

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00051296	2 PAGE # 1/15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Deborah	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX debbie riddle		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4201 FM 1960 houston TX 77068		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11707 advance drive houston TX 77065		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI nicholas	Date Received	
	NICKNAME LAST SUFFIX broussard	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE PHONE NUMBER EXTENSION (713) 446-2801	Receipt #	Amount
	7 CAMPAIGN TREASURER PHONE	8 REPORT TYPE	Date Processed
Date Imaged			
9 PERIOD COVERED	Month Day Year 07/01/2005	THROUGH	Month Day Year 12/31/2005
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative 150	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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

\$

150.00

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

\$

14300.00

EXPENDITURE TOTALS

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

\$

0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$

32590.00

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.

deborah riddle

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 # 3/15	
2 FILER NAME Mrs. Deborah riddle			3 ACCOUNT # (Ethics Commission filers) 00051296	
4 Date 08/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hon. michael edwards 6 Contributor address; City; State; Zip Code stonewall TX 78671	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 09/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) law offices of randall h. erben Contributor address; City; State; Zip Code austin TX 78701	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. christopher maska Contributor address; City; State; Zip Code austin TX 78759	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) sbc texas employee pac Contributor address; City; State; Zip Code austin TX 78701	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) adama insurance service Contributor address; City; State; Zip Code houston TX 77248	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # 4/15	
2 FILER NAME Mrs. Deborah riddle			3 ACCOUNT # (Ethics Commission filers) 00051296	
4 Date 08/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. richard weekley 6 Contributor address; City; State; Zip Code houston TX 77055	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 09/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) texans for lawsuit reform pac Contributor address; City; State; Zip Code austin TX 78701	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 12/06/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) continental airlines employee fund Contributor address; City; State; Zip Code houston TX 77002	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. bob perry Contributor address; City; State; Zip Code houston TX 77234	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DBoykins consulting Contributor address; City; State; Zip Code houston TX 77230	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # 5/15	
2 FILER NAME Mrs. Deborah riddle			3 ACCOUNT # (Ethics Commission filers) 00051296	
4 Date 08/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. J.G. Haessly 6 Contributor address; City; State; Zip Code spring TX 77389	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 08/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. fred zeldman Contributor address; City; State; Zip Code houston TX 77019	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 09/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) reliant energy inc. pac Contributor address; City; State; Zip Code houston TX 77001	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) klein chiropractic clinic pc Contributor address; City; State; Zip Code houston TX 77379	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 08/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) centerpoint energy inc. pac Contributor address; City; State; Zip Code houston TX 77210	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 6/15	
2 FILER NAME Mrs. Deborah riddle		3 ACCOUNT # (Ethics Commission filers) 00051296	
4 Date 08/17/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) texas association of mortgage attorney pac 6 Contributor address; City; State; Zip Code houston TX 77027	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) texas consumer finance association pac Contributor address; City; State; Zip Code austin TX 78701	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) texas mortgage bankers pac Contributor address; City; State; Zip Code houston TX 77024	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) texas municipal police association pac Contributor address; City; State; Zip Code austin TX 78768	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HILLCO PAC Contributor address; City; State; Zip Code austin TX 78701	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 7/15	
2 FILER NAME Mrs. Deborah riddle		3 ACCOUNT # (Ethics Commission filers) 00051296	
4 Date 08/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) texas employee pac committee of txu corp. 6 Contributor address; City; State; Zip Code dallas TX 75201	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 08/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. michael or michlle marvins Contributor address; City; State; Zip Code houston TX 77024	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) texas association of realtors pac Contributor address; City; State; Zip Code austin TX 78767	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) independent bankers association of texas pac Contributor address; City; State; Zip Code austin TX 78701	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. calvin c. mann Contributor address; City; State; Zip Code houston TX 77055	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

4 Date	5 Payee name	7 Amount (\$)
12/13/2005	harris county republican primary	750.00
	6 Payee address; City; State; Zip Code	
	TX	

8 Purpose of payment (See instructions regarding type of information required.)
filing fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:

Office sought:
Office held:

Date	Payee name	Amount (\$)
12/16/2005	unknown	340.00
	Payee address; City; State; Zip Code	

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:

