

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7463

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00007207

2 PAGE #  
1 of 14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Mike  
NICKNAME LAST SUFFIX  
McNamara

**OFFICE USE ONLY**

Date Received

FILED FOR RECORD

10 OCT 25 P4:21

Date Hand-delivered or Date Postmarked

DANA DEBEAUVOR  
COUNTY CLERK  
TRAVIS COUNTY

Receipt #

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3501 Carla Drive  
Austin, TX 78754

Change of Address

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs. Julia  
NICKNAME LAST SUFFIX  
McNamara

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
3501 Carla Drive  
Austin, TX 78754

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 926-1186

8 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)

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
09/24/2010 10/23/2010

10 ELECTION

Month ELECTION DATE Day Year ELECTION TYPE  
11/02/2010  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)  
Travis County Judge

13 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

14 C/OH NAME **McNamara, Mike (Mr.)**

15 ACCOUNT # (Ethics Commission filers)  
**00007207**

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,432.68
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
--	---------

4. TOTAL POLITICAL EXPENDITURES	\$ 6,220.11
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CONTRIBUTION BALANCE

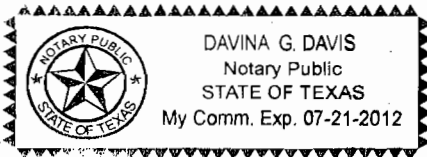
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,070.69
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OUTSTANDING LOAN TOTALS

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.



*Mike McNamara*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr. Mike McNamara, this the 25<sup>th</sup> day of Oct, 2010, to certify which, witness my hand and seal of office.

*Davina G. Davis*  
Signature of officer administering oath

Davina G. Davis  
Print name of officer administering oath

Personal Banker  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 1/5 Report: 3/14	
<b>2 FILER NAME</b> McNamara, Mike (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00007207	
<b>4 Date</b>  09/29/2010	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Republican Women Club PAC  <b>6 Contributor address; City; State; Zip Code</b> 5302 S. Scout Island Circle Austin, TX 78731	<b>7 Amount of contribution (\$)</b>  \$150.00	<b>8 In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b> PAC		<b>10 Employer (See Instructions)</b> PAC	
<b>Date</b>  10/22/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Casiraghi, Magret  <b>Contributor address; City; State; Zip Code</b> 4403 Osby Houston, TX 77096	<b>Amount of contribution (\$)</b>  \$50.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Administrative Assistant		<b>Employer (See Instructions)</b> Evans-Hamilton, Inc.	
<b>Date</b>  10/16/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cooke, Carlton L. (Mr.)  <b>Contributor address; City; State; Zip Code</b> PO Box 50442 Austin, TX 78763	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> US Medical Systems	
<b>Date</b>  09/27/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, James  <b>Contributor address; City; State; Zip Code</b> PO Box 17413 Austin, TX 78760	<b>Amount of contribution (\$)</b>  \$100.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Centex Beverages	
<b>Date</b>  09/28/2010	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) DelMonico, Bobby  <b>Contributor address; City; State; Zip Code</b> 9546 Big View Drive Austin, TX 78730	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Groovy Automotive	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 2/5 Report: 4/14

**2** FILER NAME McNamara, Mike (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00007207

**4** Date  
10/20/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Drawe, Edith

**6** Contributor address; City; State; Zip Code  
7251 Creekside Drive  
Austin, TX 78752

**7** Amount of contribution (\$) \$10.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Retired

**10** Employer (See Instructions)  
Retired

Date  
10/12/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Featherston, David

Contributor address; City; State; Zip Code  
415 N. Tumbleweed Trail  
Austin, TX 78733

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
CPA

Employer (See Instructions)  
Daniels-Head Insurance Agency

Date  
10/07/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fleece, Jeff

Contributor address; City; State; Zip Code  
141 Quarterhorse Ct  
Liberty Hill, TX 78764

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Technology Executive

Employer (See Instructions)  
State of Texas

Date  
10/01/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Gerharter, Sallie (Ms.)

Contributor address; City; State; Zip Code  
1612 Ashberry Dr  
Austin, TX 78723-1106

Amount of contribution (\$) \$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
10/01/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hendrix, Fill

Contributor address; City; State; Zip Code  
2500 Spring Creek Drive  
Austin, TX 78704

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 3/5 Report: 5/14

**2** FILER NAME McNamara, Mike (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

00007207

**4** Date  
  
10/07/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Keller, Paul

**6** Contributor address; City; State; Zip Code  
PO Box 342349  
Austin, TX 78734

**7** Amount of contribution (\$)  
  
\$250.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Engineer

**10** Employer (See Instructions)  
Austin Engineering Company

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Ledesma, Eddie (Mr.)

10/01/2010

Contributor address; City; State; Zip Code  
9505 Altona Way  
Austin, TX 78717

Amount of contribution (\$)  
  
\$318.87

In-kind contribution description (if applicable)  
Printing expense for Fundraising Letters

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Owner

Employer (See Instructions)  
Capitol Cleaners

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
McCaul, Linda (Mr.)

10/11/2010

Contributor address; City; State; Zip Code  
2004 San Miguel Lane  
Austin, TX

Amount of contribution (\$)  
  
\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Self

Employer (See Instructions)  
Self

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Patterson, Jerry

10/15/2010

Contributor address; City; State; Zip Code  
2501 Pebble Beach Drive  
Austin, TX 78747

Amount of contribution (\$)  
  
\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Land Commissioner

Employer (See Instructions)  
State of Texas

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Patton, Daniel (Mr.)

09/27/2010

Contributor address; City; State; Zip Code  
1704 Rock Creek Drive  
Round Rock, TX 78681

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
VP Sales

Employer (See Instructions)  
Centex Beverages

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 6/14	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date  10/04/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raffray, Lane  6 Contributor address; City; State; Zip Code 316 A 6th Street NE Washington, DC 20002	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Program Manager		10 Employer (See Instructions) Front Rowe Inc.	
Date  09/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rainosek, Gary E. (Mr.)  Contributor address; City; State; Zip Code 10304 Old San Antonio Austin, TX 78748	Amount of contribution (\$)  \$1,100.00	In-kind contribution description (if applicable) Food & Beverage for fundraising event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director of Marketing and Sales		Employer (See Instructions) PMG	
Date  10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schoch, Barbara  Contributor address; City; State; Zip Code 9223 Independence Loop Austin, TX 78748	Amount of contribution (\$)  \$60.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Customer Service		Employer (See Instructions) Activant	
Date  10/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, Jim  Contributor address; City; State; Zip Code 4700 Toreador Austin, TX 78746	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date  10/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Ford  Contributor address; City; State; Zip Code PO Box 6156 Austin, TX 78762	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 5/5 Report: 7/14

**2** FILER NAME McNamara, Mike (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00007207

**4** Date  
10/08/2010

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Stick, Jack

**6** Contributor address; City; State; Zip Code  
1503 Northwood Road  
Austin, TX 78703

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Attorney

**10** Employer (See Instructions)  
Self

Date  
10/04/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Suhanin, Bill (Mr.)

Contributor address; City; State; Zip Code  
2300 Pine Valley Drive  
Austin, TX 78747

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
10/01/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Vann, Bob

Contributor address; City; State; Zip Code  
800 Sykes Ct.  
Pflugerville, TX 78660

Amount of contribution (\$) | In-kind contribution description (if applicable)  
Stakes & supplies for 4x8 signs

\$168.81

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Executive

Employer (See Instructions)  
Travis County Constable

Date  
10/10/2010

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Whatley, R.T. (Mr.)

Contributor address; City; State; Zip Code  
3920 Coopers Hawk Cv  
Austin, TX 78738

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/6 Report: 8/14		<b>2 FILER NAME</b> McNamara, Mike (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00007207	
<b>4 Date</b> 10/01/2010	<b>5 Payee name</b> Amstar Stacy				
<b>6 Amount (\$)</b> \$8.00	<b>7 Payee address</b> City; State; Zip Code				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - ??		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ???		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/15/2010	<b>Payee name</b> Austin Republican Women				
<b>Amount (\$)</b> \$20.00	<b>Payee address</b> City; State; Zip Code 6820 Cypress Point North Austin, TX 78759				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch Ticket		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/20/2010	<b>Payee name</b> Emmis Radio Austin				
<b>Amount (\$)</b> \$2,620.00	<b>Payee address</b> City; State; Zip Code 8309 N Interstate 35 Austin, TX 78753				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Purchase of Radio Time		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:
<b>Date</b> 10/05/2010	<b>Payee name</b> Gideon, Matthew				
<b>Amount (\$)</b> \$481.25	<b>Payee address</b> City; State; Zip Code PO Box 90363 Austin, TX 78709				
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design work for campaign		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:		Office held:



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/6 Report: 9/14		<b>2 FILER NAME</b> McNamara, Mike (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00007207	
<b>4 Date</b> 09/27/2010		<b>5 Payee name</b> Home Depot			
<b>6 Amount (\$)</b> \$32.29		<b>7 Payee address</b> City; State; Zip Code			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See Categories listed at the top of this schedule) OTHER - Campaign Materials		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for road and yard signs	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 10/04/2010		<b>Payee name</b> Home Depot			
<b>Amount (\$)</b> \$32.39		<b>Payee address</b> City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for signs	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 10/04/2010		<b>Payee name</b> Home Depot			
<b>Amount (\$)</b> \$291.27		<b>Payee address</b> City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Signs	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	
<b>Date</b> 10/05/2010		<b>Payee name</b> Home Depot			
<b>Amount (\$)</b> \$3.07		<b>Payee address</b> City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) OTHER - Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for signs	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:                      Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 3/6 Report: 10/14	<b>2</b> FILER NAME McNamara, Mike (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00007207
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<b>4</b> Date 10/12/2010	<b>5</b> Payee name Home Depot
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<b>6</b> Amount (\$) \$7.23	<b>7</b> Payee address City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - supplies	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign supplies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/12/2010	Payee name Home Depot
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Amount (\$) \$6.43	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies for campaign
------------------------	--	---

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

Date 10/12/2010	Payee name Katz Deli
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Amount (\$) \$17.60	Payee address City; State; Zip Code 616 W 6th Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Lunch Meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/29/2010	Payee name Office Depot
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Amount (\$) \$20.55	Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Campaign Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for Campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/6 Report: 11/14	<b>2</b> FILER NAME McNamara, Mike (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00007207
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<b>4</b> Date 10/07/2010	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$296.58	<b>7</b> Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Supplies	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign supplies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/08/2010	Payee name Paypal
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Amount (\$) \$7.55	Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation transaction fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/12/2010	Payee name Paypal
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Amount (\$) \$1.75	Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation transaction fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/21/2010	Payee name Paypal
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Amount (\$) \$2.04	Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation transaction fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 5/6 Report: 12/14	<b>2</b> FILER NAME McNamara, Mike (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00007207
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<b>4</b> Date 10/22/2010	<b>5</b> Payee name Paypal
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<b>6</b> Amount (\$) \$1.75	<b>7</b> Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation transaction fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/28/2010	Payee name Printing Solutions
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Amount (\$) \$811.88	Payee address City; State; Zip Code 2301 South Congress Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Campaign Materials	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing of Campaign Pushcards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/01/2010	Payee name USPS
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Amount (\$) \$5.95	Payee address City; State; Zip Code 8225 Gross Park Drive Austin, TX 78710
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing Campaign letters
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/04/2010	Payee name USPS
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Amount (\$) \$4.37	Payee address City; State; Zip Code 8225 Gross Park Drive Austin, TX 78710
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage for campaign letter mailing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/6 Report: 13/14	<b>2</b> FILER NAME McNamara, Mike (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00007207
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<b>4</b> Date 10/04/2010	<b>5</b> Payee name USPS
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<b>6</b> Amount (\$) \$2.61	<b>7</b> Payee address City; State; Zip Code 8225 Gross Park Drive Austin, TX 78710
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - postage	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage for letter mailing
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/28/2010	Payee name Vargo, Erin (Ms.)
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Amount (\$) \$125.00	Payee address City; State; Zip Code 204 Lakeway Drive Georgetown, TX 78628
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Consulting
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/28/2010	Payee name Vargo, Erin (Ms.)
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Amount (\$) \$250.00	Payee address City; State; Zip Code 204 Lakeway Drive Georgetown, TX 78628
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Consulting
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/07/2010	Payee name Vargo, Erin (Ms.)
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Amount (\$) \$1,125.00	Payee address City; State; Zip Code 204 Lakeway Drive Georgetown, TX 78628
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications consulting
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/1 Report: 14/14	<b>2</b> FILER NAME McNamara, Mike (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00007207
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<b>4</b> Date 10/01/2010	<b>5</b> Payee name Amano Parking
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<b>6</b> Amount (\$) \$7.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code  TX
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking Fee
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Date 10/01/2010	Payee name Amaya Taco Village
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Amount (\$) \$10.40 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 5405 N. IH 35 Austin, TX 78753
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch expense for Campaign meeting
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Date 10/20/2010	Payee name Home Depot
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Amount (\$) \$28.15 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies for campaign signs
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