CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed 5		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRS*	мі D .	OFFICE USE ONLY		
NAME	NICKNAME	LAST Hollier	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / FO BOX 1602 Ave B		otry state, zip code ederland TX 77627			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (409)	PHONE NUMBER 550-7135	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount S		
TREASURER NAME	Mrs.	Donna	M.	Date Processed		
	NIČKNAME	LAST	SUFFIX			
	Quebedeaux			Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE). APT / SI	UITE #. CITY	STATE, ZIP CODE		
TREASURER ADDRESS	407 Ave D		Nederland	TX 77627		
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER						
PHONE	(409) 719-8573					
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	7	1 / 24	THROUGH 12	/ 31 24		
11 ELECTION	ELECTION DA Month Day 5 3	TE Year Primary 25 General	ELECTION TYPE Runoff Other Description Special			
	5 5	20	1			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Mayor	1)		
14 NOTICE FROM POLITICAL	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 NDTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

7 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	50.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	400.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	219.08
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	541.56
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

En Pfai

Signature of Candidate or Officeholder

	Please comp	lete either option be	low:	
(1) Affidavit				
NOTARY STAMP/SEAL				
Swom to and subscribed before me by		this	the day of	,
20, to certify which, witness my h	and and seal of office.			
Signature of officer administering oath	Printed name of off	icer administering oath	Title of officer administering	g oath
		OR		
(2) Unsworn Declaration				
My name is FMMETT D Ha	DULFER	, and my date of bir	th is 6-16-1961	
My address is 1602 AVE B		NEDERLAND	TX 77627	*
	reet)	(city)	(state) (zip code) (country)	
Executed in Jefferson County, S	State of TEXAS		Anuary 2025	
		(n	nonth) (year)	
		Signature of C	and date/Officeholder (Declarant)	

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co			on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		1	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			219.08
6.	SCHEDULE F2. UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
Emmett E	5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$)
7/29/2024	6 Contributor address; City; State: Zip Code	200.00
	7941 Tom Dr., Port Arthur, TX 77642	
Principal occu Retired	apation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
7/29/2024	Alex Rupp Campaign	200.00
	Contributor address: City; State; Zip Code 141 Sterling Ridge Rd, Nederland, TX 7762	
Principal occu Nirport Manag	pation / Job title (See Instructions) Employer (See Ins Ger	structions)
Date	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (iD#:) Amount of contribution (\$)
	Contributor address: City: State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)		
4 Date 07/15/2024	⁵ Payee name Neil-Troy Advertising		L		
6 Amount (S)	7 Payee address;	City:	State; Zip Code		
219.08	3670 Seminole Dr.	Beaumont	TX 77707		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE			nt Event - Press Release, Jp and Manage		
	(c) Check if travel outside of Texas. Complete Si	cnedule T. Check if Austr	In, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (S)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description			
	Check if travel outside of Texas. Complete Se	chedule T. Check if Austi	n TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address,	City.	State; Zip Code		
	Category (See Categories listed at the top of this se	chedule; Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete St	cheduleT. Check if Austr	n. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED		