# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR  Deboral  NICKNAME  Debbie  Hollan	MI 7. SUFFIX	OFFICE USE ONLY  Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; 27743 ROCK Island	CITY; STATE; ZIP CODE	Waller County Election  0 2 2019  Neceived  Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST RAMON NICKNAME LAST	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 27655 ROCK IS Hempstead, TX	land Road	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826 - 8700	EXTENSION				
9 REPORT TYPE	January 15 30th day before electric July 15 8th day before electric states and the states are stated as a second state of the states are stated as a second state of the state		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 01 / 01 / 2019	THROUGH 06/	Day Year / 30 / 2019			
11 ELECTION	Month Day Year Primary General	Runoff Other Description  Special				
12 OFFICE	Waller County Clerk	13 OFFICE SOUGHT (if known)				
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	)eborah	T. "Debbie" Hollan	15 Filer ID (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.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		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						
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
I IIIIAIS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ 0			
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL F	* <del>-</del>				
18 AFFIDAVIT			·			
		I swear, or affirm, under penalty of p	perjury, that the accompanying report is			
			ormation required to be reported by me			
	ANDA STEVENS Public, State of Texa	under Title 15, Election Code.	. /			
Nota	ry ID # 12500022-0	John T	I bellan			
My Commission Expires Feb. 14, 2022						
and the state of t	••••	Signature of Can	didate or Officeholder			
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said <u>Deborah</u> Hollan, this the <u>2nd</u>						
day of, 20, to certify which, witness my hand and seal of office.						
Amela Stevens Notar ox						
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	Deborah T. "Debbie" Hollan  20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment  The Instruction Guide explains how to complete this form.  Other (enter a category not listed above)					
1 Total pages Schedule G:	Deborah T. "Debbie" Hol	lan	Filer ID (Ethics Commission Filers)		
4 Date 2/4/2019	5 Payee name Hempstead FFA				
6 Amount (\$) 50,00	7 Payee address; City; State; Zip Code 801 Donoho Street				
Reimbursement from political contributions intended	Hempstead, TX 774	45			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations		Texas. Complete Schedule T. fficeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Texas. Complete Schedule T. fficeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Texas. Complete Schedule T. fficeholder living expense		
Complete ONLY if direct expenditure to benefit C/6		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					