

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:** 9

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: MR. FIRST: BRIAN MI: E
 NICKNAME: LAST: ROWLAND SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE:
 PO Box 5046
 Prairie View, Tx 77446
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: PHONE NUMBER: EXTENSION:
 (646) 294-7369

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: MR. FIRST: BOBBY MI: RAY
 NICKNAME: LAST: WILLIAMS SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:
 12340 Copperfield Dr.
 Austin, Texas 78753

8 CAMPAIGN TREASURER PHONE
 AREA CODE: PHONE NUMBER: EXTENSION:
 (936) 372-6226

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year: 4 / 20 / 2012 THROUGH Month Day Year: 5 / 21 / 2012

11 ELECTION
 ELECTION DATE: Month Day Year: 5 / 29 / 2012
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any):
 Prairie View
 City Council Pos. 1

13 OFFICE SOUGHT (if known)
 WALLER COUNTY
 COMMISSONER PCT. 3

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

2012 MAY 21 PM 5:10
 WALLER COUNTY CLERM
 ELECTIONS DIVISION

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME BRIAN E ROWLAND **15 ACCOUNT # (Ethics Commission Filers)**

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 564.06
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3239.06
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 932.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 3458.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 280.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Brian E Rowland
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian E. Rowland, this the 21st day of May, 20 12, to certify which, witness my hand and seal of office.

Gloria J. Hall
Signature of officer administering oath

Gloria J. Hall
Printed name of officer administering oath

Manager
Title of officer administering oath

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

4

2 FILER NAME

BRIAN F ROWLAND

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC ID#

4/23/2012

SYLVESTER TURNER

6 Contributor address: City: State: Zip Code

6915 Antoine Suite E
Houston Texas 77091

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC ID#

4/24/2012

WILLIAM H PARKER

Contributor address: City: State: Zip Code

PO BOX 2874
PRAIRIE VIEW, TX 77446

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC ID#

4/26/2012

BREDAWN RILEY

Contributor address: City: State: Zip Code

3214 CANYON SQUARE DRIVE
WOODLANDS, TX 77386

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC ID#

4/26/2012

COURTNEY ROSE

Contributor address: City: State: Zip Code

16534 LACEY
MISSOURI CITY, TX 77489

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC ID#

4/26/2012

PAUL CUNNINGGS

Contributor address: City: State: Zip Code

PO BOX 40465
HOUSTON, TX 77240

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A.

2 FILER NAME
BRIAN E ROWLAND **3** ACCOUNT # (Ethics Commission Filers)

4 Date 4/26/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GENE OSWALD COLLINS	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 717 OXFORD ODESSA, TX 79761		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date 4/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Elijah Williams	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2120 TEXAS #2302 HOUSTON, TX 77003		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ERROL ALLEN II	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3461 LYDIA HOUSTON, TX 77021		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HOWARD JEFFERSON	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4402 NENANA DRIVE HOUSTON, TX 77035		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILLIAM BROOKS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3401 W. PARMER LANE AUSTIN TEXAS 78727		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME BRIAN E ROWLAND		3 ACCOUNT # (Ethics Commission File#)	
4 Date 4/26/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CARROLL ROBINSON	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3401 Prospect St. HOUSTON, TX 7004		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JACKIE BANKS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2202 Amethyst Dr KILLEEN, TX 76549		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOHN WILLIAMS IGWONBE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 17023 PRESTON SPRINGS DRIVE HOUSTON, TX 70095		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) RITA ROWLAND	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5136 Black Horse Cibola, Texas 78108		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MICHAEL PRINCE	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code PO BOX Prairie View, TX 77446		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Brian E Rowland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/8/2012

5 Full name of contributor out-of-state PAC (ID# _____)

Dulce Ali Shariff-Bey

6 Contributor address; City; State; Zip Code

PO Box 186
Prairie View, TX 77446

7 Amount of contribution (\$)

60.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F. 2	2 FILER NAME BRIAN E ROWLAND	3 ACCOUNT # (Ethics Commission File #)
4 Date 4/26/2012	5 Payee name THE STATE BAR & LOUNGE	
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 909 Texas, Suite 2A Houston, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/2/2012	Payee name NYCE GRAPHIX	
Amount (\$) 416.76	Payee address; City; State; Zip Code Houston, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FLYERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/2/2012	Payee name SIGNS & MORE	
Amount (\$) 385.00	Payee address; City; State; Zip Code Prairie View, Texas 77446	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/14/2012	Payee name CIELITO LINDO MEXICAN	
Amount (\$) 207.55	Payee address; City; State; Zip Code WALLER, TEXAS	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) CANDIDATE FORUM
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME BRIAN E ROWLAND	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/14/2012	5 Payee name Signs & More
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6 Amount (\$) 228.00	7 Payee address: City: State: Zip Code Prairie View, Texas 77446
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/17/2012	Payee name USPS
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Amount (\$) 194.01	Payee address: City: State: Zip Code Post Office Prairie View, TEXAS 77446
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) DIRECT MAILER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/21/2012	Payee name BEGIN ADVERTISING
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Amount (\$) 174.28	Payee address: City: State: Zip Code 7027 Belgold St Ste B Houston, Tx 77066
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 483-5500

(TDD) 1-800-735-2889

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME BRIAN E ROWLAND	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	6 Payee name WALLER COUNTY DEMOCRATIC PARTY
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5 Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code POB 82 PRAIRIE VIEW, TX 77446
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) FILING FEE
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Date 5/3/2012	Payee name WALLER COUNTY TIMES
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Amount (\$) 51.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2323 MAIN STREET, WALLER, TEXAS 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLITICAL AD
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED