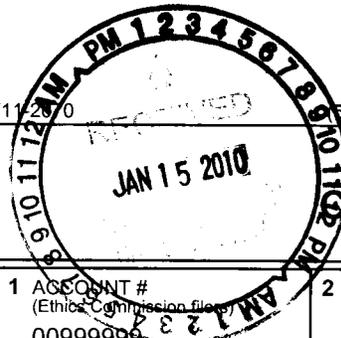


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1



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

1 ACCOUNT #
(Ethics Commission file #)
00999999

2 PAGE #
1 of 6

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Joel

NICKNAME LAST SUFFIX
Burns

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 12663
Fort Worth, TX 76110

Change of Address

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. William

NICKNAME LAST SUFFIX
Hall

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 THROUGH Month Day Year

07/01/2009 12/31/2009

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

05/14/2011

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
---	---------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
--	---------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 216.66
--	-----------

4. TOTAL POLITICAL EXPENDITURES	\$ 9,239.89
---------------------------------	-------------

CONTRIBUTION BALANCE

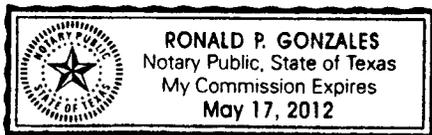
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 51,181.39
--	--------------

OUTSTANDING LOAN TOTALS

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

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 C. Burns
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel C. Burns, this the 15th day of January, 2010, 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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/4 Report: 3/6

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date

12/24/2009

5 Payee name
Academy Sports and Outdoors

7 Amount (\$)

\$189.84

6 Payee address; City; State; Zip Code
6101 I-20
Fort Worth, TX 76132

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

Donation of Sleeping Bags for Presbyterian Night Shelter

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

09/18/2009

Payee name
Black Tie Dinner

Amount (\$)

\$4,700.00

Payee address; City; State; Zip Code
14600 Brookwood Lane
Addison, TX 75001

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

Sponsorship of 2009 Black Tie Dinner

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

Office sought:
Office held:

(If travel outside of Texas, complete Schedule T)

Date

07/09/2009

Payee name
Civic Strategie LLC

Amount (\$)

\$688.00

Payee address; City; State; Zip Code
1201 W. Park Row
Arlington, TX 76013

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

Printing Invitations for Event

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

Office sought:
Office held:

(If travel outside of Texas, complete Schedule T)

Date

07/30/2009

Payee name
Constant Contact

Amount (\$)

\$79.69

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: 2/4 Report: 4/6

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date	5 Payee name Constant Contact	7 Amount (\$)
08/30/2009	6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	\$79.69

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

Date	Payee name Constant Contact	Amount (\$)
09/30/2009	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	\$79.69

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:
---	--

Date	Payee name Constant Contact	Amount (\$)
10/30/2009	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	\$79.69

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:
---	--

Date	Payee name Constant Contact	Amount (\$)
11/30/2009	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451	\$79.69

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:
---	--

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 5/6

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date

12/30/2009

5 Payee name
Constant Contact

6 Payee address; City; State; Zip Code
.....
1601 Trapelo Road
Suite 329
Waltham, MA 02451

7 Amount (\$)

\$79.69

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

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

08/01/2009

Payee name
NGP

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

Amount (\$)

\$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

12/10/2009

Payee name
Planned Parenthood of North Texas

Payee address; City; State; Zip Code
.....
7424 Greenville Ave
Dallas, TX 75231-4552

Amount (\$)

\$1,500.00

Purpose of payment (See instructions regarding type of information required.)
Table Sponsorship at Event

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

07/24/2009

Payee name
State and Allen

Payee address; City; State; Zip Code
.....
2400 Allen Street
Dallas, TX 75204

Amount (\$)

\$90.00

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

**** 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: 4/4 Report: 6/6

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date

11/19/2009

5 Payee name
Times Ten Cellars

7 Amount
(\$)

\$457.25

6 Payee address; City; State; Zip Code
.....
1100 Foch Street
Fort Worth, TX 76107

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

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

11/27/2009

Payee name
Victory Fund

Amount
(\$)

\$170.00

Payee address; City; State; Zip Code
.....
1133 15th Street NW #350
Washington, DC 20005

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held: