

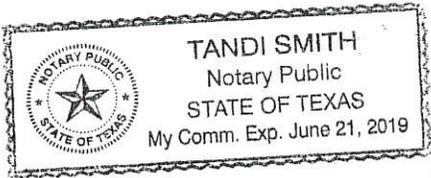
CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

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 <i>Pamela Smitham</i> (<i>Pamela Luther</i>)	OFFICE USE ONLY Date Received RECEIVED DALLAS COUNTY ELECTIONS 2019 JAN 15 01:22 PM
	NICKNAME LAST SUFFIX <i>Luther, Pamela</i>	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4511 1416 Elmwood Blvd Dallas, TX 75224	Date Hand-delivered or Date Postmarked
	4 REPORT TYPE <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt #
5 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 18 THROUGH 12 / 31 / 18	Date Processed
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$

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.



Pamela Smitham
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Pamela Smitham*, this the 15 day of Jan, 20 19, to certify which, witness my hand and seal of office.

Sandi Smith
Signature of officer administering oath

Tandi Smith
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 <i>Pamela Smitham ("Pamela Luther")</i>		9 Filer ID (Ethics Commission Filers)
10 Date <i>1-14-19</i>	11 Payee name <i>N/A</i>	13 Amount (\$)
12 Payee address; City; State; Zip Code 		

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	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
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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
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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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED