

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. DAVID A
NICKNAME LAST SUFFIX
BLAKEY JR.

OFFICE USE ONLY

Date Received

1/15/2026 JH

3 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4550 WILHELM LANE
BURTON TEXAS 77835

Date Hand-delivered or Date Postmarked

1/15/2026

☒ change of address

Receipt #

Amount \$

4 REPORT
TYPE

☐ Annual

☒ Final Disposition

Date Processed

1/15/2026

5 PERIOD
COVERED

Month Day Year Month Day Year
06/30/2024 THROUGH 12/31/2025

Date Imaged

1/15/2026

6 TOTALS

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

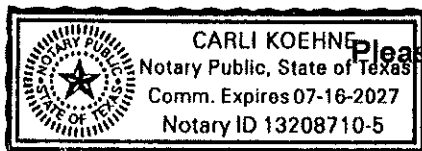
\$ 4,497.55

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

\$

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 of Candidate/Officeholder



(1) Affidavit

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by David A. Blakey Jr. this the 15 day of January,
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)