

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

| | | | |
|---|---|--|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: center; font-size: 2em; font-weight: bold;">3</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Doug</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Arnold</div> | <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED JAN 12 2012 12:48 PM CST (e) WC ELECTIONS </div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged <div style="text-align: center; font-size: 1.2em;">1/12/12 KS</div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4605 Castle Pines Cove Georgetown, TX 78628</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION () | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Jamie</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Arnold</div> | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4605 Castle Pines Cove Georgetown, TX 78628</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 868-9100 | | |
| 9 REPORT TYPE | <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em;">7 / 1 / 11 12 / 31 / 11</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <div style="font-size: 1.2em;">Judge, Williamson Co. Court-at-Law No.3</div> | 13 OFFICE SOUGHT (if known) | |

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME Arnold, Doug **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 | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ _____ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 92.20 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1831.55 |
| 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.

Doug Arnold
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Doug Arnold, this the 9th day of January 2012, to certify which, witness my hand and seal of office.

Cindi McIntyre
Signature of officer administering oath

Cindi McIntyre
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>1</u> | 2 FILER NAME <u>Arnold, Doug</u> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <u>7/6/11</u> | 5 Payee name <u>Williamson County Republican Women</u> | |
| 6 Amount (\$) <u>15.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <u>P.O. Box 342 Round Rock, Texas 78680</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <u>Event Expense</u> | (b) Description (If travel outside of Texas, complete Schedule T) <u>Luncheon</u> |
| Date <u>8/26/11</u> | Payee name <u>GTX Awards & Engraving</u> | |
| Amount (\$) <u>62.20</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <u>1915 N. Austin Ave. Georgetown, Texas 78628</u> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <u>Gift/Awards/Memorials</u> | Description (If travel outside of Texas, complete Schedule T) <u>Plaque for Departing Employee</u> |
| Date <u>9/27/11</u> | Payee name <u>Greater Leander Chamber of Commerce</u> | |
| Amount (\$) <u>15.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code <u>100 North Brushy Leander, Texas 78641</u> | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <u>Event Expense</u> | Description (If travel outside of Texas, complete Schedule T) <u>Luncheon</u> |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED