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

3 CANDIDATE / OFFICEHOLDER ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4 REPORT TYPE

☐ Annual ☐ Final Disposition

5 PERIOD COVERED

Month / Day / Year THROUGH Month / Day / Year

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. $

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

7 AFFIDAVIT

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 or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

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

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