

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

(MS) MRS / MR FIRST MI
Ms. KERYL L.
NICKNAME LAST SUFFIX
DOUGLAS

OFFICE USE ONLY

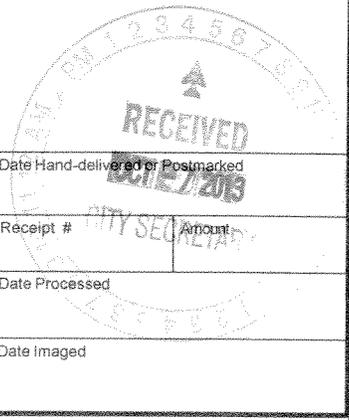
Date Received

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5804 BAYOU BEND COURT
HOUSTON, TX 77004

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 819-9945

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
ATTORNEY ROBERT E.
NICKNAME LAST SUFFIX
WILLIAMS II

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2812 WICHITA #8
HOUSTON TX 77004

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 394-8098

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
7 / 9 / 2013 THROUGH 9 / 26 / 2013

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 5 / 2013

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR of HOUSTON

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME KERYL L. DOUGLAS 15 ACCOUNT # (Ethics Commission Filers)

16 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 <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	\$ ϕ
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ ϕ
	4. TOTAL POLITICAL EXPENDITURES	\$ 2592.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 607.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1900 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.

Keryl L. Douglas
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 7th day of October, 2013, to certify which, witness my hand and seal of office.

Joyce J. McEwing
Signature of officer administering oath

Joyce J. McEwing
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME KERYL L. DOUGLAS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONIC HALSEY	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1620 L Street N.W. #900 Washington D.C. 20036		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/9/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELEDY PRICE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10202 Forum Park #236 Houston Tx 77036		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONIQUE JOHNSON	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8 Holyoke St. Malden, MA 02148		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

KERYL DOUGLAS

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7/11/2013

7 Name of lender

KERYL DOUGLAS

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$100.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

5804 Bayou Bend Ct.
Houston TX 77004

10 Interest rate

∅

11 Maturity date

∅

12 Principal occupation / Job title (See Instructions)

Attorney/self

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

9/10/2013

Name of lender

KERYL DOUGLAS

out-of-state PAC (ID#: _____)

Loan Amount (\$)

1800.00

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

||

Interest rate

∅

Maturity date

∅

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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: 1		2 FILER NAME KERYL W. DOUGLAS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/11/2013		5 Payee name BISON SIGNS			
6 Amount (\$) 1617.03		7 Payee address; City; State; Zip Code 10100 CLAY ROAD, SUITE 6 HOUSTON TX 77080			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING		(b) Description (If travel outside of Texas, complete Schedule T) 4x4 and Yard SIGNS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/19/2013		Payee name Charlotte Canacho			
Amount (\$) 430⁰⁰		Payee address; City; State; Zip Code 4901 Fulton # 551 Houston TX 77009			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING/CONTRACT		Description (If travel outside of Texas, complete Schedule T) SIGN INSTALLATION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/25/2013		Payee name Charlotte Canacho			
Amount (\$) 258⁰⁰		Payee address; City; State; Zip Code 4901 Fulton # 551 Houston TX 77009			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING/CONTRACT		Description (If travel outside of Texas, complete Schedule T) SIGN INSTALLATION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/17/2013		Payee name WALMART			
Amount (\$) 287.53		Payee address; City; State; Zip Code MEYERLAND PLAZA HOUSTON TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE OVERHEAD		Description (If travel outside of Texas, complete Schedule T) SUPPLIES	
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