

# 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:

4

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

*Mrs.*

FIRST

*Julie*

MI

*M.*

NICKNAME

—

LAST

*Douglas*

SUFFIX

—

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED - CSO  
11 APR 14 PM 2:41

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

*P.O. Box 14100*

*Arlington, Texas 76094*

change of address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

*(817)*

PHONE NUMBER

*994-1958*

EXTENSION

—

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

*Mrs.*

FIRST

*Julie*

MI

*M.*

NICKNAME

—

LAST

*Douglas*

SUFFIX

—

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

*2315 Pleasant Trail*

*Arlington, Texas 76016*

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

*(817)*

PHONE NUMBER

*994-1958*

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

*3 / 14 / 2011*

THROUGH

Month

Day

Year

*4 / 4 / 2011*

11 ELECTION

ELECTION DATE

Month

Day

Year

*5 / 14 / 2011*

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*City Council District 5*

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

*Julie M. Douglas*

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

\$ 1,100.00

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

\$ 1,100.00

EXPENDITURE TOTALS

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

\$ 150.00

4. TOTAL POLITICAL EXPENDITURES

\$ 150.00

CONTRIBUTION BALANCE

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

\$ 950.00

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.

*Julie M. Douglas*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie M. Douglas, this the 14th day of April, 2011, to certify which, witness my hand and seal of office.

*Tina Stewart*  
Signature of officer administering oath

Tina Stewart  
Printed name of officer administering oath

notary  
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 Julie M. Douglas

3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-14-2011 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) Buddy Saunders

7 Amount of contribution (\$) \$100. 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
511 E. Abram  
Arlington, Texas 76010

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Owner, Lone Star Comics

10 Employer (See Instructions)

Date 3-14-2011 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) Joe Barnett

Amount of contribution (\$) \$500. In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1013 Rosewood Drive  
Arlington, Texas 76010

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Dir. of Policy Research

Employer (See Instructions)  
NCPA - Dallas

Date 3-26-2011 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) Jack M. Prozey

Amount of contribution (\$) \$500. In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
P.O. Box 2020  
Arlington, Texas 76004

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
real estate

Employer (See Instructions)  
self

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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# \_\_\_\_\_)

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1</i>		2 FILER NAME <i>Julie M. Douglas</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-22-2011</i>		5 Payee name <i>Bill Eastland</i>			
6 Amount (\$) <i>\$120.00</i>		7 Payee address; City; State; Zip Code <i>1110 W. Tucker Arlington, Texas 76013</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>consulting expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>campaign consulting</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <i>3-24-2011</i>		Payee name <i>Rolling Hills Country Club</i>			
Amount (\$) <i>\$30.00</i>		Payee address; City; State; Zip Code <i>401 E. Lamar Blvd. Arlington, Texas 76011</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>food/beverage expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Arlington Republican Club</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED