

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 OF FORT WORTH CITY SECRETARY (Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

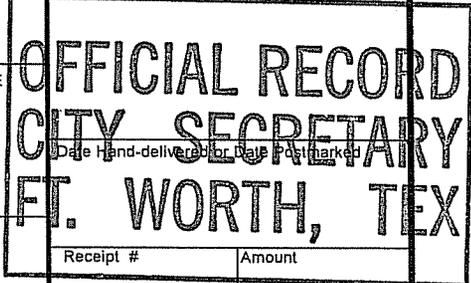
MS / MRS / MR FIRST LAST SUFFIX
 Mr Joel C
 NICKNAME LAST SUFFIX
 Burns

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

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



5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 921-5635

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST SUFFIX
 Ms Brandy O Quinn
 NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 2801 Willing Fort Worth 76110

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 921-9025

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
 01 / 01 / 08 THROUGH 06 / 30 / 08

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 / / Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
 City Council

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

** 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

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

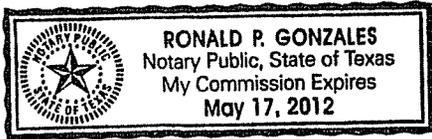
16 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,475.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 344.86
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,663.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,378.77
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 15 day of July, 2008, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Ronald P. Gonzales Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 5/7
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 03/04/2008	5 Payee name Albertsons 6 Payee address; City; State; Zip Code Fort Worth,	7 Amount (\$) \$103.74
8 Purpose of payment (See instructions regarding type of information required.) Thank you's (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 01/08/2008	Payee name CCRP Payee address; City; State; Zip Code TX	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Program Ad (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 02/14/2008	Payee name Charles Boswell Farewell Payee address; City; State; Zip Code TX	Amount (\$) \$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:
Date 06/23/2008	Payee name Costco Payee address; City; State; Zip Code 5300 Overton Ridge Fort Worth, TX 76132	Amount (\$) \$183.78
Purpose of payment (See instructions regarding type of information required.) Neighborhood Meeting (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: 2/3 Report: 6/7
2 FILER NAME Burns, Joel (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00999999
4 Date 06/12/2008	5 Payee name Equality Texas Foundation 6 Payee address; City; State; Zip Code Austin texas, TX	7 Amount (\$) \$1,500.00
8 Purpose of payment (See instructions regarding type of information required.) Contribution (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 01/04/2008	Payee name Garcia-Hassell, Noah Payee address; City; State; Zip Code 1959 Alston Fort Worth, TX 76110	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Campaign Wrap up (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 01/04/2008	Payee name Garcia-Hassell, Noah Payee address; City; State; Zip Code 1959 Alston Fort Worth, TX 76110	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Campaign Wrap up (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 02/11/2008	Payee name George Wada Photography Payee address; City; State; Zip Code Fort Worth, TX	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Photography (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: 3/3 Report: 7/7

2 FILER NAME Burns, Joel (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00999999

4 Date	5 Payee name Nutt, Carl	7 Amount (\$)
04/08/2008	6 Payee address; City; State; Zip Code 916 E 3rd street Fort Worth, TX 76102	\$700.00

8 Purpose of payment (See instructions regarding type of information required.) Database maintenance (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:
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Date	Payee name Roy C Brooks Campaign	Amount (\$)
02/25/2008	Payee address; City; State; Zip Code Fort Worth, TX	\$100.00

Purpose of payment (See instructions regarding type of information required.) Donation (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 Tyson Organization	Amount (\$)
02/13/2008	Payee address; City; State; Zip Code 1000 Macon Street Fort Worth, TX 76102	\$381.50

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