

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.

Elisa

M

NICKNAME

LAST

SUFFIX

Klein

OFFICE USE ONLY

Date Received

RECEIVED
9/14/26
8

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED] Plano TX 75023

☐ change of address

4 REPORT
TYPE

☒ Annual

☐ Final Disposition

5 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2026 THROUGH 06 / 30 / 2026

6 TOTALS

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

\$ 0.00

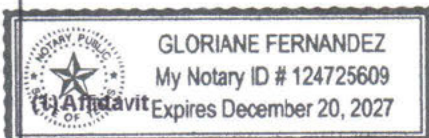
2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON
UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ 0.00

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.

[Signature]
Signature of Candidate/Officeholder



Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Elisa Klein this the 14th day of September,

20 26, 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 _____, 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)