

# 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	<b>OFFICE USE ONLY</b>		
	NICKNAME LAST SUFFIX			
3 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received
				Date Hand-delivered or Date Postmarked
4 REPORT TYPE	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt #	Amount \$	
5 PERIOD COVERED	Month Day Year Month Day Year / / THROUGH / /	Date Processed	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**

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