

# 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:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

BRIAN

E

NICKNAME

LAST

SUFFIX

ROWLAND

OFFICE USE ONLY

Date Received

2012 MAY - 1 PM 1:55

FILED  
WALLER COUNTY CLERK  
ELECTIONS DIVISION

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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

FIRST

MI

MR

BOBBY RAY

NICKNAME

LAST

SUFFIX

WILLIAMS

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

12340 COPPERFIELD DR

AUSTIN, TX 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

1 / 1 / 2012

THROUGH

Month Day Year

4 / 19 / 2012

11 ELECTION

Month ELECTION DATE 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  
COMMISSIONER PCT. 3

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# 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.

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

17 CONTRIBUTION  
TOTALS

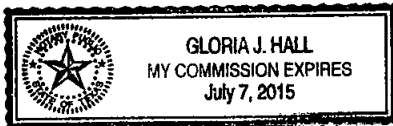
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <b>610.00</b>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>810.00</b>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <b>817.58</b>
4. TOTAL POLITICAL EXPENDITURES	\$ <b>1569.84</b>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>262.13</b>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>0</b>

EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

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 30th day of April, 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

# 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

BRIAN E. ROWLAND

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/20/12

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

FRIENDS OF LEA WEBB

6 Contributor address; City; State; Zip Code

PO BOX 925

BINGHAMTON, NY 13902

7 Amount of contribution (\$)

200.00

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES****SCHEDULE F****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.

<b>1</b> Total pages Schedule F: 1		<b>2</b> FILER NAME BRIAN E ROWLAND		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 11/30/12		<b>5</b> Payee name MORE THAN SIGNS			
<b>6</b> Amount (\$) 210.00		<b>7</b> Payee address; City; State; Zip Code 1112 AUSTIN ST HEMPSTEAD, TX 77445			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) SIGNAGE	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/3/12		Payee name LADY PRINTING, INC.			
Amount (\$) 222.00		Payee address; City; State; Zip Code PO BOX 8429 SEMINOLE, FL 33775			
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 3/1/12		Payee name NYCE GRAPHIX			
Amount (\$) 150.47		Payee address; City; State; Zip Code 2616 S. LOOP W. #215 HOUSTON, TX 77054			
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		Payee name			
Amount (\$)		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)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>1</b>		2 FILER NAME <b>BRIAN E ROWLAND</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/5/12</b>		5 Payee name <b>BEST BUY #1413</b>			
6 Amount (\$) <b>85.79</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>CYPRESS, TX 77429</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>OTHER</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>EQUIPMENT (PRINTER / COPIER)</b>	
Date <b>1/4/12</b>		Payee name <b>WALLER COUNTY TAX OFFICE</b>			
Amount (\$) <b>28.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>730 9TH ST HEMPSTEAD, TX 77445</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEEES</b>		Description (If travel outside of Texas, complete Schedule T) <b>VOTER COSTS</b>	
Date <b>2/10/12</b>		Payee name <b>WALLER COUNTY TAX OFFICE</b>			
Amount (\$) <b>28.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>730 9TH ST HEMPSTEAD, TX 77445</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEEES</b>		Description (If travel outside of Texas, complete Schedule T) <b>VOTER COSTS</b>	
Date <b>3/28/12</b>		Payee name <b>WALLER COUNTY CLERK'S OFFICE</b>			
Amount (\$) <b>28.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>HEMPSTEAD, TX 77445</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEEES</b>		Description (If travel outside of Texas, complete Schedule T) <b>PCT. MAPS</b>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					