

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: 9			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR.</u>	FIRST <u>DOLAN</u>	MI <u>J</u>	OFFICE USE ONLY	Date Received 2025 APR 25 PM 2:44	
	NICKNAME	LAST <u>DOW</u>	SUFFIX		Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				Receipt #	
	<u>3810 RIVER OAKS DR PASADENA, TX 77505</u>					Amount \$
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed		
	<u>(713)</u>	<u>325-1158</u>		Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MRS.</u>	FIRST <u>CHRISTINE</u>	MI <u>A.</u>	Date Processed		
	NICKNAME	LAST <u>DOW</u>	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	<u>3810 RIVER OAKS DR PASADENA, TX 77505</u>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<u>(281)</u>	<u>998-0998</u>				
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year		THROUGH	Month Day Year		
	<u>3 / 25 / 2025</u>			<u>4 / 23 / 2025</u>		
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
	<u>5 / 3 / 2025</u>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
	<u>COUNCIL</u>		<u>DISTRICT F</u>			
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.					
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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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	\$ 16375.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 500.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:
2 FILER NAME Dolan Dow		3 Filer ID (Ethics Commission Filers)
4 Date 2-13-25	5 Full name of contributor: Youssef Laham out-of-state PAC (ID#: _____ 6 Contributor address: 23230 Summers Creek Ct City; Katy State; TX Zip Code. 77494	7 Amount of contribution (\$) \$250.00
8 Principal occupation/Job title (See Instructions)		9 Employer (See Instructions) Binkley & Barfield
Date 2-13-2025	Full name of contributor out-of-state PAC (ID#: _____ David Hamilton Contributor address; 12315 Woodthorpe Ln City; Houston State: TX Zip Code: 77024	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Binkley & Barfield
Date 2-13-2025	Full name of contributor out-of-state PAC (ID#: _____ Aaron Moore Contributor address; 5323 Egbert St City; Houston State; TX Zip Code 77007	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13-2025	Full name of contributor out-of-state PAC (ID#: _____ Amber M Memon Contributor address; 3810 Bogota City; Pasadena State; TX Zip Code 77505	Amount of contribution (\$) \$250.00
Principal occupation/Job title (See Instructions)		Employer (See Instructions) Memons Living Trust
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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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:
2 FILER NAME Dolan Dow		3 Filer ID (Ethics Commission Filers)
4 Date 2-13-25	5 Full name of contributor out-of-state PAC (ID#: _____ Salvador Serrano, JR. 6 Contributor address; 3207 Preston Ave City: Pasadena State; TX Zip Code 77505	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) The Serrano Agency
Date 2-13-2025	Full name of contributor out-of-state PAC (ID#: _____ Alan Robb Contributor address; 305 Mckibben Ln City: League City State: TX Zip Code 77573	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-18-2025	Full name of contributor out-of-state PAC (ID#: _____ LA Local 28 Contributor address; 4100 Greenshadow Dr City: Pasadena State; TX Zip Code 77503	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13-2025	Full name of contributor out-of-state PAC (ID#: _____ Auto 4 Less Contributor address; 4937 Spencer Hwy City: Pasadena State; TX; Zip Code 77505	Amount of contribution (\$) \$2500.00
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:
2 FILER NAME Doian Dow		3 Filer ID (Ethics Commission Filers)
4 Date 3-20-25	5 Full name of contributor out-of-state PAC (ID#: _____ Glenn and Ellen S Schneider 6 Contributor address; PO Box 5804 City; Pasadena State; TX Zip Code 77508	7 Amount of contribution (\$) \$300.00
8 Principal occupation/ Job title (See Instructions)		9 Employer (See Instructions) Schneider Family Living Trust
Date 2-14-2025	Full name of contributor out-of-state PAC (ID#: _____ Dow Fence Contributor address; 1802 Preston City; Pasadena State; TX Zip Code 77503	Amount of contribution (\$) \$5000.00
Principal occupation/Job title (See Instructions)		Employer(See Instructions)
Date 2-13-2025	Full name of contributor out-of-state PAC (ID#: _____ Bestway Outfield Inc. Contributor address; 16030 Market Street City; Channelview State; TX Zip Code 77530	Amount of contribution (\$) \$1000.00
Principal occupation/Job title (See Instructions)		Employer (See Instructions)
Date 2-13-2025	Full name of contributor out-of-state PAC (ID#: _____ Plumbers Local Union Contributor address; PO Box 8746 City; Houston State; TX Zip Code 77249-8746	Amount of contribution (\$) \$500.00
Principal occupation/Job title (See Instructions)		Employer(See Instructions)
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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:
2 FILER NAME Dolan Dow		3 Filer ID (Ethics Commission Filers)
4 Date 3-05-2025	5 Full name of contributor out-of-state PAC (ID#: _____ Jerry Jones 6 Contributor address; 5027 Cara Circle City; Pasadena State; TX Zip Code 77505	7 Amount of contribution (\$) \$200.00
8 Principal occupation/Job title (See Instructions)		9 Employer(See Instructions)
Date 3-10-2025	Full name of contributor out-of-state PAC (ID#: _____ Pasadena Police officers Union Local PAC 1114 Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer(See Instructions)
Date 2-25-2025	Full name of contributor out-of-state PAC (ID#: _____ Rex Teter Contributor address; 411 Yorkshire Ave City; Pasadena State; TX Zip Code 77503	Amount of contribution (\$) \$25.00
Principal occupation/Job title (See Instructions)		Employer (See Instructions)
Date 1-24-2025	Full name of contributor out-of-state PAC (ID#: _____ Johnny L. ISBELL Contributor address; PO Box 177 City; Pasadena State; TX Zip Code 77501	Amount of contribution (\$) \$1000.00
Principal occupation/Job title (See Instructions)		Employer (See Instructions)
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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:
2 FILER NAME Dolan Dow		3 Filer ID (Ethics Commission Filers)
4 Date 4-10-2025	5 Full name of contributor out-of-state PAC (ID#): Pasadena Fence 6 Contributor address; 2722-A Dedman City, Pasadena State, TX Zip Code 77503	7 Amount of contribution (\$) \$1250.00
8 Principal occupation/Job title (See Instructions)		9 Employer (See Instructions)
Date 2-18-2025	Full name of contributor out-of-state PAC (ID#): Linebarger Goggan Blair & Sampson, LLP Contributor address; PO Box 17428 City, Austin State, TX Zip Code 78760	Amount of contribution (\$) \$500.00
Principal occupation/Job title (See Instructions)		Employer(See Instructions)
Date 3-27-2025	Full name of contributor out-of-state PAC (ID#): West Gulf Maritime Assn - PAC Contributor address; 1717 East Loop City, Houston State, TX Zip Code 77029	Amount of contribution (\$) \$500.00
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:	2 FILER NAME DOLAN DOW	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/25	5 Payee name COLON & COMPANY	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DOLAN DOW	Office sought Office held
Date 4/24/25	Payee name KRISTY MONTEMAYOR	
Amount (\$) 200.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name DOLAN DOW	Office sought Office held
Date 4/25/25	Payee name HEB GROCERY	
Amount (\$) \$100.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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