

# 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 ACCOUNT #</b> (Ethics Commission filers) 00051296	<b>2 PAGE #</b> 1/8	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI Mrs. Deborah	<b>OFFICE USE ONLY</b>		
	NICKNAME LAST SUFFIX Debbie Riddle			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4201 FM 1960 W STE 550 HOUSTON TX 77068			Date Received
	Date Hand-delivered or Date Postmarked			
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI MR. NICHOLAS	Receipt # Amount		
	NICKNAME LAST SUFFIX BROUSSARD	Date Processed		
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11707 ADVANCE DRIVE HOUSTON TX 77065	Date Imaged		
	<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( 713 ) 446-2801		
<b>8 REPORT TYPE</b>	<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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year 01/01/2006    04/03/2006			
<b>10 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>11 OFFICE</b>	OFFICE HELD (if any) State Representative 150	<b>12 OFFICE SOUGHT</b> (if known)		
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..			
	Name			
	Address/PO Box; Apt. / Suite #; City; State; Zip Code			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

**14 C/OH NAME** Mrs. Deborah Riddle

**15 ACCOUNT #** (Ethics Commission filers)  
00051296

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political expenditures 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

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

750.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$

3369.22

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

**18 AFFIDAVIT**

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.

nicholas broussard

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
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**2** FILER NAME Mrs. Deborah Riddle

**3** ACCOUNT # (Ethics Commission filers)  
00051296

**4** Date  
  
01/24/2006

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
HOUSTON POLICE RETIRED OFFICERS ASSOCIATION PAC - -  
FUND

**6** Contributor address; City; State; Zip Code

HOUSTON TX 77252

**7** Amount of  
contribution (\$)  
  
500.00

**8** In-kind contribution  
description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
  
04/03/2006

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
USAA EMPLOYEE PAC

Contributor address; City; State; Zip Code

SAN ANTONIO TX 78288

Amount of  
contribution (\$)  
  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # 4/8
<b>2</b> FILER NAME Mrs. Deborah Riddle		<b>3</b> ACCOUNT # (Ethics Commission filers) 00051296
<b>4</b> Date  03/18/2006	<b>5</b> Payee name KINGWOOD REPUBLICAN WOMEN  <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$)  100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) POLITICAL		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/21/2006	Payee name MCROBERTS  Payee address; City; State; Zip Code	Amount (\$)  100.00
Purpose of payment (See instructions regarding type of information required.) POLITICAL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/24/2006	Payee name <u>POLITICAL PURPOSE</u>  <u>Payee address;</u> <u>City; State; Zip Code</u>	Amount (\$)  <u>250.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>POLITICAL SUPPORT</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/31/2006	Payee name <u>POLITICAL PURPOSE</u>  <u>Payee address;</u> <u>City; State; Zip Code</u>	Amount (\$)  <u>250.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>POLITICAL</u>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # 5/8
<b>2</b> FILER NAME Mrs. Deborah Riddle		<b>3</b> ACCOUNT # (Ethics Commission filers) 00051296
<b>4</b> Date  02/02/2006	<b>5</b> Payee name POLITICAL PURPOSE  ..... <b>6</b> Payee address; City; State; Zip Code	<b>7</b> Amount (\$)  100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) POLITICAL		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/27/2006	Payee name POLITICAL PURPOSE  ..... Payee address; City; State; Zip Code	Amount (\$)  100.00
Purpose of payment (See instructions regarding type of information required.) POLITICAL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/24/2006	Payee name REPUBLICAN NATIONAL HISPANIC ASSEMBLY  ..... Payee address; City; State; Zip Code	Amount (\$)  1250.00
Purpose of payment (See instructions regarding type of information required.) POLITICAL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/01/2006	Payee name THE 1960 PARADE  ..... Payee address; City; State; Zip Code	Amount (\$)  150.00
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
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**2** FILER NAME Mrs. Deborah Riddle

**3** ACCOUNT # (Ethics Commission filers)  
00051296

<b>4</b> Date	<b>5</b> Payee name THE DAN PATRICK CAMPAIGN	<b>7</b> Amount (\$)
03/01/2006	<b>6</b> Payee address; City; State; Zip Code	1000.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.)	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: CANDIDATE DAN PATRICK Office sought: State Senator 7 Office held:
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Date	Payee name PARTY CITY	Amount (\$)
03/14/2006	Payee address; City; State; Zip Code	69.22

Purpose of payment (See instructions regarding type of information required.) NEEDED FOR POLITICAL EVENT	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
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**2** FILER NAME Mrs. Deborah Riddle

**3** ACCOUNT # (Ethics Commission filers)  
00051296

**4** Date  
  
01/17/2006

**5** Payor name  
UNACCOUNTED  
.....  
**6** Payor address; City; State; Zip Code

**8** Amount (\$)  
  
1500.00

**7** Reason for credit  
COUNTER DEPOSIT

**Information entered by filer as a memo**

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Schedule COH