CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

The C/OH-UC Instruction Guide explains how to complete this form.

Filer ID (Ethics Commission Filers)

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Date Processed

Date Imaged

Filer ID

CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI

NICKNAME LAST SUFFIX

CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

REPORT TYPE

Annual Final Disposition

PERIOD COVERED

Month Day Year THROUGH Month Day Year

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. $  

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______

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(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)

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2021
<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City; State; Zip Code</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/15</td>
<td>ABC Company</td>
<td>123 Main St, Dallas, TX 75201</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>9/10</td>
<td>DEF Inc.</td>
<td>456 Oak Ave, Houston, TX 77009</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

Purpose of expenditure (See instructions regarding type of information required.)

Check if travel outside of Texas. Complete Schedule T.

Is expenditure a contribution to a candidate, officeholder, or political committee? [ ] Yes [ ] No

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED