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

1. **Filer ID** (Ethics Commission Filers)

**OFFICE USE ONLY**

- **Date Received**
- **Date Hand-delivered or Date Postmarked**
- **Date Processed**
- **Date Imaged**

2. **Candidate/Officeholder Name**
   - **MS/MRS/MR**
   - **FIRST**
   - **MI**
   - **NICKNAME**
   - **LAST**
   - **SUFFIX**

3. **Candidate/Officeholder Address**
   - **ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE**
   - **Change of address**

4. **Report Type**
   - **Annual**
   - **Final Disposition**

5. **Period Covered**
   - **Month**
   - **Day**
   - **Year**
   - **Through**
   - **Month**
   - **Day**
   - **Year**

6. **Totals**
   - **1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.**
   - **$**
   - **2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.**
   - **$**

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.

   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_____.

   Signature of Candidate/Officeholder (Declarant)
<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></td>
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**Purpose of expenditure (See instructions regarding type of information required.)**

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**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, 2024, a candidate or officeholder who has accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

1. I swear or affirm that I have not accepted more than $32,810 in political contributions or made more than $32,810 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 $32,810 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

__________________________________________
Signature of Filer

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.

__________________________________________
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______.

__________________________________________
Signature of Filer (Declarant)