

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: -4-
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST TERRY	MI E.
	NICKNAME	LAST HARRISON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE
	33062 JOSEPH RD.		WALLER TX 77484
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	372-2248	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST DEBRA	MI R.
	NICKNAME	LAST HARRISON	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	16207 PENICK RD.		WALLER TX 77484
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	372-5827	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	01	01	06
		THROUGH	
		Month	Day
		02	06
		Year	06
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		03	07
		06	
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			COMMISSIONER - PRECINCT 2
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked
2.8.06

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

MR. TERRY E. HARRISON

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,700.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 8.00

4. TOTAL POLITICAL EXPENDITURES

\$ 559.85

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

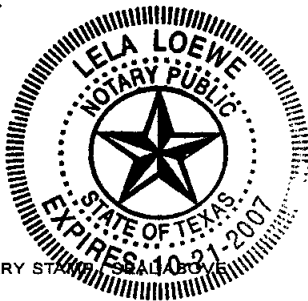
\$ 1,133.94

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,520.19

19 AFFIDAVIT



AFFIX NOTARY SEAL

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.

Terry E. Harrison
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Terry Harrison, this the 8th day of February, 20 06, to certify which, witness my hand and seal of office.

Lela Loewe
Signature of officer administering oath

Lela Loewe
Printed name of officer administering oath

Electoos Admin.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

-1-

2 FILER NAME

MR. TERRY E. HARRISON

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/07/06

5 Full name of contributor

LANCE GRANBURY

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

26288 PARK LOOP MAGNOLIA, TX 77355

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/07/06

Full name of contributor

JOHN AMSLER

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P. O. BOX 648 HEMPSTEAD, TX 77445

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/13/06

Full name of contributor

DALE FLUKINGER

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

35766 MEYER RD. HEMPSTEAD, TX 77445

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/21/06

Full name of contributor

LAUREN HEITMAN

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

13511 MONTEIGNE LN. CYPRESS, TX 77429

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/06

Full name of contributor

IRVING L. MARSHALL

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

231 BOWLER RD. WALLER, TX 77484

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: -1-
2 FILER NAME MR. TERRY E. HARRISON		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/10/06	5 Payee name HOMETOWN HARDWARE 6 Payee address; City; State; Zip Code P. O. BOX 479 WALLER, TX 77484	7 Amount (\$) \$59.85
8 Purpose of payment (See instructions regarding type of information required.) STAKES, ZIP TIES, ETC. FOR HANGING POLITICAL SIGNS.		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 01/30/06	Payee name KNIGHTS OF COLUMBUS Payee address; City; State; Zip Code 22892 MAC WASHINGTON LN. HEMPSTEAD, TX 77445	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) SPONSOR - CASINO NIGHT FUNDRAISER (ADVERTISING)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 01/30/06	Payee name WALLER COUNTY REPUBLICAN PARTY Payee address; City; State; Zip Code C/O 1015 ASTER DR. KATY, TX	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) LINCOLN DAY DINNER - REPUBLICAN PARTY (ADVERTISING) FUNDRAISER		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED