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** Date Received
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 / / 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 ($)

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED