

# 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:<br><div style="text-align: center; font-size: 24px;">2</div> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>   | (MS) MRS / MR                      FIRST                      MI   | <b>OFFICE USE ONLY</b><br><div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 12px;">COUNTY SECRETARY<br/>JUL - 8 AM 9:13</div>                       |   |
|  | NICKNAME                      LAST                      SUFFIX   |   |   |
| ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE |  |   |   |
| <input type="checkbox"/> Change of Address   |  |   |   |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>603 Scott St.<br>Pasadena, TX 77506  |   | Date Received   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>  | AREA CODE                      PHONE NUMBER                      EXTENSION   | Date Hand-delivered or Date Postmarked  |   |
| <b>6 CAMPAIGN TREASURER NAME</b>   | MS / MRS / (MR)                      FIRST                      MI   | Receipt #   | Amount \$   |
|  | NICKNAME                      LAST                      SUFFIX   | Date Processed  |   |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>  | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>2105 E. Martha Ln.<br>Pasadena, TX 77502  |   |   |
| <b>8 CAMPAIGN TREASURER PHONE</b>  | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(713) 477-9176   |   |   |
| <b>9 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)<br><input checked="" 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) |   |   |
| <b>10 PERIOD COVERED</b>   | Month                      Day                      Year                      THROUGH                      Month                      Day                      Year<br>4 / 24 / 25                      THROUGH                      6 / 30 / 25   |   |   |
| <b>11 ELECTION</b>   | ELECTION DATE<br>Month                      Day                      Year<br>/ /   | 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 |   |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)<br>Council member District D  | <b>13 OFFICE SOUGHT</b> (if known)  |   |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</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.  |   |   |
| <input type="checkbox"/> Additional Pages  | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ _____                                      |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                                   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>—</u>                                   |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u>                                   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>438.68</u>                              |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>368.33</u>                              |

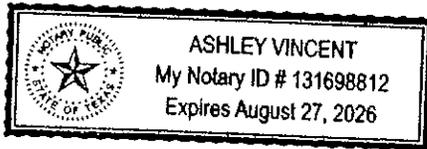
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Patricia Van Houte

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patricia Van Houte this the 8<sup>th</sup> day of July, 2025, to certify which, witness my hand and seal of office.

Ashley Vincent Ashley Vincent Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)