

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>2</b>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align:center;"><b>Deborah</b>                      <b>T.</b></p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;"><b>Hollan</b></p>	<b>OFFICE USE ONLY</b>									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX,                      APT / SUITE #,                      CITY,                      STATE,                      ZIP CODE <p style="text-align:center;"><b>27743 Rock Island Road                      Hempstead, TX 77445</b></p>	Date Received  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Waller Co. Elections                      JUL 01 2024                      RECEIVED                 </div> Date Hand-delivered or Date Postmarked									
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="text-align:center;"><b>( 936 )                      870-8071</b></p>	Receipt #                      Amount \$  Date Processed  Date Imaged									
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align:center;"><b>Brooke</b></p> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;"><b>Hollan</b></p>										
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #,                      CITY,                      STATE,                      ZIP CODE <p style="text-align:center;"><b>27743 Rock Island Road                      Hempstead, TX 77445</b></p>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="text-align:center;"><b>( 979 ) 221-8764</b></p>										
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year <p style="text-align:center;"><b>01 / 01 / 2024                      THROUGH                      06 / 30 / 2024</b></p>										
<b>11</b> ELECTION	ELECTION DATE                      ELECTION TYPE Month                      Day                      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
<b>12</b> OFFICE	OFFICE HELD (if any) <p style="text-align:center;"><b>Waller County Clerk</b></p>	<b>13</b> OFFICE SOUGHT (if known)									
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> GENERAL	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL	COMMITTEE NAME										
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
<b>GO TO PAGE 2</b>											

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

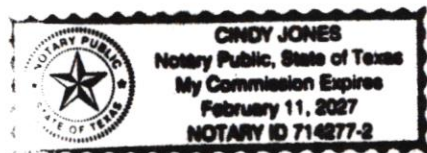
<b>15 C/OH NAME</b> Deborah "Debbie" T. Hollan		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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 Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by DEBBIE HOLLAN this the 1 day of JULY, 2024, to certify which, witness my hand and seal of office.  
*Cindy Jones*      CINDY JONES      NOTARY PUBLIC  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(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)