

# 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 #<br>(Ethics Commission Filers)   | 2 Total pages filed:<br><br><b>15</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR<br>FIRST MI<br>NICKNAME LAST SUFFIX   | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/>                 OFFICE USE ONLY<br/>                 APR 14 2011<br/>                 City Secretary's Office             </div> |                                       |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |   |                                       |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE PHONE NUMBER EXTENSION  |   |                                       |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>NICKNAME LAST SUFFIX  |   |                                       |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)           | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |                                       |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION  |   |                                       |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input 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 Day Year    THROUGH    Month Day Year   |   |                                       |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year   | ELECTION TYPE<br><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)   |                                       |
| 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.   |   |                                       |
| <input type="checkbox"/> additional pages                      | Name  |   |                                       |
|  | Address / PO Box, Apt. / Suite #: City, State, Zip Code   |   |                                       |

RECEIVED

OFFICE USE ONLY

APR 14 2011

City Secretary's Office

Date Hand-delivered / Postmarked: 4/14/11

Receipt #

Amount

Date Processed: 4/14/11

Date Imaged: 4/21/11

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Julie D. B. Grant 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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | 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 | \$          |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 760.00   |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$          |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,193.13 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$          |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 2,100.00 |

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 D B Grant  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julie Grant, this the 4th day of April, 20 11, to certify which, witness my hand and seal of office.

Jennifer Dwyer  
Signature of officer administering oath

Jennifer Dwyer  
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:<br><b>3</b>          |  |
| 2 FILER NAME<br><b>Julie D.B. GRANT</b>                   |   | 3 ACCOUNT # (Ethics Commission Filers)         |  |
| 4 Date<br><b>3/29/11</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>The Deloach Living Trust DTB 3-25-99</b><br><b>Clyde N. Deloach, Co-Trustee, Beverly D. Deloach</b><br>6 Contributor address; City; State; Zip Code<br><b>1205 Ichabod CT</b><br><b>Irving TX 75061-4403</b> | 7 Amount of contribution (\$)<br><b>100.00</b> | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                 |  |
| Date<br><b>3/18/11</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>KENNETH D EWING</b><br><b>DIANE G. EWING</b><br>Contributor address; City; State; Zip Code<br><b>2524 Crestview Cir</b><br><b>Irving, TX 75062-5305</b>  | Amount of contribution (\$)<br><b>\$ 50.00</b> | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                    |  |
| Date<br><b>3/23/11</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Lee MASTERS, Robert S. MANN,</b><br><b>CINDY L. DAVIS</b><br>Contributor address; City; State; Zip Code<br><b>3503 BANGOR CT W</b><br><b>Irving, TX 75062-7413</b>   | Amount of contribution (\$)<br><b>\$25.00</b>  | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                    |  |
| Date<br><b>3/22/11</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Rae W Shelby</b><br>Contributor address; City; State; Zip Code<br><b>1506 Ringley Rd</b><br><b>Irving, TX 75062-4347</b>   | Amount of contribution (\$)<br><b>\$50.00</b>  | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                    |  |
| Date<br><b>3/22/11</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>John R. BARRETT, JR</b><br>Contributor address; City; State; Zip Code<br><b>2314 Dewitt ST</b><br><b>Irving, TX 75062</b>  | Amount of contribution (\$)<br><b>\$50.00</b>  | In-kind contribution description (if applicable)   |
| 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |   |   |  |
|--|---|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A:<br><b>3</b>             |  |
| 2 FILER NAME<br><b>Julie D. B. GRANT</b>   |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>3/23/11</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Robert S. DAVIS</b><br><b>SYNTHIA L. DAVIS</b>    | 7 Amount of contribution (\$)<br><b>\$50.00</b>   | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>3503 BANGOR CTW</b><br><b>IRVING TX 75062</b>         |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |   | 10 Employer (See Instructions)                    |  |
| Date<br><b>3/22/11</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LINDA S. PARKER-SPINK</b><br><b>THOMAS D. SPINK</b> | Amount of contribution (\$)<br><b>\$200.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1319 N. IRVING HEIGHTS DR</b><br><b>IRVING TX 75061</b> |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>2/24/11</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Theodore H. Cole</b><br><b>Sharon L. Cole</b>       | Amount of contribution (\$)<br><b>\$50.00</b>     | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1137 Anderson ST</b><br><b>IRVING TX 75062</b>          |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>3/7/11</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ray Selby</b>                                       | Amount of contribution (\$)<br><b>\$100.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1506 Finley Rd</b><br><b>Irving TX 75062-4347</b>       |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>3/5/11</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>NC Wilson</b>                                       | Amount of contribution (\$)<br><b>\$40.00</b>     | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2911 BRYAN MAWR DR</b><br><b>IRVING, TX 75062</b>       |   | (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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |                                       |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A:<br><b>3</b> |
|---|---------------------------------------|

