

**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/MPS/MR FIRST MI DONALD HIGGINBOTHAM (NMI) NICKNAME LAST SUFFIX DON	OFFICE USE ONLY Date Received JAN 12 2011 By 9:19 AM CW (PL)
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1913 TERRY LN GEORGETOWN TX, 78628 <input checked="" type="checkbox"/> change of address	Date Hand-delivered or Postmarked Receipt # Amount
4 REPORT TYPE	<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Date Processed
5 PERIOD COVERED	Month Day Year Month Day Year 01 / 30 / 2010 THROUGH 12 / 31 / 2010	Date Imaged
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.	\$ 34,418.71
	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.

Donald Higginbotham
Signature of Candidate or Officeholder



LINDA MCDANIEL
Notary Public, State of Texas
My Commission Expires
June 16, 2013

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald Higginbotham, this the 10 day of January, 2011, to certify which, witness my hand and seal of office.

Linda McDaniel Linda McDaniel Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS FORM C/OH-UC
EXPENDITURES PG 2

8 C/OH NAME DONALD HIGGINBOTHAM		9 ACCOUNT # (Ethics Commission filers)
10 Date	11 Payee name NONE	13 Amount (\$)
	12 Payee address; City; State; Zip Code	
14 Purpose of expenditure NA <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 NONE	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure NA <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 NONE	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure NA <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 NONE	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure NA <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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	Payee address; City; State; Zip Code	
Purpose of expenditure NA <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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED