

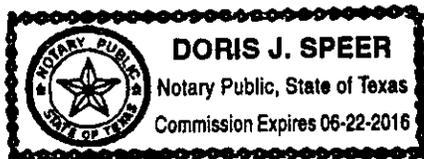
CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

**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 <i>LORI</i>	MI
	NICKNAME	LAST <i>Klein Quinn</i>	SUFFIX
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<i>13415 LOST CREEK RD. Tomball, Texas 77375</i>		
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition		Date Received <i>4/23/14 245 pm</i>
5 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<i>04/11 /2014</i>		<i>04/23/2014</i>
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.		\$ <i>-0-</i>
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.		\$ <i>-0-</i>

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.



Lori Klein Quinn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lori Klein Quinn, this the 23rd day of April, 2014, to certify which, witness my hand and seal of office.

Doris J. Speer Doris J. Speer City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS EXPENDITURES

FORM C/OH-UC

PG 2

8 C/OH NAME	9 ACCOUNT # (Ethics Commission filers)
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10 Date	11 Payee name	13 Amount (\$)
	12 Payee address; City; State; Zip Code	

14 Purpose of expenditure (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	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 (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	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 (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	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 (If travel outside of Texas, complete Schedule T) (See Instruction Guide)	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