

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

7207

**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:** 11

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mr. FIRST: James MI: M.  
 NICKNAME: Mike LAST: McNameara SUFFIX:

**OFFICE USE ONLY**  
 Date Received: 10 JAN 4 2010  
 Date Hand-delivered or Postmarked:  
 Receipt #:  
 Date Processed:  
 Date Imaged:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
 3501 Carla Dr Austin, TX 78754  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE, PHONE NUMBER, EXTENSION  
 (512) 926-1186

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: MRS. FIRST: Julia MI: S.  
 NICKNAME: McNameara LAST: SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
 3501 Carla Dr Austin, TX 78754  
 (Residence or business)

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE, PHONE NUMBER, EXTENSION  
 (512) 926-1186

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  9th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year THROUGH Month Day Year  
 12 / 09 / 09 THROUGH 12 / 31 / 09

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 03 / 02 / 10  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**  
 Travis County Judge

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 \*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*  
 Name:  
 Address / PO Box, Apt / Suite #, City, State, Zip Code:  
 additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*James M. McNamara*

16 ACCOUNT # (Ethics Commission Filers)

17 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)

\$ *100*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1308*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

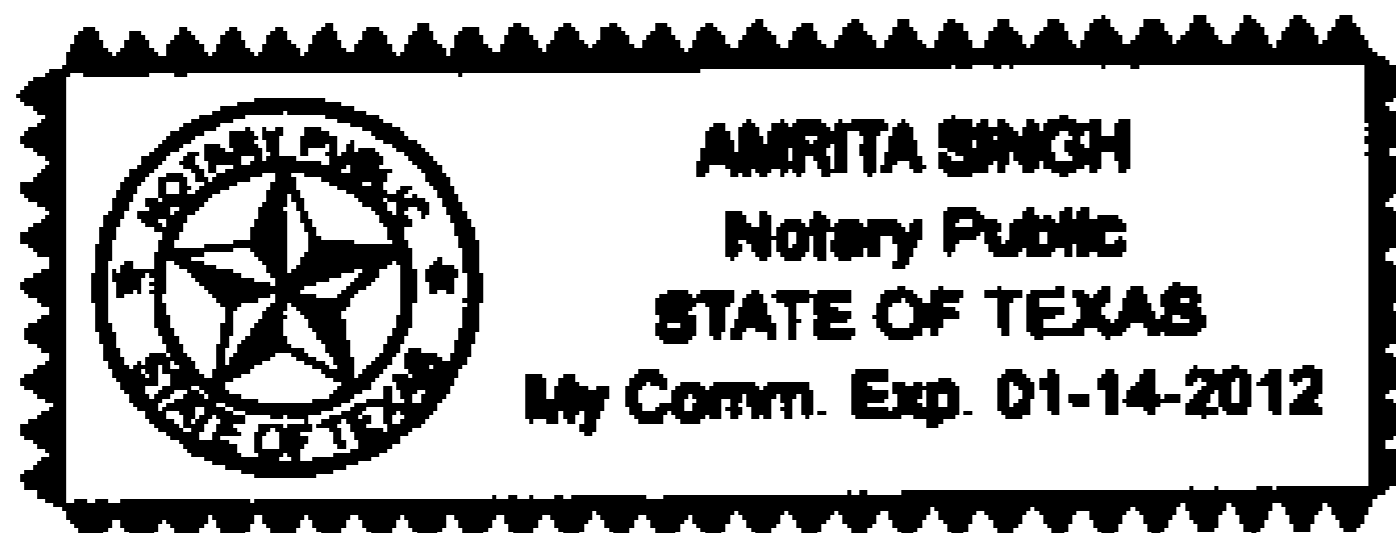
\$ *110*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*James M. McNamara*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Mike McNamara this the 13 day of January 20 10 to certify which, witness my hand and seal of office.

*Amrita Singh*  
Signature of officer administering oath

AMRITA SINGH  
Printed name of officer administering oath

NOTARY PUBLIC  
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  
James M. McNamara

3 ACCOUNT # (Ethics Commission form)

4 Date: 12/13/09  
5 Full name of contributor: Edmond Y. Nicolas  
6 Contributor address: 13005 Esplanade Austin, TX 78727

7 Amount of contribution (\$): \$ 100  
8 In-kind contribution description (if applicable):  
  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):  
General Manager

10 Employer (See Instructions):  
Tri Star Auto

Date: \_\_\_\_\_  
Full name of contributor: \_\_\_\_\_  
Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of contribution (\$): \_\_\_\_\_  
In-kind contribution description (if applicable): \_\_\_\_\_  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: \_\_\_\_\_  
Full name of contributor: \_\_\_\_\_  
Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of contribution (\$): \_\_\_\_\_  
In-kind contribution description (if applicable): \_\_\_\_\_  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: \_\_\_\_\_  
Full name of contributor: \_\_\_\_\_  
Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of contribution (\$): \_\_\_\_\_  
In-kind contribution description (if applicable): \_\_\_\_\_  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: \_\_\_\_\_  
Full name of contributor: \_\_\_\_\_  
Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of contribution (\$): \_\_\_\_\_  
In-kind contribution description (if applicable): \_\_\_\_\_  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B 1

2 FILER NAME James M. McNamara 3 ACCOUNT # (Ethics Commission files.)

4 TOTAL OF UNITEMIZED PLEDGES:      \$

6 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)      11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor 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 FORM 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

*James M. McNamara*

3 ACCOUNT # (Ethics Commission files)

4

TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y      N

8 Lender address:    City:    State:    Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address:    City:    State:    Zip Code

19 Principal Occupation

20 Employer

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address:    City:    State:    Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City, State, Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 Date

12/15/09

5 Payee name

U.S. Postal Service

6 Payee address: City: State: Zip Code

8225 Cross Park Dr Austin

8 Amount (\$)

\$5800

7 Purpose of expenditure (See instructions regarding type of information required.)

Post Office Box Rental (12 mos.) + Key Deposit for 2 Keys  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

12/17/09

Payee name

Mike McNamara Campaign Fund

Payee address: City: State: Zip Code

PO Box 141446 Austin, TX 78714-1446

Amount (\$)

\$1000

Purpose of expenditure (See instructions regarding type of information required.)

On Deposit to open political campaign account  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

12/21

Payee name

Travis County Republican Primary

Payee address: City: State: Zip Code

7901 Cameron Road Austin, TX 78754

Amount (\$)

\$1250

Purpose of expenditure (See instructions regarding type of information required.)

Primary Ballot Filing Fee  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

*James M. McNamara*

3 ACCOUNT # (Ethics Commission files):

4 Date

5 Business name

7 Amount (\$)

6 Business address: City, State, Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address: City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address: City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address: City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K 1

2 FILER NAME

*James M. McNamara*

3 ACCOUNT # (Ethics Commission file #)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City: State, Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State, Zip Code	
	Reason for credit	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name		8 Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T

1

2 FILER NAME

*James M. McNamara*

3 ACCOUNT # (Ethics Commission files)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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