

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
RECEIVED
APR 5 2021
NORTHWEST ISD
Superintendent's Office
postmark 3-30-21
Receipt # Amount \$

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS PO BOX: APT SUITE #: CITY: STATE: ZIP CODE
9714 DROVERS FORT TX
VIEW TRL. WORTH 76131

change of address

4 REPORT TYPE

Annual Final Disposition

Date Processed
4-9-21 ABott

5 PERIOD COVERED

Month Day Year Month Day Year
01/01/2021 THROUGH 02/12/2021

Date Imaged

6 TOTALS

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

\$ ~~700.00~~

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

\$ ~~0.00~~

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 19th day of March, 20 21, to certify which, witness my hand and seal of office.

Ashley Pattalochi
Signature of officer administering oath

Ashley Pattalochi
Printed name of officer administering oath

Notary Public
Title of officer administering oath

RECEIVED

APR 5 2021

**NORTHWEST ISD
Superintendent's Office**

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

**FORM C/OH-UC
PG 2**

| | | |
|--|--------------------------------------|--|
| 8 C/OH NAME MARTIN V BAYLOR | | 9 Filer ID (Ethics Commission Filers) |
| 10 Date 01/05/2021 | 11 Payee name E. VICTORINO | 13 Amount (\$) 714.69 |
| 12 Payee address: City; State; Zip Code 2014 LEWISVILLE TX 75077 MALLARD DR | | |

| | |
|--|---|
| 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 checked="" type="checkbox"/> No |
|--|---|

| | | |
|---|-------------------|--------------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|---|
| 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 | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|---|
| 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 | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|---|
| 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

RECEIVED

APR 5 2021

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