|   |  |
|---|--|
| 2 FILER NAME<br><b>Julie D.B. Grant</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---|--|

|   |  |   |  |
|---|--|---|--|
| 4 Date<br><b>3/22/11</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>UNKNOWN - ANONYMOUS donor</b> | 7 Amount of contribution (\$)<br><b>245.00</b>    | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>Unknown - Cash contribution received at Campaign kick-off function</b> |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                                |
|---|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|--------------------------------|

|      |  |   |  |
|------|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>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 <input type="checkbox"/> out-of-state PAC (ID# _____)<br>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 <input type="checkbox"/> out-of-state PAC (ID# _____)<br>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 <input type="checkbox"/> out-of-state PAC (ID# _____)<br>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) |
|---|-----------------------------|

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|  |   |  |  |
|--|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule B:                                 |  |
| <b>2</b> FILER NAME  |   | <b>3</b> ACCOUNT # (Ethics Commission Filers)                    |  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨ |   | \$   |  |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>7</b> Pledgor address;      City; State; Zip Code | <b>8</b> Amount of pledge (\$)                                   | <b>9</b> In-kind description (if applicable) |
|  |   | <small>(If travel outside of Texas, complete Schedule T)</small> |  |
| <b>10</b> Principal occupation / Job title (See Instructions)    |   | <b>11</b> Employer (See Instructions)                            |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;      City; State; Zip Code                   | Amount of pledge (\$)  | In-kind description (if applicable)          |
|  |   | <small>(If travel outside of Texas, complete Schedule T)</small> |  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                      |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;      City; State; Zip Code                   | Amount of pledge (\$)  | In-kind description (if applicable)          |
|  |   | <small>(If travel outside of Texas, complete Schedule T)</small> |  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                      |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;      City; State; Zip Code                   | Amount of pledge (\$)  | In-kind description (if applicable)          |
|  |   | <small>(If travel outside of Texas, complete Schedule T)</small> |  |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                                      |  |
| Date   | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;      City; State; Zip Code                   | Amount of pledge (\$)  | In-kind description (if applicable)          |
|  |   | <small>(If travel outside of Texas, complete Schedule T)</small> |  |
| 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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Julie D.B. GRANT

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

3/14/11

7 Name of lender

Julie D.B. GRANT

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

9 Loan Amount (\$)

\$1,600.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

2026 Durham Irving TX 75062

10 Interest rate

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

2/23/11

Name of lender

Julie D.B. GRANT

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

Loan Amount (\$)

\$500.00

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

2026 Durham Irving TX 75062

Interest rate

Maturity date

0

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

If lender 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:<br><b>2</b> | 2 FILER NAME<br><b>Julie D.B. Grant</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---|--|

|                          |  |
|--------------------------|--|
| 4 Date<br><b>4/12/11</b> | 5 Payee name<br><b>Balloons and More</b> |
|--------------------------|--|

|                                 |   |
|---------------------------------|---|
| 6 Amount (\$)<br><b>\$20.03</b> | 7 Payee address; City; State; Zip Code<br><b>940 N. Belt line<br/>suite 101 Irving TX 75061</b> |
|---------------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Campaign Balloons</b> |
|--------------------------|--|---|

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

|                        |   |
|------------------------|---|
| Date<br><b>4/12/11</b> | Payee name<br><b>O-K Paper Center #6 Carrollton</b> |
|------------------------|---|

|   |  |
|---|--|
| Amount (\$)<br><b>\$25.31</b><br><b>\$25.31 rec</b><br><b>\$20.01</b> | Payee address; City; State; Zip Code<br><b>1300 I35 E 100 Carrollton</b> |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Campaign DOORHANGERS</b> |
|------------------------|--|--|

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

|                        |  |
|------------------------|--|
| Date<br><b>4/11/11</b> | Payee name<br><b>W.D. Webb Printing Services</b> |
|------------------------|--|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><b>\$92.01</b> | Payee address; City; State; Zip Code<br><b>600 W. Shady Grove<br/>Irving TX 75060</b> |
|-------------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Campaign Banner</b> |
|------------------------|--|---|

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

|                          |                                      |
|--------------------------|--------------------------------------|
| Date<br><b>3/31/2011</b> | Payee name<br><b>Minuteman Press</b> |
|--------------------------|--------------------------------------|

|   |  |
|---|--|
| Amount (\$)<br><b>\$264.48</b><br><b>286.48</b> | Payee address; City; State; Zip Code<br><b>940 N. Belt line Rd Suite 133<br/>Irving TX 75061</b> |
|---|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Business CARDS</b> |
|------------------------|---|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**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:<br><b>2</b> | 2 FILER NAME<br><b>Julie D.B. GRANT</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---|--|

|                          |                                 |
|--------------------------|---------------------------------|
| 4 Date<br><b>3/22/11</b> | 5 Payee name<br><b>EL Chico</b> |
|--------------------------|---------------------------------|

|                                 |   |
|---------------------------------|---|
| 6 Amount (\$)<br><b>\$96.18</b> | 7 Payee address; City; State; Zip Code<br><b>2305 Airport Freeway<br/>Irving TX 75062</b> |
|---------------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Campaign Kick-off event</b> |
|--------------------------|--|---|

