

# 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 SUFFIX  
*— Douglas —*

### OFFICE USE ONLY

Date Received

RECEIVED - CSO  
11 MAY - 5 PM 4 36

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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 PHONE NUMBER EXTENSION  
*(817) 994-1958*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *Mrs.* FIRST *Julie* MI *M.*  
NICKNAME LAST SUFFIX  
*— Douglas —*

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 PHONE NUMBER EXTENSION  
*(817) 994-1958*

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 THROUGH Month Day Year  
*4 / 14 / 2011 THROUGH 5 / 6 / 2011*

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
*5 / 14 / 2011*  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 \$ **40.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ **1775.92**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ **2608.02**

4. TOTAL POLITICAL EXPENDITURES \$ **2608.02**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ **117.90**

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 5th day of May, 20 11, 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

*4-25-2011*

5 Full name of contributor

*Owby Consulting*

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$400.00*

8 In-kind contribution description (if applicable)

*Door hanger*

6 Contributor address; City; State; Zip Code

*208 Blair Lane  
Arlington, Texas 76014*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*self*

10 Employer (See Instructions)

*Owby Consulting*

Date

*4-29-2011*

Full name of contributor

*Owby Consulting*

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$1335.92*

In-kind contribution description (if applicable)

*Mailer*

Contributor address; City; State; Zip Code

*208 Blair Lane  
Arlington, Texas 76014*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*self*

Employer (See Instructions)

*Owby Consulting*

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)

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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME: <i>Julie M. Douglas</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>4-25-2011</i>	<b>5</b> Payee name <i>Owby Consulting</i>	
<b>6</b> Amount (\$) <i>\$400.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>208 Blair Lane Arlington, Texas 76014</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Door hanger</i>
	Candidate / Officeholder name	Office sought      Office held
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Date <i>4-29-2011</i>	Payee name <i>Owby Consulting</i>	
Amount (\$) <i>\$1335.92</i>	Payee address; City; State; Zip Code <i>208 Blair Lane Arlington, Texas 76014</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Trailer</i>
	Candidate / Officeholder name	Office sought      Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date <i>4-20-2011</i>	Payee name <i>MWSEA</i>	
Amount (\$) <i>\$872.10</i>	Payee address; City; State; Zip Code <i>P.O. Box 150852 Arlington, Texas 76015-9998</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Yard signs</i>
	Candidate / Officeholder name	Office sought      Office held
Complete ONLY if direct expenditure to benefit C/OH		
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)
	Candidate / Officeholder name	Office sought      Office held
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED