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	n.	1 Filer ID (Ethics C	commission Filers)
2 CANDIDATE/	MS/MRS/MR FIRST MI		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME				Date Received	
107 WIL					
	NICKNAME LAST		SUFFIX		
3 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE;	ZIP CODE		
ADDRESS				Date Hand-delivered or Date Postmarked	
change of address				Receipt #	Amount \$
4 REPORT	- Annual	Tinal Diagonitian		Date Processed	
TYPE	Annual	Final Disposition			
5 PERIOD COVERED	Month Day Year THRO	Month Da	y Year	Date Imaged	
6 TOTALS	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.			\$	
	2. TOTAL AMOUNT OF INTEREST UNEXPENDED POLITICAL CONTRIE		_	\$	
7 SIGNATURE Isw	vear, or affirm, under penalty of per	jury, that the accompa	anying report	is true and corre	ct and includes al
info	rmation required to be reported by	me under Title 15, Elec	ction Code.		
	-	Signatu	ure of Candidate	e/Officeholder	
	Please com	plete either optio	n holow:		
	r lease com	piete eitilei optio	ii below.		
(1) Affidavit					
NOTARY STAMP/SEAL					
	pefore me by		this the	day of	,
20, to certify w	hich, witness my hand and seal of office.				
Signature of officer administering	ng oath Printed name of c	fficer administering oath		Title of office	r administering oath
		OR			
(2) Unsworn Declaration	n				_
My name is		, and my date	e of birth is		·
My address is			,		·
	(street)			e) (zip code)	(country)
Executed in	County, State of	, on the day	of	, 20	·
			(monun)	(30ai)	
		Signatur	e of Candidate	e/Officeholder (Decl	arant)

EXPENDITURES PG 2 9 Filer ID (Ethics Commission Filers) 8 C/OHNAME 10 13 Date Payee name Amount (\$) City; State; Zip Code Payee address; 14 Purpose of expenditure (See instructions regarding type of information required.) Is expenditure a contribution Yes to a candidate, officeholder, or political committee? No Check if travel outside of Texas. Complete Schedule T. Amount Payee name Date (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Is expenditure a contribution Yes to a candidate, officeholder, or No political committee? Check if travel outside of Texas. Complete Schedule T. Date Amount Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Is expenditure a contribution Yes to a candidate, officeholder, or No political committee? Check if travel outside of Texas. Complete Schedule T. Date Amount Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Is expenditure a contribution Yes to a candidate, officeholder, or No political committee? Check if travel outside of Texas. Complete Schedule T. ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:

FORM C/OH-UC



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

ın <u>any</u> calendar year must file all subsequ		
		Date Processed
Filer name	Filer ID #	Date Imaged
I swear or affirm that I have not ac more than \$33,910 in political exp		olitical contributions or made
2. I further swear or affirm that I do n contributions, political expenditure		
3. I further swear or affirm that no per contract, uses computer equipme expenditures, or persons making	nt to keep current records of po	
4. I further swear or affirm that I under	erstand that I am required to file	e my campaign finance reports

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 \$33,910 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. Lam filing this affidavit with the

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		this the		day of		
20, to certify	which, witness my hand and seal of o	ffice.				
Signature of officer administering oath Printed name of officer admin			nistering oath Title of officer administering o			r administering oat
		OR				
(2) Unsworn Declaration	on					
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)	
			Si	anature of Fi	ler (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Hand-delivered or Date Postmarked

Amount \$

Date Received