

# 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:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: \_\_\_\_\_ FIRST: Deborah MI: T.  
 NICKNAME: Debbie LAST: Hollan SUFFIX: \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: 27743 Rock Island Rd APT / SUITE #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
Hempstead, TX 77445  
 change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: \_\_\_\_\_ PHONE NUMBER: (979) 826-4480 EXTENSION: \_\_\_\_\_

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: \_\_\_\_\_ FIRST: Ramona MI: \_\_\_\_\_  
 NICKNAME: \_\_\_\_\_ LAST: Hollan SUFFIX: \_\_\_\_\_

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE): 27655 Rock Island Rd APT / SUITE #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
Hempstead, TX 77445  
 (residence or business)

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: \_\_\_\_\_ PHONE NUMBER: (979) 826-8700 EXTENSION: \_\_\_\_\_

**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    THROUGH    Month Day Year  
7 / 01 / 2013    12 / 31 / 2013

**11 ELECTION**  
 ELECTION DATE: Month Day Year    ELECTION TYPE:  
 / /     Primary     Runoff     General     Special

**12 OFFICE**  
 OFFICE HELD (if any):  
Waller Co. Clerk

**13 OFFICE SOUGHT (if known)**

**OFFICE USE ONLY**


Date Received: \_\_\_\_\_

Date Hand Delivered: \_\_\_\_\_ Postmarked: \_\_\_\_\_

Receipt: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Imaged: \_\_\_\_\_


  
**FILED FOR RECORD**  
**14 JAN - 7 PM : 5L**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Deborah T. "Debbie" Hollan*

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 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 \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *200.00*

CONTRIBUTION  
BALANCE

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

\$ *17.75*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

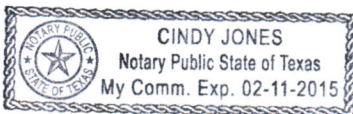
\$ *0*

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.

*Deborah T. Hollan*

Signature of Candidate or Officeholder



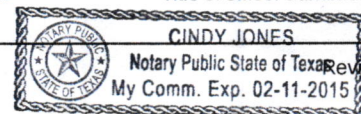
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Deborah T. Hollan*, this the *7th* day of *January*, 20 *14*, to certify which, witness my hand and seal of office.

*Cindy Jones*  
Signature of officer administering oath

*CINDY JONES*  
Printed name of officer administering oath

*NOTARY PUBLIC*  
Title of officer administering oath



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>1</b>	<b>2</b> FILER NAME <b>Deborah T. "Debbie" Hollan</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	--	---

<b>4</b> Date <b>Oct. 2013</b>	<b>5</b> Payee name <b>Waller County Fair Association</b>
-----------------------------------	--

<b>6</b> Amount (\$) <b>200.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 911 Hempstead, TX 77445</b>
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Large Sign @ Fairgrounds</b>
---------------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED