

**CANDIDATE/OFFICE
HOLDER REPORT OF
UNEXPENDED
CONTRIBUTIONS**

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

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ change of address

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.

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**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.

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