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

|                        |                                       |
|------------------------|---------------------------------------|
| Date<br><b>3/15/11</b> | Payee name<br><b>VictoryStore.com</b> |
|------------------------|---------------------------------------|

|                                 |   |
|---------------------------------|---|
| Amount (\$)<br><b>61,540.20</b> | Payee address; City; State; Zip Code<br><b>5200 SW 30th St.<br/>Davenport, IA 52802</b> |
|---------------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Printed Campaign Signs</b> |
|------------------------|---|--|

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

|                         |                                   |
|-------------------------|-----------------------------------|
| Date<br><b>3/1/2011</b> | Payee name<br><b>Compass Bank</b> |
|-------------------------|-----------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$34.06</b> | Payee address; City; State; Zip Code<br><b>P.O. Box 672084<br/>Dallas TX</b> |
|-------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Accounting/Banking</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Debit For Check Order</b> |
|------------------------|---|---|

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

|                          |                                |
|--------------------------|--------------------------------|
| Date<br><b>4/13/2011</b> | Payee name<br><b>OPRUE MAY</b> |
|--------------------------|--------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>96.86</b> | Payee address; City; State; Zip Code<br><b>8150 Walnut Blvd<br/>Irving 75063</b> |
|-----------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Printing Ink</b> |
|------------------------|---|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--------------|--|

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

|  |  |
|--|--|
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (if travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (if travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (if travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$)  | Payee address; City; State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended |                                      |

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (if travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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 H: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|               |                        |
|---------------|------------------------|
| <b>4</b> Date | <b>5</b> Business name |
|---------------|------------------------|

|                      |  |
|----------------------|--|
| <b>6</b> Amount (\$) | <b>7</b> Business address; City; State; Zip Code |
|----------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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 I: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--------------|--|

|        |              |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

|               |  |
|---------------|--|
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
|---------------|--|

|                          |  |  |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (See instructions regarding type of information required.) |
|--------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CREDITS (optional)

# SCHEDULE K

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payor name<br>.....<br>6 Payor address;      City;      State;      Zip Code<br>.....<br>7 Reason for credit | 8 Amount (\$) |
|--------|--|---------------|

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address;      City;      State;      Zip Code<br>.....<br>Reason for credit | Amount (\$) |
|------|--|-------------|

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address;      City;      State;      Zip Code<br>.....<br>Reason for credit | Amount (\$) |
|------|--|-------------|

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address;      City;      State;      Zip Code<br>.....<br>Reason for credit | Amount (\$) |
|------|--|-------------|

|      |  |             |
|------|--|-------------|
| Date | Payor name<br>.....<br>Payor address;      City;      State;      Zip Code<br>.....<br>Reason for credit | Amount (\$) |
|------|--|-------------|

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

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule T:              |
| <b>2</b> FILER NAME   |   | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |   |
| <b>5</b> Contribution / Expenditure reported on:  |   |   |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |   |   |
| <b>6</b> Dates of travel  | <b>7</b> Name of person(s) traveling  |   |
|   | <b>8</b> Departure city or name of departure location                               |   |
|   | <b>9</b> Destination city or name of destination location                           |   |
| <b>10</b> Means of transportation   | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |   |
| <b>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>  |   |   |
| <b>Contribution / Expenditure reported on:</b>  |   |   |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |   |   |
| <b>Dates of travel</b>  | <b>Name of person(s) traveling</b>  |   |
|   | <b>Departure city or name of departure location</b>                                 |   |
|   | <b>Destination city or name of destination location</b>                             |   |
| <b>Means of transportation</b>  | <b>Purpose of travel (including name of conference, seminar, or other event)</b>    |   |
| <b>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</b>  |   |   |
| <b>Contribution / Expenditure reported on:</b>  |   |   |
| <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G<br><input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E |   |   |
| <b>Dates of travel</b>  | <b>Name of person(s) traveling</b>  |   |
|   | <b>Departure city or name of departure location</b>                                 |   |
|   | <b>Destination city or name of destination location</b>                             |   |
| <b>Means of transportation</b>  | <b>Purpose of travel (including name of conference, seminar, or other event)</b>    |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |   |   |

# 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

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.

\_\_\_\_\_  
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.

\_\_\_\_\_  
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