

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 ACCOUNT # (Ethics Commission filers)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI
James E.
NICKNAME LAST SUFFIX
(Jim) Klager

**FILED FOR RECORD
OFFICE USE ONLY**

Date Received
JAN 07 2014

DIANA T. BARRERA
Clerk, County Court, Nueces County, Texas
By **Hong Hoak** Deputy

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
**316 Williamson Place
Corpus Christi, Texas
78411**

Date Hand-delivered or Postmarked

Receipt # Amount

4 REPORT TYPE

Annual Final Disposition

Date Processed

5 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 2012 THROUGH 1 / 31 / 2013

Date Imaged

6 TOTALS

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

\$ **none**

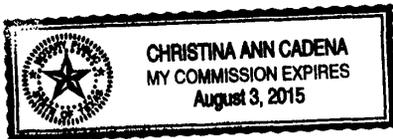
2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ **none**

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.

James E. Klager
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **James E. Klager**, this the **19th** day of **Dec**, 20 **13**, to certify which, witness my hand and seal of office.

Christina Ann Cadena
Signature of officer administering oath

Christina Ann Cadena
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 James E. Klagen	9 ACCOUNT # (Ethics Commission files)
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10 Date	11 Payee name	13 Amount (\$)
	12 Payee address; City; State; Zip Code	

14 Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T) (See Instruction Guide)</small>	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 <small>(If travel outside of Texas, complete Schedule T) (See Instruction Guide)</small>	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 <small>(If travel outside of Texas, complete Schedule T) (See Instruction Guide)</small>	15 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 <small>(If travel outside of Texas, complete Schedule T) (See Instruction Guide)</small>	15 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