## 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 /	MS/MRS/MR	FIRST	MI	OFFICE (	JSE ONLY			
	OFFICEHOLDER NAME				Date Received				
		NICKNAME	LAST	SUFFIX					
3	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AI	PT / SUITE #; CITY;	STATE; ZIP CODE					
	ADDRESS				Date Hand-delivered or I	Date Postmarked			
	change of address				Receipt #	Amount \$			
4	REPORT TYPE	Annual	Final Di	sposition	Date Processed				
5	PERIOD COVERED	Month Day	Year THROUGH	Month Day Year	Date Imaged				
6	TOTALS		OF UNEXPENDED POLITICA THE PREVIOUS YEAR.	L CONTRIBUTIONS AS OF	\$				
				ER INCOME EARNED ON IRING THE PREVIOUS YEAR.	\$				
7	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								
S	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		13 Amount (\$)
	12 Payee address; City; State; Zip Code		
	enditure (See instructions regarding type of information required.)  travel outside of Texas. Complete Schedule T.		e a contribution Yes yofficeholder, or No
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
_	enditure (See instructions regarding type of information required.)		e a contribution Yes officeholder, or No
	travel outside of Texas. Complete Schedule T.		
Date	Payee name		Amount (\$)
Date	Payee name	to a candidate,	e a contribution Yes
Date Purpose of expe	Payee name Payee address; City; State; Zip Code		e a contribution Yes
Date Purpose of expe	Payee name  Payee address; City; State; Zip Code  enditure (See instructions regarding type of information required.)	to a candidate,	e a contribution Yes
Date Purpose of expe	Payee name  Payee address; City; State; Zip Code  enditure (See instructions regarding type of information required.)  travel outside of Texas. Complete Schedule T.	to a candidate,	e a contribution Yes officeholder, or No
Purpose of expe	Payee name  Payee address; City; State; Zip Code  enditure (See instructions regarding type of information required.)  travel outside of Texas. Complete Schedule T.  Payee name	to a candidate, political comm	e a contribution Yes Officeholder, or No  Amount (\$)