

# 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:																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px dashed black;">MS / MRS / MR <i>Ms.</i></td> <td style="width:50%; border-bottom: 1px dashed black;">FIRST <i>Deborah</i></td> <td style="width:25%; border-bottom: 1px dashed black;">MI <i>L</i></td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME <i>Debby</i></td> <td style="border-bottom: 1px dashed black;">LAST <i>Pepper</i></td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> </table>	MS / MRS / MR <i>Ms.</i>	FIRST <i>Deborah</i>	MI <i>L</i>	NICKNAME <i>Debby</i>	LAST <i>Pepper</i>	SUFFIX	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p style="font-size: 24px; font-weight: bold; text-align: center;">ALIEF ISD</p> <p style="font-size: 24px; font-weight: bold; text-align: center;">OCT 04 2021</p> <p style="font-size: 24px; font-weight: bold; text-align: center;">RECEIVED</p> <p style="font-size: 12px;">Date Received</p> <hr/> <p style="font-size: 12px;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 24px; font-weight: bold; text-align: center;"><i>R Williams @ 3:58 PM</i></p> <table style="width:100%; border-collapse: collapse; font-size: 10px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$			Date Processed		Date Imaged			
MS / MRS / MR <i>Ms.</i>	FIRST <i>Deborah</i>	MI <i>L</i>																	
NICKNAME <i>Debby</i>	LAST <i>Pepper</i>	SUFFIX																	
Receipt #	Amount \$																		
Date Processed																			
Date Imaged																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">ADDRESS / PO BOX:</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:15%;">STATE:</td> <td style="width:22%;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 10px;"><i>15326 Alta Mesa Drive, Houston, TX 77083</i></td> </tr> </table>			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	<i>15326 Alta Mesa Drive, Houston, TX 77083</i>										
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE															
<i>15326 Alta Mesa Drive, Houston, TX 77083</i>																			
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:50%;">PHONE NUMBER</td> <td style="width:25%;">EXTENSION</td> </tr> <tr> <td> </td> <td style="text-align: center;"><i>(713) 689 9276</i></td> <td> </td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION		<i>(713) 689 9276</i>											
AREA CODE	PHONE NUMBER	EXTENSION																	
	<i>(713) 689 9276</i>																		
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px dashed black;">MS / MRS / MR <i>Self</i></td> <td style="width:50%; border-bottom: 1px dashed black;">FIRST</td> <td style="width:25%; border-bottom: 1px dashed black;">MI</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="border-bottom: 1px dashed black;">LAST</td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> </table>			MS / MRS / MR <i>Self</i>	FIRST	MI	NICKNAME	LAST	SUFFIX										
MS / MRS / MR <i>Self</i>	FIRST	MI																	
NICKNAME	LAST	SUFFIX																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:15%;">STATE:</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td colspan="5"> </td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE											
STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE															
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:50%;">PHONE NUMBER</td> <td style="width:25%;">EXTENSION</td> </tr> <tr> <td> </td> <td style="text-align: center;"><i>( )</i></td> <td> </td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION		<i>( )</i>											
AREA CODE	PHONE NUMBER	EXTENSION																	
	<i>( )</i>																		
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)								
<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> </td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:37%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> </td> </tr> </table>			<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>	Month	Day	Year	/	/	/	THROUGH	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>	Month	Day	Year	/	/	/	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>	Month	Day	Year	/	/	/	THROUGH	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>	Month	Day	Year	/	/	/					
Month	Day	Year																	
/	/	/																	
Month	Day	Year																	
/	/	/																	
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td style="border-bottom: 1px dashed black;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> </td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table> </td> </tr> </table>			ELECTION DATE	ELECTION TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>	Month	Day	Year	/	/	/	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	_____
ELECTION DATE	ELECTION TYPE																		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>	Month	Day	Year	/	/	/	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input type="checkbox"/> General	<input type="checkbox"/> Special	_____						
Month	Day	Year																	
/	/	/																	
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																	
<input type="checkbox"/> General	<input type="checkbox"/> Special	_____																	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 10px;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p style="font-size: 10px;"><input type="checkbox"/> Additional Pages</p>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS								
COMMITTEE TYPE	COMMITTEE NAME																		
<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**

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*Deborah Pepper*  
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 Deborah Pepper, and my date of birth is 2/14/1954.  
 My address is 15326 Alta Mesa Drive Houston, TX 77083 USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Harris County, State of Texas, on the 4 day of October, 2021.  
(month) (year)  
*Deborah Pepper*  
 Signature of Candidate/Officeholder (Declarant)