CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Deborah	м Т.	OFFICE USE ONLY		
	NICKNAME LAST	SUFFIX	Date Received Waller Co. Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	I server and the server as the server of the	city; state; zip code Hempstead, TX 77445	JAN 1 2 2024 RECEIVED		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 870-8071	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Brooke		Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
	Hollan		Sato magoa		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	GUITE #, CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	27743 Rock Island Road	Hempstead,	Texas 77445		
(Residence or Business)		······			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(979) 221-8764				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	07 / 15 / 2023 THROUGH 12 / 31 / 2023				
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description			
	General	Special			
12 OFFICE	OFFICE HELD (if any) Valler County Clerk 13 OFFICE SOUGHT (if known)				
14 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				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2					

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME De	borah "Debbie" T. Hollan	16	Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTR PLEDGES, LOANS, OR GUARANTEES C CONTRIBUTIONS MADE ELECTRONICA	F LOANS, OR	\$ -0-		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR G		\$ 0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	DITURE.	\$ _		
	4. TOTAL POLITICAL EXPENDITURES		\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	NTAINED AS OF THE LAST DA	× \$ •		
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD 		\$ -		
18 SIGNATURE 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 Candida	ate or Officeholder		
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by DEBORAH T. HOLLAW this the 12th day of JANUARY,					
20 det, to certify which, witness my hand and seel of office.					
Signature of officer administer		stering oath	Title of officer administering oath		
(2) Unsworn Declaration					
My name is, and my date of birth is					
My address is	(street)	(city) (state)	(zip code) (country)		
Executed in	County, State of, on the	day of	, 20		
	_	(month)	(year)		
Signature of Candidate/Officeholder (Declarant)					