

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

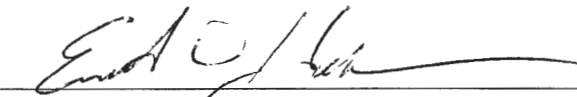
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 13			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received			
				Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
	NICKNAME	LAST	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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	THROUGH	Month	Day	Year
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 Election		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	N/A			Mayor - City of Nederland			
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	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 570.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,928.89
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,357.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 667.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

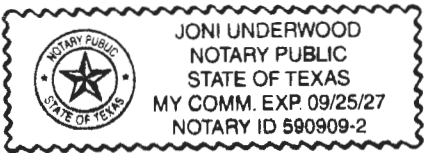
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Emmett Hollier this the 3<sup>rd</sup> day of April.

20 25, to certify which, witness my hand and seal of office.

Joni Underwood Joni Underwood City Clerk  
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)

SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3	
19 FILER NAME		20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,358.89	
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		\$ 3,798.31	
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 2,559.57	
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: 4
2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2025	5 Full name of contributor out-of-state PAC (ID#: _____) John and Esther Benoit 6 Contributor address; City; State; Zip Code 7941 Tom Drive Port Arthur TX 77642	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Emmett D. Hollier Contributor address; City; State; Zip Code 1602 Ave B Nederland TX 77627	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions)
Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Emmett D. Hollier Contributor address; City; State; Zip Code 1602 Ave B Nederland TX 77627	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions)
Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Robin Troy Contributor address; City; State; Zip Code 3670 Seminole Dr Beaumont TX 77707	Amount of contribution (\$) 51.99
Principal occupation / Job title (See Instructions) Campaign Manager		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.		

<b>MONETARY POLITICAL CONTRIBUTIONS</b>		<b>SCHEDULE A1</b>
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Robin Troy 6 Contributor address; City; State; Zip Code 3670 Seminole Dr Beaumont TX 77707	7 Amount of contribution (\$) 51.99
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Sharon Brantley Contributor address; City; State; Zip Code 1602 Ave B Nederland TX 77627	Amount of contribution (\$) 154.97
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Wayne Temple Contributor address; City; State; Zip Code 701 Riffle Port Neches TX 77651	Amount of contribution (\$) 103.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Sharon Brantley Contributor address; City; State; Zip Code 1602 Ave B Nederland TX 77627	Amount of contribution (\$) 206.46
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.		

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: 4
2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Full name of contributor out-of-state PAC (ID#: ) John and Gwen Thibodeaux 6 Contributor address; City; State; Zip Code 2008 Ave D Nederland TX 77627	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: ) Darren Bertrand Contributor address; City; State; Zip Code 3103 Ave A Nederland TX 77627	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: ) Dee Wiltz Contributor address; City; State; Zip Code 3312 Nashville Nederland TX 77627	Amount of contribution (\$) 170.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: ) Randy White Contributor address; City; State; Zip Code 2919 West Boston Dr Nederland TX 77627	Amount of contribution (\$) 20.00
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.		

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: 4
2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Joyce Daspit 6 Contributor address; City; State; Zip Code 1408 34th St Nederland TX 77627	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Craig Melancon Contributor address; City; State; Zip Code 4780 S Garden Dr Beaumont TX 77705	Amount of contribution (\$)  300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Emmett D. Hollier Contributor address; City; State; Zip Code 1602 Ave B Nederland TX 77627	Amount of contribution (\$)  150.00
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)	
4 Date 01/15/2025		5 Payee name City of Nederland			
6 Amount (\$) 25.00		7 Payee address; 207 N. 12th		City; Nederland	State; TX Zip Code 77627
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing Fees		
	(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 01/17/2025		Payee name Triangle Blue Print			
Amount (\$) 784.81		Payee address; 1123 Calder Ave		City; Beaumont	State; TX Zip Code 77701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Yard Signs		
	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 01/20/2025		Payee name Discount Mugs			
Amount (\$) 165.63		Payee address; 12610 NW 115th Ave		City; Medley	State; FL Zip Code 33178
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Pens		
	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					



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)			
<div>Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment</div> <div>Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services</div> <div>Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor</div> <div>Solicitation/Fundraising Expense Transportation Equipment &amp; Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)</div>			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 3		2 FILER NAME Emmett D. Hollier	
3 Filer ID (Ethics Commission Filers)			
4 Date 01/28/2025		5 Payee name Threads	
6 Amount (\$) 505.53		7 Payee address; City; State; Zip Code 7747 Twin City Hwy Port Arthur TX 77642	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description T-Shirts
	(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 02/05/2025		Payee name Threads	
Amount (\$) 569.40		Payee address; City; State; Zip Code 7747 Twin City Hwy Port Arthur TX 77642	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description T-Shirts and Hats
	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 03/02/2025		Payee name Paypal	
Amount (\$) 18.89		Payee address; City; State; Zip Code 2211 N. 1st St San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Paypal Fees
	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			

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: 3		2 FILER NAME Emmett D. Hollier	
3 Filer ID (Ethics Commission Filers)			
4 Date 03/07/2025		5 Payee name Neil-Troy	
6 Amount (\$) 580.52		7 Payee address; 3670 Seminole Dr	
		City; Beaumont	
		State; TX	
		Zip Code 77707	
8  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense	
		(b) Description Campaign Manager	
		(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 03/10/2025		Payee name Threads	
Amount (\$) 363.72		Payee address; 7747 Twin City Hwy	
		City; Port Arthur	
		State; TX	
		Zip Code 77642	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense	
		Description T-Shirts	
		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 03/18/2025		Payee name Triangle Blue Print	
Amount (\$) 784.81		Payee address; 1123 Calder Ave	
		City; Beaumont	
		State; TX	
		Zip Code 77701	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense	
		Description Yard Signs	
		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			

POLITICAL EXPENDITURES MADE FROM  
PERSONAL FUNDS

SCHEDULE G

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 G: 3		2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)	
4 Date 02/07/2025		5 Payee name Banners.com			
6 Amount (\$) 146.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; Online		City; Kensington	State; MN Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Banner		
	(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 02/18/2025		Payee name Triangle Blue Print			
Amount (\$) 95.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 1123 Calder Ave		City; Beaumont	State; TX Zip Code 77701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Large Signs		
	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 02/19/2025		Payee name Banner Buzz			
Amount (\$) 126.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 415 Horizon Dr		City; Suwanee	State; GA Zip Code 30024
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Table Runners		
	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

POLITICAL EXPENDITURES MADE FROM  
PERSONAL FUNDS

SCHEDULE G

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 G: 3		2 FILER NAME Emmett D. Hollier		3 Filer ID (Ethics Commission Filers)	
4 Date 02/20/2025		5 Payee name Threads			
6 Amount (\$) 40.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 7747 Twin City Hwy		City; Port Arthur	State; TX Zip Code 77642
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Polo Shirts		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/25/2025		Payee name Threads			
Amount (\$) 560.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 7747 Twin City Hwy		City; Port Arthur	State; TX Zip Code 77642
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description T-Shirts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
Date 03/02/2025		Payee name HEB			
Amount (\$) 140.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 4800 Hwy 365		City; Port Arthur	State; TX Zip Code 77642
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Food/Beverage Meet and Great		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

<b>POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</b>		<b>SCHEDULE G</b>	
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.			
<b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b>			
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 G: <b>3</b>		2 FILER NAME <b>Emmett D. Hollier</b>	
3 Filer ID (Ethics Commission Filers)			
4 Date <b>03/02/2025</b>		5 Payee name <b>Walmart</b>	
6 Amount (\$) <b>36.78</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>8585 Memorial Blvd Port Arthur TX 77642</b>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	
		(b) Description <b>Helium for Balloons</b>	
		(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 <b>03/10/2025</b>		Payee name <b>Nederland Heritage Festival</b>	
Amount (\$) <b>5.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>1523 Boston Ave Nederland TX 77627</b>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	
		Description <b>NHF Parade Entry Fee</b>	
		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 <b>03/12/2025</b>		Payee name <b>Triangle Blue Print</b>	
Amount (\$) <b>1,408.33</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>1123 Calder Ave Beaumont TX 77701</b>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	
		Description <b>Signs</b>	
		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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			