

TEXAS ETHICS COMMISSION

**CANDIDATE/OFFICEHOLDER REPORT
OF UNEXPENDED CONTRIBUTIONS**

FORM C/OH-UC – INSTRUCTION GUIDE

(PAPER FILERS ONLY)



Revised August 14, 2020

Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711

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Promoting Public Confidence in Government

FORM C/OH-UC: CANDIDATE/OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

These instructions are for candidates and officeholders using FORM C/OH-UC: CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS. Use Form C/OH-UC for filing either an annual report of unexpended contributions or a report of the final disposition of unexpended contributions.

GENERAL INSTRUCTIONS

ANNUAL REPORT OF UNEXPENDED CONTRIBUTIONS. You must file this report if one of the following descriptions applies to you:

- (1) You filed a final report as a candidate at a time when you were not an officeholder and you had unexpended political contributions, interest, assets, or other money earned from political contributions at the time you filed the final report; or
- (2) You ceased to be an officeholder at a time when you did not have a campaign treasurer on file, and you had unexpended political contributions, interest, assets, or other money earned from political contributions at the time you ceased to be an officeholder.

You must file an Unexpended Contributions - Annual report not earlier than January 1 and not later than January 15 of the year after each year in which you maintained unexpended contributions or assets. You must complete Form C/OH-UC and designate the report as an annual report by checking the "Annual" box.

You must continue to file Unexpended Contributions - Annual reports until you have disposed of all your unexpended contributions or assets. Once you have disposed of all your contributions or assets, you must file an Unexpended Contributions - Final report.

You may not retain unexpended contributions or assets longer than six years after the date you filed your final report or ceased being an officeholder, as applicable. If you still maintain unexpended assets at the end of the six-year period, you must dispose of the assets in one of the following ways:

- (1) You may give them to the political party with which you were affiliated when your name was last on the ballot.
- (2) You may give them to a candidate or a political committee. If you do so, however, you must file a report on Form AS IF-SPAC as described below under "Extra Reporting for a Contribution to a Candidate or Political Committee."
- (3) You may give them to the comptroller for deposit in the state treasury to be used to finance primary elections.
- (4) You may give them to one or more persons from whom you received political contributions, but the total returned to any person may not exceed the aggregate

amount accepted from that person during the last two years during which you were accepting political contributions.

- (5) You may give them to a recognized charitable organization formed for educational, religious, or scientific purposes that is exempt from taxation under Section 501(c)(3), Internal Revenue Code of 1986, and its subsequent amendments.
- (6) You may give them to a public or private post-secondary educational institution or an institution of higher education as defined by Section 61.003(8), Education Code, for the purpose of assisting or creating a scholarship program.

You may dispose of unexpended contributions or assets in this manner at any time during the six-year period.

EXTRA REPORTING FOR CONTRIBUTION TO CANDIDATE OR POLITICAL COMMITTEE. If you contribute unexpended contributions or assets to another candidate or political committee, you must report the contribution twice. You must include the contribution on your Annual Report and you must also report the contribution on a AS IF-SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT (Form AS IF-SPAC). You must file the AS IF-SPAC report with the filing authority with whom the candidate or political committee files reports by the date by which the candidate or political committee receiving the contribution must report the receipt of the contribution.

NOTE: If the candidate or political committee files with the Texas Ethics Commission (Commission), you will need a separate “AS IF-SPAC” filer ID to file the AS IF-SPAC report. Please contact the Commission for help in establishing an AS IF-SPAC filer ID.

FINAL DISPOSITION OF UNEXPENDED CONTRIBUTIONS REPORT. You must file a report of the final disposition of your unexpended contributions or assets. Complete Form C/OH-UC and designate the report as an “Unexpended Contributions – Final” report by checking the “Final Disposition” box. The report is due no later than the 30th day after the end of the six-year period.

SPECIFIC INSTRUCTIONS

Each numbered item in these instructions corresponds to the same numbered item on the form.

PAGE 1

1. **FILER ID:** If you are filing with the Commission, you were assigned a filer identification (ID) number when you filed your initial campaign treasurer appointment. You should have received a letter acknowledging receipt of the form and informing you of your filer ID number. Enter this number wherever you see “Filer ID.” If you do not file with the Commission, you are not required to enter a filer ID number.
2. **CANDIDATE/OFFICEHOLDER NAME:** Enter your full name, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable. Your entry here should be the same as in your APPOINTMENT OF CAMPAIGN TREASURER BY A CANDIDATE (CTA). Enter your name in the same way wherever you see “C/OH NAME”.

3. **CANDIDATE/OFFICEHOLDER ADDRESS:** Enter your complete mailing address. Your entry here should be the same as the address in your APPOINTMENT OF CAMPAIGN TREASURER BY A CANDIDATE (CTA). If your mailing address has changed since you last gave notice of your address, check the “Change of Address” box.

4. **REPORT TYPE:** Check the appropriate box.

“Annual” Box: Check this box if you are filing an Unexpended Contributions - Annual report.

“Final Disposition” Box: Check this box if you are filing an Unexpended Contributions - Final report.

