

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:**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST LILA	MI M.	OFFICE USE ONLY			
	NICKNAME	LAST FRIEDLANDER	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 170453	APT / SUITE #: APLINGTON, TX	CITY: 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.	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME	LAST FRIEDLANDER	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5509 LANSINGFORD TR.		APT / SUITE #:	CITY:	STATE:	ZIP CODE:	
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 412-1436	EXTENSION				
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED	Month 04	Day 9	Year 2010	THROUGH	Month 04	Day 29	Year 2010
11 ELECTION	ELECTION DATE Month Day Year 05/08/2010		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 <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						

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**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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 110.00

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 852.27

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 958.23

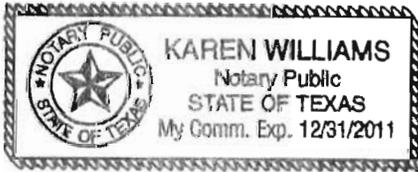
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 308.92

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Lila Friedlander, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams 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: **2**

2 FILER NAME

LILA FRIEDLANDER

3 ACCOUNT # (Ethics Commission #)

4 Date

4/17/10

5 Full name of contributor out-of-state PAC (ID# _____)
GLENDIA FRIEDLANDER

6 Contributor address; City; State; Zip Code
**5509 LANSINGFORD TR.
ARLINGTON, TX 76017**

7 Amount of contribution (\$)
\$1.10

8 In-kind contribution description (if applicable)
OFFICE SUPPLIES

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

HOUSEWIFE

10 Employer (See Instructions)

Date

4/21/10

Full name of contributor out-of-state PAC (ID# _____)
GLENDIA FRIEDLANDER

Contributor address; City; State; Zip Code
**5509 LANSINGFORD TR.
ARLINGTON, TX 76017**

Amount of contribution (\$)
\$6.46

In-kind contribution description (if applicable)
OFFICE SUPPLIES

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

4/22/10

Full name of contributor out-of-state PAC (ID# _____)
GLENDIA FRIEDLANDER

Contributor address; City; State; Zip Code
**5509 LANSINGFORD TR.
ARLINGTON, TX 76017**

Amount of contribution (\$)
\$5.39

In-kind contribution description (if applicable)
OFFICE SUPPLIES

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

4/23/10

Full name of contributor out-of-state PAC (ID# _____)
GLENDIA FRIEDLANDER

Contributor address; City; State; Zip Code
**5509 LANSINGFORD TR.
ARLINGTON, TX 76017**

Amount of contribution (\$)
\$45.56

In-kind contribution description (if applicable)
COPIES + OFFICE SUPPLIES

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

4/23/10

Full name of contributor out-of-state PAC (ID# _____)
GLENDIA FRIEDLANDER

Contributor address; City; State; Zip Code
**5509 LANSINGFORD TR.
ARLINGTON, TX 76017**

Amount of contribution (\$)
\$420.00

In-kind contribution description (if applicable)
SIGNS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional 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: 2

2 FILER NAME

LILA FRIEDLANDER

3 ACCOUNT # (Ethics Commission files)

4 Date

4/25/10

5 Full name of contributor out-of-state PAC (ID# _____)

ALVIN FRIEDLANDER

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City; State; Zip Code

4569 N. PEACHTREE RD.
DUNWOODY, GA 30338

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED ENGINEER

10 Employer (See Instructions)

Date

4/29/10

Full name of contributor out-of-state PAC (ID# _____)

GLENDA FRIEDLANDER

Amount of contribution (\$)

\$163.76

In-kind contribution description (if applicable)

POSTCARDS

Contributor address: City; State; Zip Code

5309 LANSING FORD TRAIL
ARLINGTON, TX 76017

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address: City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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	7 Amount (\$)
<u>4/25/10</u>	<u>PAYPAL</u>	<u>\$3.20</u>
	6 Payee address; City; State; Zip Code	
	<u>P.O. Box 45950</u> <u>OMAHA, NE 68145</u>	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **		
<u>PAYPAL FEE</u>	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

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

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held
(If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME: LILA FRIEDLANDER 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/16/10</u>	5 Payee name <u>SIGN DEPOT</u> 6 Payee address; City; State; Zip Code <u>1813 COLONIAL DR. ORLANDO, FL 32803</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>SIGNS</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>\$615.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>4/16/10</u>	Payee name <u>NEXT DAY FLYERS</u> Payee address; City; State; Zip Code <u>18711 SOUTH BROADWICK ST. RANCHO DOMINGUEZ, CA 90220</u> Purpose of expenditure (See instructions regarding type of information required.) <u>POSTCARDS</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$158.81</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <u>4/19/10</u>	Payee name <u>NEXT DAY FLYERS</u> Payee address; City; State; Zip Code <u>18711 SOUTH BROADWICK ST. RANCHO DOMINGUEZ, CA 90220</u> Purpose of expenditure (See instructions regarding type of information required.) <u>POSTCARDS</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$101.22</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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