

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The COH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filed)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI DOUGLAS N NICKNAME LAST SUFFIX DOUG STANES SR	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE #: CITY: STATE: ZIP CODE 5403 FAIRVIEW FOREST DR. HOUSTON, TX 77088 <input type="checkbox"/> Change of Address	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 330-7106	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI STEVEN E NICKNAME LAST SUFFIX STEVE WALKER CPA	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2671 GRAND CANYON DR. HOU, TX 77067		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 723-1974		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach COH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 30 / 16 THROUGH 10 / 30 / 16		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) KLEIN ISD BOARD OF TRUSTEES - POSITION 6	

GO TO PAGE 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)

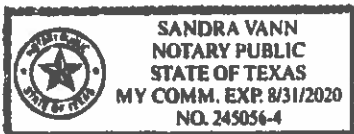
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 576 ⁷⁸
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 562 ²⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Doug James, this the 1st day of Nov., 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sandra Vann
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 562 ²⁹
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 576 ⁷⁸
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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

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

DOUGLAS N. JAMES, SR.

9 Loan Amount (\$)

562²⁹

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

0

11 Maturity date

0

12 Principal occupation / Job title (See Instructions)

SELF EMPLOYED

13 Employer (See Instructions)

T

14 Description of Collateral:

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

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

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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|---------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment Reimbursement | Salvation Fundraising Expense |
| Accounting/Bookkeeping | Fees | Office Overhead/Postal Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In-District |
| Contributions Donations Made By | Gift/Awards/Memorabilia Expense | Printing Expense | Travel Out-Of-District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter category and list details) |
| Cost-Cad Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 2 FILER NAME: DOUGLAS N. JAMES 3 Filer ID (Ethics Commission Filers):

4 Date: 10/18/16 5 Payee name: 4 OVER PRINTING

6 Amount (\$): 388.28 7 Payee address: City: State: Zip Code: 4OVER.COM

8 (a) Category (See Categories listed at the top of this schedule): Advertising Expense (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: DOUGLAS N. JAMES - KISD BOARD Office sought: OF TRUSTEES Office held:

Date: 10/25/16 Payee name: 4OVER PRINTING

Amount (\$): \$48.50 Payee address: City: State: Zip Code: 4OVER.COM

PURPOSE OF EXPENDITURE: Advertising Expense 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: DOUGLAS N. JAMES - KISD BOARD Office sought: OF TRUSTEES Office held:

Date: 10/9/16 Payee name: 4 OVER PRINTING

Amount (\$): \$160.00 Payee address: City: State: Zip Code: 4OVER.COM

PURPOSE OF EXPENDITURE: Advertising Expense 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: DOUGLAS N. JAMES Office sought: KISD BOARD OF Office held: TRUSTEES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED