

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

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

<b>8 C/OH NAME</b>			<b>9 Filer ID (Ethics Commission Filers)</b>
<b>10 Date</b>	<b>11 Payee name</b>		<b>13 Amount (\$)</b>
<b>12 Payee address; City; State; Zip Code</b>  <input type="checkbox"/> Check if individual's residence address.			
<b>14 Purpose of expenditure (See instructions regarding type of information required.)</b>			<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Date</b>	<b>Payee name</b>		<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>  <input type="checkbox"/> Check if individual's residence address.			
<b>Purpose of expenditure (See instructions regarding type of information required.)</b>			<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Date</b>	<b>Payee name</b>		<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>  <input type="checkbox"/> Check if individual's residence address.			
<b>Purpose of expenditure (See instructions regarding type of information required.)</b>			<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Date</b>	<b>Payee name</b>		<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>  <input type="checkbox"/> Check if individual's residence address.			
<b>Purpose of expenditure (See instructions regarding type of information required.)</b>			<b>Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

**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, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 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	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. 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.
3. 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.
4. 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 \$34,890 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.
5. 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

NOTARY STAMP/SEAL

Signature of Filer

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**