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)

2 Total pages filed: 6

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

RECEIVED - CSO
10 MAR 18 PM 4:35
March 17, 2010

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Ms. FIRST: Lila MI: M.
NICKNAME LAST: Friedlander SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: P.O. Box 170453 APT / SUITE #: CITY: Arlington, TX 76003 STATE: ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817) PHONE NUMBER: 412-1431 EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Ms. FIRST: Lila MI: M.
NICKNAME LAST: Friedlander SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 5509 Lansingford Tr. APT / SUITE #: CITY: Arlington, TX 76017 STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) PHONE NUMBER: 412-1431 EXTENSION

9 REPORT TYPE
☐ January 15 ☑ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 01 / 21 / 2010 THROUGH Month Day Year: 04 / 08 / 2010

11 ELECTION
ELECTION DATE Month Day Year: 05 / 08 / 2010
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): City Council District 6

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
•• 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

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Lila Friedlander

16 ACCOUNT # (Ethics Commission Filers)

17 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. ••

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 20.24
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 231.64
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4.38
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 115.~~00~~ 86 LF
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
TINA STEWART
Notary Public
STATE OF TEXAS
My Comm. Exp. 02/14/2011

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.

Lila Friedlander
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lila Friedlander, this the 7th day of April, 20 10, to certify which, witness my hand and seal of office.

Tina Stewart	Tina Stewart	notary
Signature of officer administering oath	Printed 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 Total pages Schedule A: 3

2 FILER NAME: Lila Friedlander

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
3/10/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$54.15	Business cards	Homemaker	
2/14/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$10.87	Website domain name	Homemaker	
3/13/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$0.44	Stamp	Homemaker	
3/3/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$14.95	Monthly Typepad payment	Home maker	
3/24/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$8.80	Sheet of postage stamps	Homemaker	

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: Lila Friedlander

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
4/3/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$14.95	Monthly Typepad payment	Homemaker	
3/26/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$50.00		Homemaker	
3/28/10	Alvin Friedlander 4569 North Peachtree Rd. Dunwoody, GA 30338	$50.00		Retired Engineer	
3/21/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$3.73	Copies	Homemaker	
3/23/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$0.45	Copies	Homemaker	

(If travel outside of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: Lila Friedlander

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
3/26/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$0.18	Copies	Homemaker	
3/29/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$0.45	Copies	Homemaker	
3/30/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$2.16	Copies	Homemaker	
3/31/10	Glenda Friedlander 5509 Lansingford Tr. Arlington, TX 76017	$0.27	Copies	Homemaker	

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Lila Friedlander

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/26/10	Paypal P.O. Box 45950 Omaha, NE 68145-0950	$1.75

8 Purpose of payment (See instructions regarding type of information required.): Paypal fee
(If travel outside of Texas, complete Schedule T)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/28/10	Paypal P.O. Box 45950 Omaha, NE 68145-0950	$1.75

Purpose of payment (See instructions regarding type of information required.): Paypal fee
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/2/10	Paypal P.O. Box 45950 Omaha, NE 68145-0950	$0.88

Purpose of payment (See instructions regarding type of information required.): Paypal fee
(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

(If travel outside of Texas, complete Schedule T)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED