

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>2</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs      FIRST: Julie      MI: D NICKNAME: Short      LAST:      SUFFIX:	<b>OFFICE USE ONLY</b>  Date Received  <b>Received 1/10/23 @ 4:18pm by email - Susana Marin</b>   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 305 W Kimball St APT / SUITE #:      CITY: Mansfield, TX 76063 STATE:      ZIP CODE:		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (682 )      PHONE NUMBER: 552-4384 EXTENSION:		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms.      FIRST: Lisa      MI: D NICKNAME: Stewart      LAST:      SUFFIX:		
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): 1700 Rogers Rd #163 Fort Worth, TX 76107 APT / SUITE #:      CITY:      STATE:      ZIP CODE:		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE: (817 )      PHONE NUMBER: 991-7191 EXTENSION:		
<b>9</b> 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 7 / 16 / 22      THROUGH      1 / 15 / 23		
<b>11</b> ELECTION	ELECTION DATE: Month      Day      Year      ELECTION TYPE: Primary      Runoff      Other Description 5 / 1 / 21 <input checked="" type="checkbox"/> General      Special		
<b>12</b> OFFICE	OFFICE HELD (if any): City Council, Place 5	<b>13</b> OFFICE SOUGHT (if known):	
<b>14</b> 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: <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME: TREPAC/TEXAS ASSOCIATION OF REALTORS COMMITTEE ADDRESS: PO BOX 2246 AUSTIN, TX 78768-2246 COMMITTEE CAMPAIGN TREASURER NAME: LESLIE CANTU COMMITTEE CAMPAIGN TREASURER ADDRESS: PO BOX 2246 AUSTIN, TX 78768-2246	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

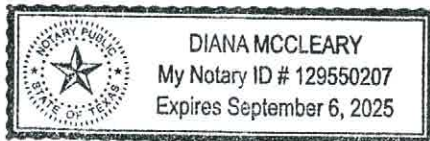
15 C/OH NAME Julie Short		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,193.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

*Julie Short*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



*Diana McCleary*

NOTARY STAMP / SEAL

Sworn to and subscribed before me by JULIE SHORT this the 10<sup>th</sup> day of January, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)