

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: <div style="text-align: center; font-size: 24px;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. TERRY E. NICKNAME LAST SUFFIX HARRISON	OFFICE USE ONLY Date Received <u>11/24/07 at 1:55 PM</u> BY <u>CHERYL PETERS, COUNTY CLERK</u> <u>WALLER COUNTY, TEXAS</u> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 33062 JOSEPH RD., WALLER, TEXAS 77484	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 372-2248	Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. DEBRA R. NICKNAME LAST SUFFIX HARRISON	Date Processed Date Imaged	
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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 16 / 06 12 / 31 / 06		
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) WALLER COUNTY COMMISSIONER - PRECINCT 2	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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. ** Name 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**

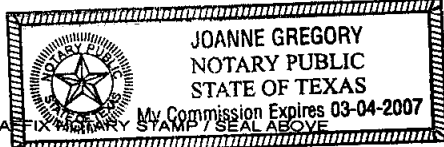
15 C/OH NAME MR. TERRY E. HARRISON	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

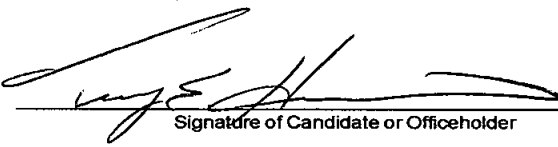
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1520.19

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.

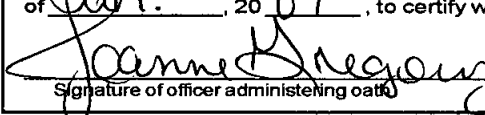


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Terry Harrison, this the 16th day of Jan, 20 07, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Joanne Gregory

Printed name of officer administering oath

Notary Public

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 <p style="text-align: center;">MR. TERRY E. HARRISON</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p>07/26/06</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p>DAVID DEWHURST - LIEUTENANT GOVERNOR</p> 6 Contributor address; City; State; Zip Code <p>P. O. BOX 756 AUSTIN, TX 78767-0756</p>	7 Amount of contribution (\$) <p>\$25.00</p>	8 In-kind contribution description (if applicable) <p>CONTRIBUTION HISTORY - CD ROM</p>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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.