

# 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 #<br>(Ethics Commission Filers)  | 2 Total pages filed: <b>4</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR: <b>Mr.</b> FIRST: <b>Terry</b> MI: <b>E.</b><br>NICKNAME:      LAST: <b>Harrison</b> SUFFIX:   | <b>OFFICE USE ONLY</b><br>Date Received: <b>2011 JAN 14 PM 2:43</b><br>Date Hand-delivered or Postmarked:<br>Receipt #      Amount:<br>Date Processed:<br>Date Imaged: |                               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address                       | ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><b>33062 Joseph Rd.</b><br><b>Waller, TX 77484</b>  |  |                               |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(281) 932-4065</b>   |  |                               |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR: <b>Mrs.</b> FIRST: <b>Debra</b> MI: <b>R.</b><br>NICKNAME:      LAST: <b>Harrison</b> SUFFIX:  |  |                               |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)   | STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><b>16207 Penick Rd.</b> <b>WALLER, TX 77484</b>  |  |                               |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>(936) 372-5827</b>   |  |                               |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) |  |                               |
| 10 PERIOD COVERED  | Month      Day      Year      THROUGH      Month      Day      Year<br><b>07 / 01 / 10</b> <b>12 / 31 / 10</b>  |  |                               |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br>/      /   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special                    |                               |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>County Commissioner 2<sup>nd</sup> pct.</b>  | 13 OFFICE SOUGHT (if known)  |                               |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | 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.<br><br>Name:<br><br>Address / PO Box:      Apt. / Suite #:      City:      State:      Zip Code   |  |                               |

**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 CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | 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)                                  | \$ 0       |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 0       |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 21.41   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ -0-     |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 1498.78 |

19 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.

Terry E. Harrison  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Terry E. Harrison, this the 14<sup>th</sup> day of January, 20 11, to certify which, witness my hand and seal of office.

Peggy Kehlenbeck      Peggy Kehlenbeck      Deputy Clerk  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F:<br><b>1</b>                        | <b>2</b> FILER NAME<br><b>Terry E. Harrison</b>   | <b>3</b> ACCOUNT # (Ethics Commission Filers)                     |
| <b>4</b> Date<br><b>12/31/10</b>                                    | <b>5</b> Payee name<br><b>Terry E. Harrison</b>   |   |
| <b>6</b> Amount (\$)<br><b>\$21.41</b>                              | <b>7</b> Payee address; City; State; Zip Code<br><b>33062 Joseph Rd,<br/>Waller, TX 77484</b> |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | (a) Category (See categories listed at the top of this schedule)<br><b>REPAYMENT OF LOAN.</b> | (b) Description (If travel outside of Texas, complete Schedule T) |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                      Office held                    |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address;                      City; State; Zip Code                                     |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)                                  | Description (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held                    |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address;                      City; State; Zip Code                                     |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)                                  | Description (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held                    |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address;                      City; State; Zip Code                                     |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)                                  | Description (If travel outside of Texas, complete Schedule T)     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought                      Office held                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

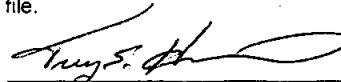
1 C/OH NAME

Terry E. Harrison

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder