

# 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 <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX		<b>OFFICE USE ONLY</b>			
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <input type="checkbox"/> change of address		Date Received   Date Hand-delivered or Date Postmarked  <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount \$	
Receipt #	Amount \$					
<b>4 REPORT TYPE</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition		Date Processed			
<b>5 PERIOD COVERED</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">Month Day Year</td> <td style="border: none; text-align: center;">THROUGH</td> <td style="border: none; text-align: center;">Month Day Year</td> </tr> </table>		Month Day Year	THROUGH	Month Day Year	Date Imaged
Month Day Year	THROUGH	Month Day Year				
<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.

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Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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**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☐ Check if individual's residence address.**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

☐ Check if individual's residence address.

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.

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

☐ Check if individual's residence address.

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.

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

☐ Check if individual's residence address.

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.**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 #
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### 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**