

**FORM C/OH-UC**  
**COVER SHEET PG 1**

Forms provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 1/1/2025

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES****FORM C/OH-UC****PG 2**

<b>8</b> C/OH NAME		<b>9</b> Filer ID (Ethics Commission Filers)
<b>10</b> Date	<b>11</b> Payee name	<b>13</b> Amount (\$)
	<b>12</b> Payee address;                      City;    State;    Zip Code	
<b>14</b> Purpose of expenditure (See instructions regarding type of information required.)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<b>15</b> Is expenditure a contribution to a candidate, officeholder, or political committee? <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Date	Payee name	Amount (\$)
	Payee address;                      City;    State;    Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Date	Payee name	Amount (\$)
	Payee address;                      City;    State;    Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Date	Payee name	Amount (\$)
	Payee address;                      City;    State;    Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
Date	Payee name	Amount (\$)
	Payee address;                      City;    State;    Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Is expenditure a contribution to a candidate, officeholder, or political committee? <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

**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, 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.*

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 \$33,910 in political contributions or made more than \$33,910 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 \$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. 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**