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 9/15
2 FILER NAME Mrs. Deborah riddle		3 ACCOUNT # (Ethics Commission filers) 00051296
4 Date 07/01/2005	5 Business name Mr. mike riddle 6 Business address; City; State; Zip Code TX	7 Amount (\$) 26500.00
8 Purpose of payment (See instructions regarding type of information required.) repayment of loan		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 07/12/2005	Business name Mr. mike riddle Business address; City; State; Zip Code TX	Amount (\$) 5000.00
Purpose of payment (See instructions regarding type of information required.) repayment of loan		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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	5 Payee name frost national bank	8 Amount (\$)
07/07/2005	6 Payee address; City; State; Zip Code TX	22.00
	7 Purpose of expenditure (See instructions regarding type of information required.) check print charge	
07/12/2005	5 Payee name frost national bank	Amount (\$)
	6 Payee address; City; State; Zip Code TX	2.00
	7 Purpose of expenditure (See instructions regarding type of information required.) bank service charge	
08/09/2005	5 Payee name frost national bank	Amount (\$)
	6 Payee address; City; State; Zip Code TX	2.00
	7 Purpose of expenditure (See instructions regarding type of information required.) bank service charge	
09/12/2005	5 Payee name frost national bank	Amount (\$)
	6 Payee address; City; State; Zip Code TX	2.00
	7 Purpose of expenditure (See instructions regarding type of information required.) bank service charge	
09/19/2005	5 Payee name frost national bank	Amount (\$)
	6 Payee address; City; State; Zip Code TX	50.00
	7 Purpose of expenditure (See instructions regarding type of information required.) deposit correction	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
11/15

2 FILER NAME Mrs. Deborah riddle

3 ACCOUNT # (Ethics Commission filers)
00051296

4 Date	5 Payee name frost national bank	8 Amount (\$)
10/12/2005	6 Payee address; City; State; Zip Code TX 7 Purpose of expenditure (See instructions regarding type of information required.) bank service charge	2.00
11/09/2005	Payee name frost national bank Payee address; City; State; Zip Code TX Purpose of expenditure (See instructions regarding type of information required.) bank service charge	2.00
12/07/2005	Payee name frost national bank Payee address; City; State; Zip Code TX Purpose of expenditure (See instructions regarding type of information required.) check print charge	22.38
12/07/2005	Payee name frost national bank Payee address; City; State; Zip Code TX Purpose of expenditure (See instructions regarding type of information required.) check print charge	16.96

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 12/15
2 FILER NAME Mrs. Deborah riddle		3 ACCOUNT # (Ethics Commission filers) 00051296
4 Date	5 Payor name Mr. fred zeldman	8 Amount (\$) 500.00
08/09/2005	6 Payor address; City; State; Zip Code TX	
	7 Reason for credit donation	
Date	Payor name gail stanart	Amount (\$) 25.00
08/09/2005	Payor address; City; State; Zip Code TX	
	Reason for credit donation	
Date	Payor name law offices of randall h. erben	Amount (\$) 250.00
11/15/2005	Payor address; City; State; Zip Code 807 Brazos Street Austin TX 78701	
	Reason for credit donation	
Date	Payor name Mr. christopher maska	Amount (\$) 250.00
11/15/2005	Payor address; City; State; Zip Code 4601 balcones drive austin TX 78759	
	Reason for credit donation	
Date	Payor name sbc texas employee pac	Amount (\$) 500.00
11/15/2005	Payor address; City; State; Zip Code 1616 guadalupe ste. 501 austin TX 78701	
	Reason for credit donation	

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	5 Payor name	8 Amount (\$)
11/15/2005	adams insurance service 6 Payor address; City; State; Zip Code po box 7011 houston TX 77248 7 Reason for credit donation	500.00
11/15/2005	Mr. richard weekley Payor address; City; State; Zip Code 800 brazos street austin TX 78701 Reason for credit donation	500.00
11/15/2005	texans for lawsuit reform pac Payor address; City; State; Zip Code 1111 n. post oak road houston TX 77055 Reason for credit donation	500.00
09/19/2005	Payor name various Payor address; City; State; Zip Code Reason for credit fund raiser	Amount (\$) 11450.00

Information entered by filer as a memo

Schedule A1

the 11450 is the amount constituting the credit of equal value which has been unidentified but will be in a letter sent to the Ethics Committee in the next few days.

Information entered by filer as a memo

Schedule K

(specific records of donations that make up this aggregate deposit have been misplaced.)