5. **PERIOD COVERED:**

Annual Reports. For your first Unexpended Contributions - Annual report, the start date is the day after the day you filed your Final Report. The start date for all other Unexpended Contributions - Annual reports is January 1 of the previous year. The end date for all Unexpended Contributions - Annual reports is December 31 of the previous year.

Final Disposition Report. For an Unexpended Contributions – Final report, the start date is the day after the period covered by your most recent Unexpended Contributions - Annual report. The end date is the date you file the report.

6. **TOTALS:** Complete this section only if you are filing an Annual Report. If you are not filing an Annual Report, go to section 7.

Line 1. Enter the total amount of unexpended political contributions and assets that you maintained as of December 31 of the previous year. (Note: Unlike other reports, you are not required to also disclose the total amount of expenditures entered in this Unexpended Contributions report. You are only required to disclose your unexpended balance as of December 31.)

Line 2. Enter the total amount of interest and other income earned on unexpended political contributions and assets during the previous year ending December 31.

7. **SIGNATURE:** Complete this section only after you have completed all other appropriate sections and schedules. You must always sign a report that you file. You must complete this section even if you have no schedules to attach. **ONLY THE CANDIDATE OR OFFICEHOLDER FILING THE REPORT MAY SIGN THE REPORT.**

If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says “Signature of Candidate/Officeholder” (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say “Signature of Candidate/Officeholder (Declarant)” (an electronic signature is not acceptable), and fill out the unsworn declaration section.

PAGE 2

8. **C/OH (CANDIDATE/OFFICEHOLDER) NAME:** Enter your full name as you did on Form C/OH-UC, Page 1.
9. **FILER ID:** If you are filing with the Commission, enter your filer ID number. If you do not file with the Commission, you are not required to enter a filer ID number.
10. **DATE:** Enter the date the expenditure was made.

Credit Card Expenditures: There is a special reporting rule for expenditures made by credit card. The date of a credit card expenditure is either the date of the charge or the date the credit card statement is received. *A filer can never go wrong by disclosing the date of the expenditure as the date of the charge.*

11. **PAYEE NAME:** Enter the full name of the payee. If the payee is an individual, enter the full name, first, last, and suffix (Jr., III, etc.) if applicable (title is optional). If the payee is an entity, enter the full name of the entity.
12. **PAYEE ADDRESS:** Enter the complete address of the payee.
13. **AMOUNT:** Enter the amount of the expenditure payment.
14. **PURPOSE OF EXPENDITURE:** Enter a brief statement or description of the expenditure. The brief statement or description must include the item or service purchased and must be sufficiently specific to make the reason for the expenditure clear.

Reporting Travel Outside of Texas: The law requires detailed information regarding in-kind contributions and political expenditures for travel outside of Texas. This information should be reported on Schedule T and attached to this form. Schedule T can be found on the Commission's website at https://www.ethics.state.tx.us/forms/Schedule_T.pdf.

15. **IS THE EXPENDITURE A CONTRIBUTION TO A CANDIDATE, OFFICEHOLDER, OR POLITICAL COMMITTEE?** If the expenditure was a contribution to a candidate, officeholder, or political committee, check the “Yes” box. The purpose of this box is to allow you to see that you must file an additional report for this expenditure on Form AS IF-SPAC. See the “**Extra Reporting For Contribution To Candidate Or Political Committee**” section in the General Instructions for this form.

If the expenditure was not a contribution to a candidate, officeholder, or political committee, check the “No” box.

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff Other (specify) _____ ☐ July 15 ☐ Exceeded \$500 limit ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election ☐ Final report			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount \$
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day
	THROUGH			Month	Day
Date Processed					
Date Imaged					

6 EXPLANATION OF CORRECTION

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check **ONLY** if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX			
4 ORIGINAL REPORT TYPE		☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election		☐ Runoff ☐ Exceeded \$500 limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month / Day / Year _____ / _____ / _____		Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
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Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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)

Signature of Candidate/Officeholder (Declarant)

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4. Original Report Type. Mark the type of report you are correcting.

5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

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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 NICKNAME LAST SUFFIX		OFFICE USE ONLY
	Receipt # Amount \$		
3 CANDIDATE / OFFICEHOLDER ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Hand-delivered or Date Postmarked
4 REPORT TYPE	☐ Annual ☐ Final Disposition		Date Processed
5 PERIOD COVERED	Month Day Year / / THROUGH Month Day Year / /		Date Imaged
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 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			
Please complete either option below:			
(1) Affidavit			
NOTARY STAMP / SEAL			
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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)			

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

8 C/OH NAME		9 Filer ID (Ethics Commission Filers)
10 Date	11 Payee name 12 Payee address; City; State; Zip Code	13 Amount (\$)
14 Purpose of expenditure (See instructions regarding type of information required.) ☐ Check if travel outside of Texas. Complete Schedule T.		15 Is expenditure a contribution to a candidate, officeholder, or political committee? ☐ Yes ☐ No
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) ☐ Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? ☐ Yes ☐ No
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) ☐ Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? ☐ Yes ☐ No
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) ☐ Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? ☐ Yes ☐ No
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) ☐ Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? ☐ Yes ☐ No

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED