

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

RECEIVED  
JAN 15 2009  
CITY OF FORT WORTH  
CITY SECRETARY

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00999999

**2 PAGE #**  
1 of 11

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR FIRST MI  
Mr. Joel  
NICKNAME LAST SUFFIX  
Burns

**OFFICE USE ONLY**

Date Received

OFFICIAL RECORD  
CITY SECRETARY  
FORT WORTH, TEX

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
PO Box 12663  
Fort Worth, TX 76110

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

**5 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR FIRST MI  
Mr. William  
NICKNAME LAST SUFFIX  
Hall

Date Processed

Date Imaged

**6 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
2308 Medford Court West  
Fort Worth, TX 76109

**7 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(817) 371-1177

**8 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)

**9 PERIOD  
COVERED**

Month Day Year MONTH DAY YEAR  
07/01/2008 THROUGH 12/31/2008

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
05/09/2009

**11 OFFICE**

OFFICE HELD (if any)  
Fort Worth City Council District 9

**12 OFFICE SOUGHT (if known)**  
Fort Worth City Council District 9

**13 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**

**14 C/OH NAME** Burns, Joel (Mr.)

**15 ACCOUNT #** (Ethics Commission filers)  
00999999

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political expenditures 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

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,100.00
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**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	4,198.68
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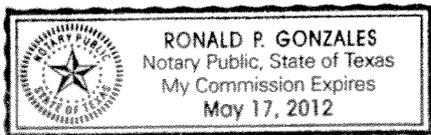
**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,280.09
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**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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**18 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.

*Joel Burns*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel Burns, this the 15th day of January, 2009, to certify which, witness my hand and seal of office.

*Ronald P. Gonzales*  
Signature of officer administering oath

Ronald P. Gonzales  
Print name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/2 Report: 3/11	
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00999999	
<b>4</b> Date 12/19/2008	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan Barrett Campaign  <b>6</b> Contributor address; City; State; Zip Code PO Box 100535 Fort Worth, TX 76185	<b>7</b> Amount of contribution (\$) \$1,000.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date 07/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Retired Firefighters and Widows Committee  Contributor address; City; State; Zip Code 1617 Tierney Road Fort Worth, TX 76112	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date 08/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greater Fort Worth Association of Realtors PAC  Contributor address; City; State; Zip Code 2650 Parkview Drive Fort Worth, TX 76102	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date 12/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lang, Thomas P.  Contributor address; City; State; Zip Code 500 Thrpockmorton #2410 Fort Worth, TX 76102	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date 12/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowry, Bruce and Lisa  Contributor address; City; State; Zip Code 1208 Mistletoe Fort Worth, TX 76110	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions) Radiology Associates	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 2/2 Report: 4/11

**2** FILER NAME Burns, Joel (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00999999

**4** Date 12/11/2008  
**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Pettit, David

**6** Contributor address; City; State; Zip Code  
500 W 7th  
Fort Worth, TX 76102

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Director

**10** Employer (See Instructions)  
Gideon Toal

Date 12/10/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Randle, Patricia

Contributor address; City; State; Zip Code  
1716 S Adams  
Fort Worth, TX 76110

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

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 12/19/2008  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Roth, Steve

Contributor address; City; State; Zip Code  
1515 Elizabeth Blvd  
Fort Worth, TX 76110

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 5/11

**2** FILER NAME Burns, Joel (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00999999

**4** TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

<b>5</b> Date  12/26/2008	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Mallick, Michael	<b>8</b> Amount of pledge (\$)  \$5,000.00	<b>9</b> In-kind description (if applicable)
	<b>7</b> Pledgor address; City; State; Zip Code 3715 Camp Bowie Fort Worth, TX 76107		

(If travel outside of Texas, complete Schedule T)

<b>10</b> Principal occupation / Job title (See Instructions) Owner	<b>11</b> Employer (See Instructions) Mallick Group
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Date  12/26/2008	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Segal, Andrew	Amount of pledge (\$)  \$5,000.00	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 4200 S. Freeway Fort Worth, TX 76115		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) President	Employer (See Instructions) Boxer Properties
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/6 Report: 6/11
<b>2</b> FILER NAME Burns, Joel (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00999999
<b>4</b> Date  11/04/2008	<b>5</b> Payee name Albertsons  <b>6</b> Payee address; City; State; Zip Code 3120 S. University Drive Fort Worth, TX 76109	<b>7</b> Amount (\$)  \$16.99
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Election Workers food  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2008	Payee name CCRP  Payee address; City; State; Zip Code  TX	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Program Ad for Candlelight Christmas Ryan Place  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/30/2008	Payee name CDW Graphics  Payee address; City; State; Zip Code 1201 W. Park Row Drive Arlington, TX 76013	Amount (\$)  \$1,439.24
Purpose of payment (See instructions regarding type of information required.) printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  07/21/2008	Payee name Compass Bank  Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$)  \$5.00
Purpose of payment (See instructions regarding type of information required.) bank fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 2/6 Report: 7/11

**2** FILER NAME Burns, Joel (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00999999

<b>4</b> Date  08/21/2008	<b>5</b> Payee name Compass Bank  <b>6</b> Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	<b>7</b> Amount (\$)  \$5.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) bank fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  09/21/2008	Payee name Compass Bank  Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$)  \$5.00
------------------------	--	---------------------------

Purpose of payment (See instructions regarding type of information required.) bank fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  10/21/2008	Payee name Compass Bank  Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$)  \$5.00
------------------------	--	---------------------------

Purpose of payment (See instructions regarding type of information required.) bank fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date  11/21/2008	Payee name Compass Bank  Payee address; City; State; Zip Code 300 W. 7th Fort Worth, TX 76102	Amount (\$)  \$5.00
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Purpose of payment (See instructions regarding type of information required.) bank fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 3/6 Report: 8/11

**2** FILER NAME Burns, Joel (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00999999

**4** Date

12/21/2008

**5** Payee name

Compass Bank

**7** Amount  
(\$)

\$5.00

**6** Payee address; City; State; Zip Code300 W. 7th  
Fort Worth, TX 76102**8** Purpose of payment (See instructions regarding type of information required.)

bank fee

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) 

Date

07/30/2008

Payee name

Constant Contact

Amount  
(\$)

\$31.88

Payee address; City; State; Zip Code

1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

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

email services

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) 

Date

08/31/2008

Payee name

Constant Contact

Amount  
(\$)

\$31.88

Payee address; City; State; Zip Code

1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

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

email services

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) 

Date

09/30/2008

Payee name

Constant Contact

Amount  
(\$)

\$31.88

Payee address; City; State; Zip Code

1601 Trapelo Road  
Suite 329  
Waltham, MA 02451

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

email services

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/6 Report: 9/11

**2** FILER NAME Burns, Joel (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00999999

<b>4</b> Date	<b>5</b> Payee name Constant Contact	<b>7</b> Amount (\$)
10/31/2008	<b>6</b> Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	\$31.88

<b>8</b> Purpose of payment (See instructions regarding type of information required.) email services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

Date	Payee name Constant Contact	Amount (\$)
11/30/2008	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	\$31.88

Purpose of payment (See instructions regarding type of information required.) email services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Constant Contact	Amount (\$)
12/30/2008	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	\$31.88

Purpose of payment (See instructions regarding type of information required.) email services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Latino Police Officers Association	Amount (\$)
10/09/2008	Payee address; City; State; Zip Code  Fort Worth, TX	\$100.00

Purpose of payment (See instructions regarding type of information required.) Contribution  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 5/6 Report: 10/11

**2** FILER NAME Burns, Joel (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00999999

**4** Date  
07/03/2008

**5** Payee name  
Marble Slab Creamery

**7** Amount  
(\$)

**6** Payee address; City; State; Zip Code  
308 Houston  
Fort Worth, TX 76102

\$60.00

**8** Purpose of payment (See instructions regarding type of information required.)  
Gift cards for July 4th volunteers

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date

Payee name  
McCarty, Taylor

Amount  
(\$)

12/30/2008

Payee address; City; State; Zip Code  
Fort Worth, TX 76109

\$1,365.17

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date

Payee name  
NGP

Amount  
(\$)

12/10/2008

Payee address; City; State; Zip Code  
1225 Eye Street NW  
Washington, DC 20005

\$750.00

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date

Payee name  
Southwest Bank

Amount  
(\$)

12/16/2008

Payee address; City; State; Zip Code  
2718 South Hulen  
Fort Worth, TX 76109

\$6.00

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

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 6/6 Report: 11/11

**2** FILER NAME Burns, Joel (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00999999

**4** Date  
  
10/22/2008

**5** Payee name  
United Way

**6** Payee address; City; State; Zip Code  
.....  
210 East 9th  
Fort Worth, TX 76102

**7** Amount  
( $\$$ )  
  
\$40.00

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

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held: