

# 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:   |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                       | <div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mr.</span> <span>Emmett</span> <span>D</span> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Hollier</span> <span></span> </div>  |                                       |   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><br><br><br><br><br><br>Date Hand-delivered or Date Postmarked<br><br><br><div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> Date Processed<br><br>Date Imaged |  |
|  | <div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2923 W. Chicago Ave</span> <span>Nederland TX</span> <span>77627</span> </div>   |                                       |   |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br>✓ Change of Address | <div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>(409 )</span> <span>550-7135</span> <span></span> </div>   |                                       |   |  |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                      | <div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Donna</span> <span>M</span> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Quebedeaux</span> <span></span> </div>   |                                       |   |  |  |
| <b>6 CAMPAIGN TREASURER NAME</b>   | <div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>407 Ave D</span> <span>Nederland TX</span> <span>77627</span> </div>  |                                       |   |  |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)           | <div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>(409 )</span> <span>719-8573</span> <span></span> </div>   |                                       |   |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>  | <div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> <span>THROUGH</span> <span>Month</span> <span>Day</span> <span>Year</span> </div> <div style="display: flex; justify-content: space-between;"> <span>7 / 1 / 25</span> <span></span> <span>12 / 31 / 25</span> </div>  |                                       |   |  |  |
| <b>9 REPORT TYPE</b>   | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" 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)         </div> <div> <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)         </div> </div> |                                       |   |  |  |
| <b>10 PERIOD COVERED</b>   | <div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE<br/>           Month / Day / Year<br/>           / /          </div> <div>           ELECTION TYPE<br/> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>   |                                       |   |  |  |
| <b>11 ELECTION</b>   | OFFICE HELD (if any)<br><b>N/A</b>  |                                       | 13 OFFICE SOUGHT (if known)<br><b>N/A</b> |  |  |
| <b>12 OFFICE</b>   | 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.   |                                       |   |  |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><br>Additional Pages     | <div style="display: flex;"> <div style="width: 20%;">           COMMITTEE TYPE<br/><br/> <input type="checkbox"/> GENERAL<br/><br/> <input type="checkbox"/> SPECIFIC         </div> <div>           COMMITTEE NAME<br/><br/>           COMMITTEE ADDRESS<br/><br/>           COMMITTEE CAMPAIGN TREASURER NAME<br/><br/>           COMMITTEE CAMPAIGN TREASURER ADDRESS         </div> </div>   |                                       |   |  |  |
|  |   |                                       |   |  |  |
|  |   |                                       |   |  |  |
|  |   |                                       |   |  |  |

**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)**

|                                    |   |           |
|------------------------------------|---|-----------|
| <b>17 CONTRIBUTION<br/>TOTALS</b>  | 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)  | \$ 0.00   |
| <b>EXPENDITURE<br/>TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00   |
|                                    | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00   |
| <b>CONTRIBUTION<br/>BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 258.93 |
| <b>OUTSTANDING<br/>LOAN TOTALS</b> | 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

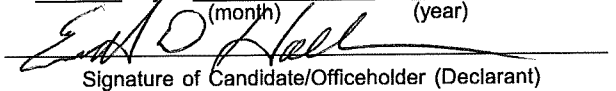
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**My name is Emmett D Hollier, and my date of birth is 06/16/1961.My address is 2923 W. Chicago Ave, Nederland, TX, 77627, US.  
(street) (city) (state) (zip code) (country)Executed in Jefferson County, State of Texas, on the 14th day of January, 2025.  
(month) (year)  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Emmett Hollier****20 Filer ID (Ethics Commission Filers)**

| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |  | <b>SUBTOTAL<br/>AMOUNT</b> |
|---|--|----------------------------|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0.00                    |
| 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.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0.00                    |
| 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                    |