

# UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

### OFFICE USE ONLY

Date Received

Method of Delivery

Date Processed

**1 FILER ID:**  
(Ethics Commission filers)

**2 NAME OF FILER**  
(PLEASE TYPE OR PRINT)

**3 TYPE OF FILER**

- |                                                           |                                              |
|-----------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> CANDIDATE/ OFFICEHOLDER          | <input type="checkbox"/> POLITICAL COMMITTEE |
| <input type="checkbox"/> JUDICIAL CANDIDATE/ OFFICEHOLDER | <input type="checkbox"/> POLITICAL PARTY     |
| <input type="checkbox"/> PERSONAL FINANCIAL STATEMENT     | <input type="checkbox"/> STATE/COUNTY CHAIR  |
| <input type="checkbox"/> DIRECT CAMPAIGN EXPENDITURE      |                                              |

**4 TYPE OF REPORT**

**5 DUE DATE**

### 6 UNSWORN DECLARATION:

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My Address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Filer/ Committee Representative  
(Declarant)