

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)

RECEIVED FOR FILING
 DALLAS COUNTY
 ELECTIONS DEPARTMENT
 2020 JAN 15 PM 3:45

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR MR FIRST TIMOTHY MI KING
 NICKNAME LAST SUFFIX
FIFER

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 38562
DALLAS, TX 75238

change of address

4 REPORT TYPE

Annual Final Disposition

5 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 19 THROUGH 12 / 31 / 19

6 TOTALS

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

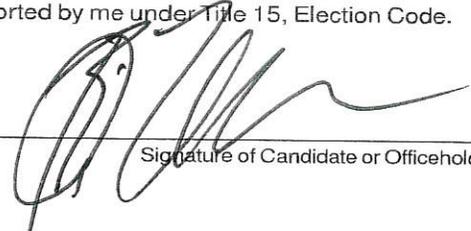
\$ 29,243.16

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

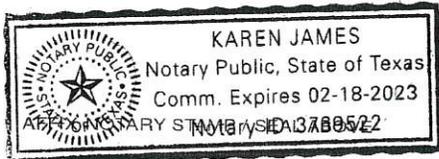
\$ 0

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.



Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Timothy King Fifer, this the 7th day of January, 20 20, to certify which, witness my hand and seal of office.

Karen James
Signature of officer administering oath

Karen James
Printed name of officer administering oath

Notary
Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS EXPENDITURES

FORM C/OH-UC

PG 2

| | |
|--|---------------------------------------|
| 8 C/OH NAME TIMOTHY KING FIFER | 9 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|

| | | |
|--|--|------------------------------------|
| 10 Date 2/4/19 | 11 Payee name Dallas Bar Assn - Community Service Fund | 13 Amount (\$) # 2500.00 |
| 12 Payee address; City; State; Zip Code 2101 Ross Ave. DALLAS, TEXAS 75201 | | |

| | |
|--|---|
| 14 Purpose of expenditure (See instructions regarding type of information required.) Contribution to Equal Access to Justice | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

| | | |
|---|----------------------------------|-------------------------------|
| Date 5/6/19 | Payee name MCAFFEE.COM | Amount (\$) #119.00 |
| Payee address; City; State; Zip Code www.mcafee.com | | |

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) SOFTWARE SUBSCRIPTION | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

| | | |
|---|---|---------------------------------|
| Date 5/11/19 | Payee name DALLAS AREA HABITAT FOR HUMANITY | Amount (\$) #1,000.00 |
| Payee address; City; State; Zip Code c/o DBA - HABITAT PROJECT 2101 ROSS AVE DALLAS, TX 75201 | | |

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) CHARITABLE CONTRIBUTION | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

| | | |
|--|---|---------------------------------|
| Date 10/31/19 | Payee name DALLAS BAR ASSN - COMMUNITY SERVICE FUND | Amount (\$) #2,500.00 |
| Payee address; City; State; Zip Code 2101 ROSS AVE DALLAS, TEXAS 75201 | | |

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Contribution to Equal Access to Justice | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

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 TIMOTHY KING FIFER | 9 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|

| | | |
|--|--------------------------------------|--|
| 10 Date 12/31/19 | 11 Payee name COMPASS BANK | 13 Amount (\$) \$ 60.⁰⁰ |
| 12 Payee address; City; State; Zip Code BRUNNEN BANK DALLAS, TEXAS 75238 | | |

| | |
|--|---|
| 14 Purpose of expenditure (See instructions regarding type of information required.) BANK FEES - 12 MOS @ \$5.00/MONTH | 15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

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

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

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

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

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

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) | Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

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