

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

Mrs. Deborah

B

NICKNAME

LAST

SUFFIX

Debbie Bryan

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

760 Mt. Gilead Rd.
Keller, TX 76248

change of address

4 REPORT TYPE

Annual

Final Disposition

5 PERIOD COVERED

Month

Day

Year

Month

Day

Year

01/16/23

THROUGH

01/15/24

6 TOTALS

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

\$ 267.47

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

\$

OFFICE USE ONLY

Date Received

RECEIVED
JAN 17 2024
BY: A. Sutton

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

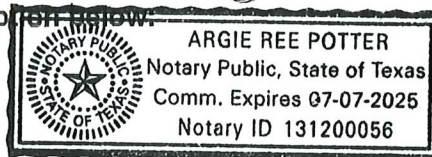
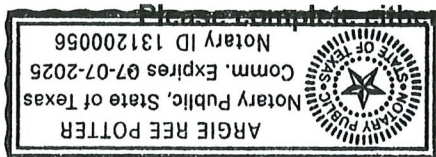
7 SIGNATURE

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.

Debbie Bryan
Signature of Candidate/Officeholder

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by Deborah Bryan this the 17 day of January.

20 24, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Argie Ree Potter
Printed name of officer administering oath

Assistant City Secretary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)