

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 <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ☐ change of address		Date Hand-delivered or Date Postmarked
4 REPORT TYPE	☐ Annual ☐ Final Disposition		Receipt # Amount \$
5 PERIOD COVERED	Month Day Year Month Day Year / / THROUGH / /		Date Processed
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 _____, _____, _____, _____, _____. <div style="display: flex; justify-content: space-around; font-size: small;"> (street) (city) (state) (zip code) (country) </div>			
Executed in _____ County, State of _____, on the _____ day of _____, 20 _____. <div style="display: flex; justify-content: space-around; font-size: small;"> (month) (year) </div>			
_____ 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**13** Amount
(\$)**12** Payee address; City; State; Zip Code**14** Purpose of expenditure (See instructions regarding type of information required.)**15**Is expenditure a contribution
to a candidate, officeholder, or
political committee?☐ Yes☐ No☐ Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Is expenditure a contribution
to a candidate, officeholder, or
political committee?☐ Yes☐ No☐ Check if travel outside of Texas. Complete Schedule T.

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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political committee?☐ Yes☐ No☐ Check if travel outside of Texas. Complete Schedule T.**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**