

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

**FORM C/OH-UC  
COVER SHEET PG 1**

|   |   |  |  |
|---|---|--|--|
| <b>The C/OH-UC Instruction Guide explains how to complete this form.</b>                    |   | <b>1 Filer ID</b> (Ethics Commission Filers) |  |
| <b>2 CANDIDATE / OFFICEHOLDER NAME</b>  | MS/MRS/MR   | FIRST  | MI                                       |
|   | NICKNAME  | LAST   | SUFFIX                                   |
| <b>3 CANDIDATE / OFFICEHOLDER ADDRESS</b><br><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  |  |  |
|   | Date Received   |  |  |
| <b>4 REPORT TYPE</b>  | <input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition  |  |  |
|   | Date Hand-delivered or Date Postmarked  |  |  |
| <b>5 PERIOD COVERED</b>   | Month    Day    Year  | Month    Day    Year                         | Receipt #                      Amount \$ |
|   | /                      /                      THROUGH                      /                      /                 |  | Date Processed                           |
| <b>6 TOTALS</b>   | 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



**(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.)<br><br><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.)<br><br><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.)<br><br><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.)<br><br><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.)<br><br><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**



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

|            |            |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

| OFFICE USE ONLY                        |           |
|--|-----------|
| Date Received                          |           |
| Date Hand-delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

## Please complete either option below:

### (1) Affidavit

\_\_\_\_\_  
Signature of Filer

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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**