Day Year <u>7 / 1 / 24</u> THROUGH <u>12 / 31 / 24</u>	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ <u>255.04</u>
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ <u>Ø</u>

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.

Cody Shook
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 Cody Shook, and my date of birth is 4/27/93.
My address is Po Box 191, Savoy, TX, 75479, USA.
(street) (city) (state) (zip code) (country)
Executed in Fannin County, State of Texas, on the 14 day of Jan, 20 25.
(month) (year)
Cody Shook
Signature of Candidate/Officeholder (Declarant)

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

FORM C/OH-UC

PG 2

8 C/OH NAME <i>Cody Shook</i>		9 Filer ID (Ethics Commission Filers)
10 Date <i>7-1-24</i>	11 Payee name <i>Captex Bank</i> <hr/> 12 Payee address; City; State; Zip Code <i>2109 Ncenter Bonham, TX, 75418</i>	13 Amount (\$) <i>5</i>
14 Purpose of expenditure (See instructions regarding type of information required.) <i>Account Fee</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date <i>8-1-24</i>	Payee name <i>Captex Bank</i> <hr/> Payee address; City; State; Zip Code <i>2109 Ncenter, Bonham, TX 75418</i>	Amount (\$) <i>5</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Account Fee</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date <i>9-1-24</i>	Payee name <i>Capter Bank</i> <hr/> Payee address; City; State; Zip Code <i>2109 Ncenter, Bonham, TX, 75418</i>	Amount (\$) <i>5</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Account Fee</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date <i>10-1-24</i>	Payee name <i>Captex Bank</i> <hr/> Payee address; City; State; Zip Code <i>2109 Ncenter, Bonham, TX, 75418</i>	Amount (\$) <i>5</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Account</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

FORM C/OH-UC
PG 2

8 C/OH NAME <i>Cody Shook</i>		9 Filer ID (Ethics Commission Filers)
10 Date <i>11-1-24</i>	11 Payee name <i>CapTex Bank</i> <hr/> 12 Payee address; City; State; Zip Code <i>2109 N Center, Bonham, TX, 75418</i>	13 Amount (\$) <i>5</i>
14 Purpose of expenditure (See instructions regarding type of information required.) <i>Account Fee</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date <i>12-1-24</i>	Payee name <i>CapTex Bank</i> <hr/> Payee address; City; State; Zip Code <i>2109 N Center, Bonham, TX, 75418</i>	Amount (\$) <i>5</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Account Fee</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Cody Shook</u>	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the County Clerk report due on 1-15-25.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Cody Shook
Signature of Filer

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 Cody Shook, and my date of birth is 4-27-93.
My address is PO Box 191 (street), Savoy (city), TX (state), 75479 (zip code), USA (country).
Executed in Fannin County, State of TX, on the 14 day of Jan, 20 25.
(month) (year)
Cody Shook
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**