

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

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

<b>The C/OH-UC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	
<b>2 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<b>3 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount \$	
<b>4 REPORT TYPE</b>	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition		Date Processed
<b>5 PERIOD COVERED</b>	Month    Day    Year	THROUGH	Month    Day    Year
<b>6 TOTALS</b>	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 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

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

