

**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. MARTIN ✓
 NICKNAME LAST SUFFIX
MARTY BAYLOR

OFFICE USE ONLY

Date Received
January 8, 2021 AB

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
*9716 DROVERS FORT TX
 VIEW TRL. WORTH 74131*

Date Hand-delivered of Date Postmarked

Jan. 5, 2021

Receipt # Amount \$

4 REPORT TYPE

Annual Final Disposition

Date Processed

1-14-21 AB

5 PERIOD COVERED

Month Day Year Month Day Year
07/08/2020 THROUGH 12/31/2020

Date Imaged

6 TOTALS

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

\$ 714,69

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

\$ 0

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.

Martin Baylor
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Martin Baylor, this the 4th day of January, 2021, to certify which, witness my hand and seal of office.

Britta Scripsick
 Signature of officer administering oath

Britta Scripsick
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

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

FORM C/OH-UC

PG 2

8 C/OH NAME <p style="font-size: 1.2em; margin-left: 40px;">MARTIN V BAYLOR</p>	9 Filer ID (Ethics Commission Filers)
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10 Date	11 Payee name <hr style="border-top: 1px dotted black;"/> 12 Payee address; City; State; Zip Code	13 Amount (\$)
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14 Purpose of expenditure (See instructions regarding type of information required.) <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 type="checkbox"/> No
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code	Amount (\$)
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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
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code	Amount (\$)
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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
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Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code	Amount (\$)
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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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED