

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="font-size: 2em; text-align: center;">5</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Ms. NICKNAME: FIRST: Lila LAST: Friedlander MI: M SUFFIX:	<b>OFFICE USE ONLY</b>  Date Received: 10 JUL 15 PM 2:23 RECEIVED CSO Date Hand-delivered or Date Postmarked: Receipt #: Amount: Date Processed: Date Imaged:	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 170453 APT / SUITE #: Arlington, TX 76003 CITY: STATE: ZIP CODE:		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (817) PHONE NUMBER: 412-1431 EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: Ms. NICKNAME: FIRST: Lila LAST: Friedlander MI: M SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5509 Lansingford Tr. APT / SUITE #: Arlington, TX 76017 CITY: STATE: ZIP CODE:		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (817) PHONE NUMBER: 412-1436 EXTENSION:		
<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 (if officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year: 4 / 30 / 2010    THROUGH    Month Day Year: 7 / 15 / 2010		
<b>11 ELECTION</b>	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	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> City Council District 6	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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:		

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 Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

•• 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 136.59
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 392.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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 15<sup>th</sup> day of July, 2010, 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: 1

2 FILER NAME <u>Lila Friedlander</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>5/3/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Glenda Friedlander</u> 6 Contributor address; City; State; Zip Code <u>5509 Lansingford Tr. Arlington, TX 76017</u>	7 Amount of contribution (\$) <u>\$14.95</u>	8 In-kind contribution description (if applicable) <u>Typepad</u>
9 Principal occupation / Job title (See Instructions) <u>Housewife</u>		10 Employer (See Instructions)	
Date <u>5/18/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Glenda Friedlander</u> Contributor address; City; State; Zip Code <u>5509 Lansingford Tr. Arlington, TX 76017</u>	Amount of contribution (\$) <u>\$12.94</u>	In-kind contribution description (if applicable) <u>Stationary</u>
Principal occupation / Job title (See Instructions) <u>Housewife</u>		Employer (See Instructions)	
Date <u>5/28/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Glenda Friedlander</u> Contributor address; City; State; Zip Code <u>5509 Lansingford Tr. Arlington, TX 76017</u>	Amount of contribution (\$) <u>\$8.80</u>	In-kind contribution description (if applicable) <u>Stamps</u>
Principal occupation / Job title (See Instructions) <u>Housewife</u>		Employer (See Instructions)	
Date <u>6/3/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Glenda Friedlander</u> Contributor address; City; State; Zip Code <u>5509 Lansingford Tr. Arlington, TX 76017</u>	Amount of contribution (\$) <u>\$14.95</u>	In-kind contribution description (if applicable) <u>Typepad</u>
Principal occupation / Job title (See Instructions) <u>Housewife</u>		Employer (See Instructions)	
Date <u>7/3/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Glenda Friedlander</u> Contributor address; City; State; Zip Code <u>5509 Lansingford Tr. Arlington, TX 76017</u>	Amount of contribution (\$) <u>\$14.95</u>	In-kind contribution description (if applicable) <u>Typepad</u>
Principal occupation / Job title (See Instructions) <u>Housewife</u>		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 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

*5/5/10*

5 Payee name

*Paypal*

7

Amount (\$)

*0 \$ .88*

6 Payee address; City; State; Zip Code

*P.O. Box 45950  
Omaha, NE 68145-0950*

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

*Paypal fee for Robert Gilliland*

(If travel outside of Texas, complete Schedule T)

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

Date

*5/5/10*

Payee name

*Paypal*

Amount (\$)

*\$ .75*

Payee address; City; State; Zip Code

*P.O. Box 45950  
Omaha, NE 68145-0950*

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

*Paypal fee for Robert Daly*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate / Officeholder name C/OH \*\* Office sought Office held

Date

*7/14/10*

Payee name

*Lila Friedlander*

Amount (\$)

*\$390.03*

Payee address; City; State; Zip Code

*P.O. Box 170453  
Arlington, TX 76003*

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

*Reimbursement of <sup>personal funds</sup> expended*

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate / Officeholder name C/OH \*\* Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit Candidate / Officeholder name C/OH \*\* Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

Lila Friedlander

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Lila Friedlander*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below only if you are not an officeholder. \*\*

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*Lila Friedlander*

Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section only if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder