

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	OFFICE USE ONLY Date Received				
	NICKNAME LAST SUFFIX					
3 CANDIDATE / OFFICEHOLDER ADDRESS ☐ change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked				
		Receipt #	Amount \$			
4 REPORT TYPE	☐ Annual ☐ Final Disposition	Date Processed				
5 PERIOD COVERED	Month Day Year Month Day Year / / THROUGH / /	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. <table border="0" style="width: 100%;"><tr><td style="width: 33%;">Signature of officer administering oath</td><td style="width: 33%;">Printed name of officer administering oath</td><td style="width: 33%;">Title of officer administering oath</td></tr></table> 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)				Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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 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
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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