

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST DOUGLAS MI N  
NICKNAME LAST SUFFIX  
DOUG JAMES SR

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
5403 FAIRVIEW FOREST  
HOUSTON, TX 77088

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281) 330-7106

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST DONALD MI  
NICKNAME LAST SUFFIX  
DON DOZIER

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5711 BOYLE SPRING  
HOUSTON, TX 77066

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713) 545-3491

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    Month Day Year  
9 / 24 / 2017 THROUGH 10 / 10 / 2017

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
11 / 07 / 2017     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

KLEIN ISD BOARD OF TRUSTEE / POSITION 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME: Douglas N. James 15 Filer ID (Ethics Commission Filers)

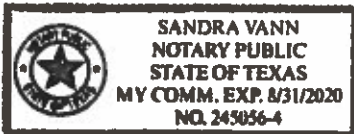
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>975.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>720.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>254.50</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>366.00</u>

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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Douglas N. James, this the 10th day of October, 2017, to certify which, witness my hand and seal of office.

Sandra Vann Signature of officer administering oath  
Sandra Vann Printed name of officer administering oath  
Notary Public Title of officer administering oath

**SUBTOTALS - C/OH**

19 FILER NAME  
*DOUGLAS JAMES*

20 Filer ID (Ethics Commission Filer)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 975 <sup>00</sup>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 366 <sup>00</sup>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 78 <sup>52</sup>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 542 <sup>36</sup>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 366 <sup>00</sup>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1; <u>2</u>
2 FILER NAME <b>DOUGLAS N. JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/3/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DONALD J. DOZIER</b>	7 Amount of contribution (\$) <b>\$150.00</b>
6 Contributor address; City; State; Zip Code <b>5711 BOYCE SPRING Houston, TX 77066</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>-</b>
Date <b>9/13/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GUSTA BOOKER</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>PO Box 842102 Pearland TX 77524</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/13/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANNE ID VALLETTE</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>110 LYNDSEY MONTGOMERY TX 77316</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>9/13/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES HOUSTON</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>25006 Northampton FOREST DR * SPRING, TX 77389</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME DOUGLAS N JAMES		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/17	5 Full name of contributor HERMAN BURROUGHS OBER	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/20/17	Full name of contributor TOMMY & VICKIE LEE	Amount of contribution (\$) 200.00
Contributor address; 8619 HERTZ SPRING, TX 77319		
City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/23/17	Full name of contributor DOUGLAS N JAMES	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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

DOUGLAS N. JAMES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

9/8/17

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

DOUGLAS JAMES

9 Loan Amount (\$)

\$ 216<sup>00</sup>

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

5403 FAIRVIEW FOREST DR  
HOUSTON, TX 77088

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

N/A

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

6/8/17

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

DOUGLAS JAMES

Loan Amount (\$)

\$ 50<sup>00</sup>

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

5403 FAIRVIEW FOREST DR  
HOUSTON, TX 77088

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

N/A

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Bookkeeping  
Consulting Expense  
Contributions/Donations/Membership  
Candidate/Officer/Holder/Political Committee  
Debit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Benefit/Entertainment Expense  
Legal Services

Loan Payment/Reimbursement  
Office Overhead/Rent/Lease Expense  
Printing Expense  
Postage Expense  
Salaries/Wages/Contract Labor

Substantial Fundraising Expense  
Transportation/Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>DOUGLAS JAMES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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Date: <b>9-8-17</b>	<b>5</b> Payee name <b>UZ Marketing</b>
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Amount (\$): <b>\$216<sup>00</sup></b>	<b>7</b> Payee address, City, State, Zip Code <b>5200 Mitchelle St. Houston, TX 77092</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> <b>Advertising</b>	<b>(b) Description</b> <b>YARD SIGNS</b> <input type="checkbox"/> Check if spent outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date: <b>6-8-17</b>	<b>5</b> Payee name <b>DOUGLAS JAMES / GODADDY</b>
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Amount (\$): <b>\$150<sup>00</sup></b>	<b>7</b> Payee address, City, State, Zip Code <b>5403 FAIRVIEW FOREST HOUSTON, TX 77088</b>
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> <b>PROMO / WEB</b>	<b>(b) Description</b> <b>WEB DESIGN / HOST</b> <input type="checkbox"/> Check if spent outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address, City, State, Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b>	<b>(b) Description</b> <input type="checkbox"/> Check if spent outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense
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Complete <b>ONLY</b> if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Douglas N. JAMES</i>		3 Filer ID (Ethics Commission Filed)	
4 Date <i>9-13-17</i>		5 Payee name <i>Kroger</i>			
6 Amount (\$) <i>29.52</i>		7 Payee address; City; State; Zip Code <i>249 &amp; Antoine Dr. Houston, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Permits/Paper</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>9-13-17</i>		Payee name <i>ABSOLUTE SPORTS</i>			
Amount (\$) <i>25.00</i>		Payee address; City; State; Zip Code <i>SPRING, TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>8/23/17</i>		Payee name <i>NW Chamber</i>			
Amount (\$) <i>25.00</i>		Payee address; City; State; Zip Code <i>1960 - Spring TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Douglas N. James School Board</i>		Office sought <i>NW</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED *KIS*



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 FILER NAME *Douglas N JAMES* 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date *10/5/17* 6 Payee name *4 OVER*  
7 Amount (\$) *401.65* 8 Payee address; City; State; Zip Code  
*19-41 46<sup>th</sup> Street, Astoria, N.J. 11105*

9 TYPE OF EXPENDITURE  Political  Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Advertising* (b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name *Douglas N JAMES* Office sought *School BOARD-K12D* Office held *None*

Date *4-5-17* Payee name *4 OVER*  
Amount (\$) *59.70* Payee address; City; State; Zip Code  
*SAME*

TYPE OF EXPENDITURE  Political  Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Advertising* Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>Douglas N. JAMES</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>9/6/17</i>	6 Payee name <i>HOME DEPOT</i>	
7 Amount (\$) <i>5.59</i>	8 Payee address; City; State; Zip Code <i>45 West Rd, HOUSTON, TX</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Misc. Supplies</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/21/17</i>	Payee name <i>4 OVER</i>	
Amount (\$) <i>175.42</i>	Payee address; City; State; Zip Code <i>19-41 46<sup>th</sup> STREET ASTORIA, NY 11105</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Business Cards</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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