

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 NAME	MS / MRS / MR		FIRST		MI												
	Mr.		Emmett		D.												
		NICKNAME		LAST		SUFFIX											
				Hollier													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:		APT / SUITE #:		CITY:		STATE:		ZIP CODE								
	1602 Ave B				Nederland TX		77627										
Change of Address																	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE		PHONE NUMBER		EXTENSION												
	(409)		550-7135														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR		FIRST		MI												
	Mrs.		Donna		M.												
		NICKNAME		LAST		SUFFIX											
				Quebedeaux													
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:		CITY:		STATE:		ZIP CODE								
	407 Ave D				Nederland		TX		77627								
(Residence or Business)																	
8 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION												
	(409)		719-8573														
9 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 type="checkbox"/> July 15		<input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month		Day		Year		Month		Day		Year						
	3		25		25		THROUGH		4		23		25				
11 ELECTION	ELECTION DATE				ELECTION TYPE												
	Month		Day		Year		<input type="checkbox"/> Primary		<input type="checkbox"/> Runoff		<input checked="" type="checkbox"/> Other Description		City of Nederland Texas City Elections				
		5		3		25		<input type="checkbox"/> General		<input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)				13 OFFICE SOUGHT (if known)												
	N/A				Mayor												
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														
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS													
		<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME													
				COMMITTEE CAMPAIGN TREASURER ADDRESS													
Additional Pages																	
GO TO PAGE 2																	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM C/OH COVER SHEET PG 2	
15 C/OH NAME Emmett D. Holler		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	132.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,184.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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.			
<div>Signature of Candidate or Officeholder</div>			
Please complete either option below:			
<div>(1) Affidavit</div> <div>NOTARY STAMP / SEAL</div> <div>Sworn to and subscribed before me by Emmett Holler this the 25 day of April, 2025, to certify which, witness my hand and seal of office.</div> <div>Signature of officer administering oath Joni Underwood Printed name of officer administering oath Joni Underwood Title of officer administering oath City Clerk</div> <div>OR</div> <div>(2) Unsworn Declaration</div> <div>My name is _____, and my date of birth is _____.</div> <div>My address is _____, _____, _____, _____, _____.</div> <div>(street) (city) (state) (zip code) (country)</div> <div>Executed in _____ County, State of _____, on the _____ day of _____, 20____.</div> <div>(month) (year)</div> <div>Signature of Candidate/Officeholder (Declarant)</div>			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Emmett D. Hollier		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 650.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 132.72
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Tim and Debbie Duboise 6 Contributor address; City; State; Zip Code 2205 Oak South Nederland, TX 77627	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Randy Robins Contributor address; City; State; Zip Code 906 Doornbos Lane Nederland, TX 77627	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) PHARMACIST		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 (\$)
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 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 By Candidate/Officeholder/Political Committee Credit Card Payment			
Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services			
Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			
Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 1		2 FILER NAME Emmett D. Hollier	
3 Filer ID (Ethics Commission Filers)			
4 Date 04/22/2025		5 Payee name Amazon	
6 Amount (\$) 82.24		7 Payee address; 410 Terry Ave N, City: Seattle, State: WA Zip Code: 98109-5210	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	
		(b) Description Decoration for Election Night	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date 04/23/2025		Payee name Donut Hole	
Amount (\$) 50.48		Payee address; 1536 Nederland Ave City: Nederland State: TX Zip Code: 77627	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
		Description Donuts for Election Polls	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			