	TE / OFFICEHOLDER ON FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	MR. BriAN	E	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	' )	SUFFIX STATE; ZIP CODE	Recieve 3:45
ADDRESS	PO Box 5046		Date Hand-delivered or Postmarked
change of address	Prairie View,	EXAS 77446	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(646) 294 - 7369		6
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. BOBBY R	MI AY SUFFIX	Date Imaged &
7 CAMPAIGN TREASURER ADDRESS (residence or business)	William  STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  12340 Copperfield	CITY: STATE;	ZIPCODE Tx 78753
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 372-6226	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
O PERIOD COVERED	Month Day Year THROUGH	Month Day 12/31/1	Year
1 ELECTION	Month ELECTION DATE Year Primary [	Runoff Gen	nerel Special
2 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	
A	Den't a Vian Cidy	_	onty Commissioner
	GO TO PAGE		F 5

## **CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH

			OOVER SHEET PG Z
	Brian 1	E ROWLAND :	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / REICENOLDER THESE EXPENSIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAGATA	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 50.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL P	DLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM!	zed \$ O
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES \$808.67		
BALANCE 	OF REPU	PLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	* 218.41
LOANTOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	E \$ (
18 AFFIDAVIT		I swear, or affirm, under penalty of point is true and correct and includes all in the me under Title 15, Election Code.	erjury, that the accompanying report formation required to be reported by
My Comm	IDY JONES Idic State of Tenne I. Exp. 02-11-2015	Signature of Candid	ate or Officeholder
AFFIX NOTARY STAMP  Sworn to and subso	ribed before m		, this the
indix (	Vanua P	1. 20 12 , to certify which, witness my	
Signature of officer adminis	tering oath	Printed name of officer administering oath	Title of officer administering oath

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

Th	e instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
2 FILER NAM Bri	AN E ROWLAND		3 ACCOUNT# (	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#)  Henry Mosley  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3341 Palm St.	•	200.00	1
O Delegation of the	Houston, Texas 77			of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Dat <del>e</del>	Full name of contributor Out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
			(14.45	
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		j	· •
				!
,				
Principal occu	pation / Job title (See Instructions)	,	(if travel outside o	of Texas, complete Schedule T)
		Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#:		A	
			Amount of   contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		1 	
			i	
Principal occup	pation / Job title (See Instructions)	Employer (See In	(If travel outside of	Texas, complete Schedule T)
			an uchons)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
	Contributor address; City; State; Zip Code			description (if applicable)
Principal occupa	ation / Job title (See Instructions)		(if travel outside of	Texas, complete Schedule T)
		Employer (See Ins	structions)	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	6 NEED-	ĺ

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

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Salaries/Wages/Contract Labor

Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services Consulting Expense

Food/Beverage Expense

P.O. Box 12070

Polling Expense

Solicitation/Fundraising Expense Travel in District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees	Politing Expense Travel Out Of Dis Printing Expense Office Overhead/i		Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide explains how to	·	
1 Total pages Schedule G:	2 FILER NAME	<del></del>	3 ACCOUNT # (Ethics Commission Filers
	BriAN E ROWLAND		
4 Date	5 Payee name		
	WALLER COUNTY DEM	OCRATIC	PARTY
6 Amount (\$)			
750.00 Reimbursement from political contributions intended	POB 82 Pattison	:	77466
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	FEES	Filing	Fee
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)	Description (If tra	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		·
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Density	
EXPENDITURE		Description (If trave	outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$)	Payee address; City: State: 71-0-1		
	rayee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)		
OF EXPENDITURE		Description (If travel o	outside of Texas, complete Schedule T)
	ATTACHARDIYO		
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDEL	
Othice state to			

# **POLITICAL EXPENDITURES**

## SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a	a)
Advertising Expense		/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fun	draising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Distri		Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of I		Candidate/Officeholder/Political Committee
Fees		d/Rental Expense	OTHER (enter a category not listed above)
	The instruction Guide explains how	to complete this f	form.
1 Total pages Schedule F:	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics Commission Filer
1	BrIAN E ROWLAND		C 11000011 # (Ethios Commission) 1 hor
4 Date			
Late /	5 Payee name		
12/21/12	AND I. COM		
6 Amount (\$)	7 Payee address; City; State; Zip Code		<del></del>
	701 Lee Road S	suite 30	12
49.87			
11707	Chester Brook	L, PA I	19087
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		n (If travel outside of Texas, complete Schedule T)
OF		i	
EXPENDITURE	Advertisina	WEBSI	ite / Hosting
9 Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/O		Office soug	jht Office held
Date	Payee name		
12/8/12		ACC: -	
	Prairie View Post	Office	
Amount (\$)	Payee address; City; State; Zip Code		
8.80	D		
	Prairie View, TX	. 77446	
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF		Description	(if travel outside of rexas, complete Schedule T)
EXPENDITURE	OTHER	STAM	185
Complete ONLY if direct	Candidate / Officeholder name	Office sough	A .
expenditure to benefit C/OI	<del>1</del>	Onice sough	ht Office held
		- <u> </u>	
Date	Payee name		
· .			
- Amount (\$)	Payee address; City: State: Zin Code	···	
1	Payee address; City; State; Zip Code		
1			
i			
DUDDOOM			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			the state of the s
		f	•
Complete ONLY if direct	Candidate / Officeholder name	Office sought	of the state of th
expenditure to benefit C/OH		<b></b>	Office held
Date	Payer		
1	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
İ	. 50, Olaic, Zip Code		
PURPOSE	Category (See categories lists 4 - 17		
OF	Category (See categories listed at the top of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
EXPENDITURE		,	semplete scriedite ()
Complete ONLY 4	Condition		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		<b>J</b>	Office neig
	ATTACH ADDITIONAL CODITO CO		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS N	EEDED
w.ethics.state.tx.us			