

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. NICKNAME	FIRST TERRY LAST	MI E. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 33062 JOSEPH RD.	APT / SUITE #;	CITY: WALLER TX STATE: TX ZIP CODE: 77484
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 372-2248	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. NICKNAME	FIRST DEBRA LAST	MI R. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 16207 PENICK RD.	APT / SUITE #;	CITY: WALLER, TX STATE: TX ZIP CODE: 77484
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 372-5827	EXTENSION
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) <input type="checkbox"/> July 15 <input checked="" 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 02 / 07 / 06	THROUGH	Month / Day / Year 02 / 27 / 06
11 ELECTION	ELECTION DATE Month / Day / Year 03 / 07 / 06	ELECTION TYPE <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 <input type="checkbox"/> additional pages	<p>** 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. **</p> <p>Name</p> <p>Address / PO Box; Apt / Suite #; City; State; Zip Code</p>		

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	227-06 <i>[Signature]</i>
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 files)

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

GENERAL

SPECIFIC

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)

\$ 513.38

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 1,551.44

CONTRIBUTION BALANCE

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

\$ 32.50

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 STAMP

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 27th 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

Elections 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 2/10/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK CHAPMAN	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 25472 KIMBRO RD. HOCKLEY, TX 77447		

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 2/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBRA HARRISON	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 16207 PENICK RD. WALLER, TX 77484		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/17/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE HARRISON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 33062 JOSEPH RD. WALLER, TX 77484		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/22/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES HURLEY	Amount of contribution (\$) \$63.38	In-kind contribution description (if applicable) NEWSPAPER ADVERTISING - (HOTLINE PRESS)
	Contributor address; City; State; Zip Code 25880 MITCHELL RD. HEMPSTEAD, TX 77445		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHERYN CRUTCHFIELD	Amount of contribution (\$) -0- (NOT PURCHASED) OBTAINED FROM MARDI GRAS PARADES	In-kind contribution description (if applicable) MARDI GRAS BEADS FOR ADVERTISING - (KNIGHTS OF COLUMBUS CASINO NIGHT)
	Contributor address; City; State; Zip Code 517 DRUILHET ST. JEANERETTE, LA 70544		

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 2/10/06	5 Payee name JOHNSON GRAPHICS 6 Payee address; City; State; Zip Code P. O. BOX 507 WALLER, TX 77484	7 Amount (\$) \$570.26
8 Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADVERTISING, CANDIDATE CARDS, MAIL-OUTS		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 02/14/06	Payee name TOMBALL MAGNOLIA TRIBUNE Payee address; City; State; Zip Code 517 W. MAIN, TOMBAL, TX 77375	Amount (\$) \$520.80
Purpose of payment (See instructions regarding type of information required.) NEWSPAPER ADVERTISING		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 02/13/06	Payee name U. S. POSTAL SERVICE Payee address; City; State; Zip Code WALLER, TX 77484	Amount (\$) \$124.80
Purpose of payment (See instructions regarding type of information required.) POSTAGE FOR MAIL-OUTS		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 2/17/06	Payee name VINYL GRAPHIS/GULF COAST PROMOTIONS Payee address; City; State; Zip Code 30131 RILEY RD. WALLER, TX 77484	Amount (\$) \$335.58
Purpose of payment (See instructions regarding type of information required.) SHIRTS & CAPS (ADVERTISING)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED