

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

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

14 C/OH NAME JAMES A STRICKLAND, JR **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	\$ 75
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,629
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7347
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9429
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.



James A Strickland Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES A STRICKLAND JR, this the 17th day of JANUARY, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

CRAIG M. BARNES
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:

17

2 FILER NAME

JAMES A. STRICKLAND, JR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/18/11

5 Full name of contributor out-of-state PAC (ID# _____)

Fred Thomas

6 Contributor address; City; State; Zip Code

100 EAST ANDERSON LN. Ste 200
Austin, TX 78752

7 Amount of contribution (\$)

1,000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Real Estate

10 Employer (See Instructions)

Date

9/1/11

Full name of contributor out-of-state PAC (ID# _____)

Harvey Balthazar

Contributor address; City; State; Zip Code

11417 ARCHSTONE DR
Austin, TX 78739

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Medical Insurance

Employer (See Instructions)

Date

9/9/11

Full name of contributor out-of-state PAC (ID# _____)

Robert Durkee III

Contributor address; City; State; Zip Code

4101 PARKSTONE HEIGHTS DR #380
Austin, TX 78746

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ECOMASS

Employer (See Instructions)

Date

9/16/11

Full name of contributor out-of-state PAC (ID# _____)

Brad Shields

Contributor address; City; State; Zip Code

204 W. 14th St.
Austin, TX 78701

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Legislative Advocacy

Employer (See Instructions)

Date

9/22/11

Full name of contributor out-of-state PAC (ID# _____)

Terrence L. Frion

Contributor address; City; State; Zip Code

2224 Walsh Tartan Ln
Austin, TX 78746

Amount of contribution (\$)

500

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 SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>JAMES A. Strickland, Jr</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/29/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Jackson</i>	7 Amount of contribution (\$) <i>10</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5426 Guadalupe Ste 100 Austin, TX 78751</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		10 Employer (See Instructions)	
Date <i>10/5/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mickey Olmstead</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 Spyglass Ste 200 Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>10/6/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mildred Strickland</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>219 meadow lakes Dr Marble Falls, TX 78654</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired Teacher</i>		Employer (See Instructions)	
Date <i>10/9/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Greenwade</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4603 Merion Cricket Dr Austin, TX 78747</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>10/9/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aubrey Smith</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8313 Club Ridge Dr Austin, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>JAMES A. Strickland, Jr</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/11/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brad Shields</i>	7 Amount of contribution (\$) <i>500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>204 W. 14th St Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Legislative Advocacy</i>		10 Employer (See Instructions)	
Date <i>10/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Griffith</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6903 Westlake Dallas, TX 75214</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>10/16/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce Dickson</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3600 Tekoa Cove Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Home Builder</i>		Employer (See Instructions)	
Date <i>10/20/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tex Steeg</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2716 Barton Creek Blvd #2524 Austin, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/21/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edith Werpachowski</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2001 S. Mopac # 2431 Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Financial Advisor</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

James A. Strickland, Jr

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/24/11

5 Full name of contributor out-of-state PAC (ID# _____)

Kyle Key

6 Contributor address; City; State; Zip Code

2514 Coatsbridge Dr.
Austin, TX 78745

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)

10 Employer (See Instructions)

Date

10/24/11

Full name of contributor out-of-state PAC (ID# _____)

Rex Boll

Contributor address; City; State; Zip Code

15310 Rainbow One St
Austin, TX 78734

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Marketing VP

Employer (See Instructions)

Date

10/25/11

Full name of contributor out-of-state PAC (ID# _____)

Randy Hawry

Contributor address; City; State; Zip Code

1900 Pearl St.
Austin, TX 78705

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10/26/11

Full name of contributor out-of-state PAC (ID# _____)

Steve Hicks

Contributor address; City; State; Zip Code

1703 West 5th St.
Austin, TX 78703

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Date

10/26/11

Full name of contributor out-of-state PAC (ID# _____)

Darrell David

Contributor address; City; State; Zip Code

421-A Seguin,
New Braunfels, TX 78130

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JAMES A. Strickland, Jr

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/26/11

5 Full name of contributor out-of-state PAC (ID# _____)

Derby David
Contributor address; City; State; Zip Code

8325 SANCY DR.
AUSTIN, TX 78750

7 Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Real Estate

10 Employer (See Instructions)

Date

10/30/11

Full name of contributor out-of-state PAC (ID# _____)

Joe Moore
Contributor address; City; State; Zip Code

607 Westlake Dr.
AUSTIN, TX 78746

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/7/11

Full name of contributor out-of-state PAC (ID# _____)

Doris Rome
Contributor address; City; State; Zip Code

3006 Siskin Dr.
AUSTIN, TX 78745

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Bookkeeper

Employer (See Instructions)

Date

11/13/11

Full name of contributor out-of-state PAC (ID# _____)

Carolyn Strickland
Contributor address; City; State; Zip Code

802 Single Oak Cove
AUSTIN, TX 78746

Amount of contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Office Manager

Employer (See Instructions)

Date

11/14/11

Full name of contributor out-of-state PAC (ID# _____)

Mike Ussery
Contributor address; City; State; Zip Code

701 Furlong
Austin, TX 78746

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

CEO / owner

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>James A Strickland, Jr</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/14/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Campbell</i>	7 Amount of contribution (\$) <i>25</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1 Grove Ct Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Physician</i>		10 Employer (See Instructions)	
Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christy Engemoen</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1907 Georgia Landing Cove Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenny Watkins</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1715 Cap of Tx. Hwy S #109 Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions)	
Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Neal Larson</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1906 Cypress Pt E Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Elliott</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>221 W. Sixth St #1100 Austin, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JAMES A. Strickland, Jr

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/15/11

5 Full name of contributor out-of-state PAC (ID# _____)

RON HEYNS

6 Contributor address; City; State; Zip Code

2902 VALLARTA
AUSTIN, TX 78733

7 Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

CONSTRUCTION

10 Employer (See Instructions)

Date

11/15/11

Full name of contributor out-of-state PAC (ID# _____)

RAY BACON

Contributor address; City; State; Zip Code

718 CRYSTAL MOUNTAIN DR
AUSTIN, TX 78733

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

VENTURE CAPITALIST

Employer (See Instructions)

Date

11/15/11

Full name of contributor out-of-state PAC (ID# _____)

BRIAN FAHEY

Contributor address; City; State; Zip Code

10441 JENNY'S JUMP
AUSTIN, TX 78733

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

Date

11/15/11

Full name of contributor out-of-state PAC (ID# _____)

JACK MARTIN

Contributor address; City; State; Zip Code

401 BOLIAN
AUSTIN, TX 78746

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

11/15/11

Full name of contributor out-of-state PAC (ID# _____)

ROGER BERRY

Contributor address; City; State; Zip Code

10039 CIRCLEVIEW
AUSTIN, TX 78733

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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

2 FILER NAME *JAMES A. STRICKLAND, JR.* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>11/15/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ALLEN DAVID</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5400 Austral Loop Austin, TX 78739</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kemp Gortney</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>604 W. 12th St. Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nikki Bryant</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 N. Weston Austin, TX 78733</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Nash</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5813 Trailridge Dr. Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Owner

Date <i>11/16/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Todd Ramberg</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4916 Barclay Heights Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Attorney

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>James A. Strickland, Jr</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/17/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark Kiesten</i>	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1193 Meadowild Round Rock, TX 78664</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Youth Development</i>		10 Employer (See Instructions)	
Date <i>12/2/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kennard Ross</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1305 BRIANS meadow cove Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Truster</i>		Employer (See Instructions)	
Date <i>12/6/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hillco PAE</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>823 Congress Ave # 900 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PR</i>		Employer (See Instructions)	
Date <i>12/2/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Scot Edel</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1212 Olypus Dr Austin, TX 78733</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/14/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Northington</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 162133 Austin, TX 78716</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JAMES A. STRICKLAND JR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Newberg	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3830 Hunterwood Pt Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Real Estate		10 Employer (See Instructions)	
Date 12/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew Pastor	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2909 Sparkling Brook Ln Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)	
Date 12/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Ellis	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3005 Sparkling Brook Ln. Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)	
Date 12/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doyle Chapman	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6000 Cameron Rd Austin, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Greening	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7232 Comanche Tr Austin, TX 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

James A. Strickland, Jr

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/15/11

5 Full name of contributor out-of-state PAC (ID#)

Jim Doolin

6 Contributor address; City; State; Zip Code

1301 Maddox Lane
Austin, TX 78746

7 Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/14/11

Full name of contributor out-of-state PAC (ID#)

David Yancey

Contributor address; City; State; Zip Code

116 Nopm Lane
Buda, TX 78610

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/11

Full name of contributor out-of-state PAC (ID#)

Claude Smith

Contributor address; City; State; Zip Code

2100 Key West Lane
Austin, TX 78746

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/11

Full name of contributor out-of-state PAC (ID#)

Ann Price

Contributor address; City; State; Zip Code

1603 Canyon Edge Dr
Austin, TX 78733

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/8/11

Full name of contributor out-of-state PAC (ID#)

Mike Douglas

Contributor address; City; State; Zip Code

1205 Carlotta Ln
Austin, TX 78733

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/7/11

6 Contributor address; City; State; Zip Code

Kerry Pollard
2643 Creek, Edge Acrey
AUSTIN TX 78733

100

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/7/11

Contributor address; City; State; Zip Code

David Morledge
2913 Thousand Oaks
Austin TX 78746

50

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/7/11

Contributor address; City; State; Zip Code

Jennifer Salas
2419 Padina Dr
Austin TX 78733

50

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/7/11

Contributor address; City; State; Zip Code

Randy Howry
1900 Pearl St
Austin TX 78705

50

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/3/11

Contributor address; City; State; Zip Code

Dennis Pauling
12021 Lake Stone Dr
Austin, TX 78738

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>JAMES A Strickland, Jr</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/15/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter Hollister</i>	7 Amount of contribution (\$) <i>50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9900 INCA Austin, TX 78733</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Home builder</i>		10 Employer (See Instructions)	
Date <i>11/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Long</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5025 Mc Dale Austin, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Real estate</i>		Employer (See Instructions)	
Date <i>11/7/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SANE Walsh</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2810 Padina Dr Austin, TX 78733</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/7/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Smith</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2202 Plumbrook Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/4/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Urdahl</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1295 Maple Way Austin, TX 78733</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JAMES A. STRICKLAND, JR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/2/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Danforth	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1003 Madrone Rd Austin, TX 78746	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Graf	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 9505 Bell Mountain Dr Austin, TX 78730	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/1/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vince Huebinger	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1705 Charlotte Ln Austin, TX 78733	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Rumbo	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 9821 Westminster Glen Ave Austin, TX 78730	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne Otto	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 7219 Chimney Gars Austin, TX 78731	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>SAMES A. STRICKLAND, JR</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/26/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE MONNIG</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>10064 Cerro Alto Cove AUSTIN, TX 78733</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/26/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Kiesten</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1193 meadow Round Rock, TX 78664</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/26/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Thomas</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>110 East Anderson Ln Ste 200 Austin, TX 78752</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/26/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE COY</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3571 Fawn West # 166 Austin, TX 78731</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith Martinson</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>111 Laura Ln Austin, TX 78746</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JAMES A. STRICKLAND, JR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/31/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN BATES	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4614 BUNNY RUN AUSTIN, TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lee Webber	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 Chateleine CV AUSTIN, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Derby David	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8325 SANEY DR AUSTIN, TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry Irion	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 N. Weston LN AUSTIN, TX 78733		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill Durkee	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1503 Quasha Ridge R AUSTIN, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JAMES A. STRICKLAND, JR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/24/11

5 Full name of contributor out-of-state PAC (ID# _____)

Brad Shields

6 Contributor address; City; State; Zip Code

*204 W. 14th St
Austin, TX 78701*

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)

10 Employer (See Instructions)

Date

8/18/11

Full name of contributor out-of-state PAC (ID# _____)

Doug Danforth

Contributor address; City; State; Zip Code

*1003 Madrone Rd
Austin, TX 78746*

Amount of contribution (\$)

293.88

In-kind contribution description (if applicable)

*Host
Event*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/11

Full name of contributor out-of-state PAC (ID# _____)

John Jackson / RSE Inc

Contributor address; City; State; Zip Code

*5426 Guadalupe Ste 100
Austin, TX 78751*

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

*Host
website*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/11

Full name of contributor out-of-state PAC (ID# _____)

John Jackson / RSE Inc.

Contributor address; City; State; Zip Code

*5426 Guadalupe Ste 100
Austin, TX 78751*

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

*Host
website*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/11

Full name of contributor out-of-state PAC (ID# _____)

John Jackson / RSE Inc

Contributor address; City; State; Zip Code

*5426 Guadalupe Ste 100
Austin, TX 78751*

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

*Host
website*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****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 F: 7	2 FILER NAME James A. Strickland, Jr	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/4/11	5 Payee name Mike Varela Campaign		
6 Amount (\$) 20	7 Payee address; City; State; Zip Code 3923 Leafield Dr. Austin, TX 78749		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Political Contribution	(b) Description (If travel outside of Texas, complete Schedule T) Mike Varela Kickoff	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/29/11	Payee name Austin Republican Club		
Amount (\$) 200	Payee address; City; State; Zip Code c/o Maria Burbidge 7202 Smokey Hill Dr Austin TX 78736		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution / Donation	Description (If travel outside of Texas, complete Schedule T) Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/16/11	Payee name Am Pro		
Amount (\$) 1100	Payee address; City; State; Zip Code 5214 Burneson Rd Austin, TX 78746		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/22/11	Payee name Barry Link		
Amount (\$) 200	Payee address; City; State; Zip Code 2717 Littlejohn Ln. Austin TX 78706		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Graphics	
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 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 F:	2 FILER NAME James A. Strickland, Jr	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/25/11	5 Payee name Lowes	
6 Amount (\$) 4368	7 Payee address; City; State; Zip Code 12611 Suite 100 Shops Parkway Bee Cave, TX 78738	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Sign materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/27/11	Payee name Bobby Vera	
Amount (\$) 1260	Payee address; City; State; Zip Code 818 Craters of the Moon Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs placement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/28	Payee name Don Rogers Photography	
Amount (\$) 173 ²⁰	Payee address; City; State; Zip Code 2716 Barton Creek Blvd, ste 2714 Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Photographs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/27/11	Payee name Ann Pro	
Amount (\$) 626 ⁵⁹	Payee address; City; State; Zip Code 5214 Burleson Rd Austin, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs
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 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 F:		2 FILER NAME <i>JAMES A. STRICKLAND, JR</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/12/11</i>		5 Payee name <i>Lowes</i>			
6 Amount (\$) <i>26 48</i>		7 Payee address; City; State; Zip Code <i>12611 Suite 100 Shops Parkway Bee Cave, TX 78738</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Sign material</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <i>11/15/11</i>		Payee name <i>BRIAN TURNER</i>			
Amount (\$) <i>500</i>		Payee address; City; State; Zip Code <i>1000 Westbank Dr Ste 6-200 Austin, TX 78746</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Band</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <i>11/15/11</i>		Payee name <i>Hill's Cafe</i>			
Amount (\$) <i>1277 02</i>		Payee address; City; State; Zip Code <i>4700 S. Congress Austin, TX 78745</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Food</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <i>12/1/11</i>		Payee name <i>MAIL Center</i>			
Amount (\$) <i>6 00</i>		Payee address; City; State; Zip Code <i>3300 Bee Cave Rd. Austin, TX 78746</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (If travel outside of Texas, complete Schedule T) <i>Not Am</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

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 F:		2 FILER NAME <i>JAMES A. STRICKLAND, JR</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/1/11</i>		5 Payee name <i>TCRP Primary Account</i>			
6 Amount (\$) <i>1250</i>		7 Payee address; City; State; Zip Code <i>7901 Cameron Rd. Ste 3-202 Austin, TX 78754</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Fees</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Filing Fee</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12/1/11</i>		Payee name <i>TRAVIS County Republican Party</i>			
Amount (\$) <i>35</i>		Payee address; City; State; Zip Code <i>7901 Cameron Rd Ste. 3-202 Austin, TX 78754</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>TRAINING</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12/8/11</i>		Payee name <i>Bobby Vera</i>			
Amount (\$) <i>350</i>		Payee address; City; State; Zip Code <i>818 Craters of the Moon Hugerville, TX 78660</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Signs Placement</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/21, 11/21, 12/21</i>		Payee name <i>American Bank</i>			
Amount (\$) <i>21</i>		Payee address; City; State; Zip Code <i>P.O. Box 6469 CORPUS Christi, TX 78466</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fees</i>		Description (If travel outside of Texas, complete Schedule T) <i>Bank Fees</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 F:	2 FILER NAME <i>James A. Strickland Jr</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/19/11</i>	5 Payee name <i>Piryx, Inc</i>
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6 Amount (\$) <i>.45</i>	7 Payee address; City; State; Zip Code <i>144 2d St SAN FRANCISCO, CA 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>FEES</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FUND RAISING</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/10/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>4.50</i>	Payee address; City; State; Zip Code <i>1441 2nd St SAN FRANCISCO CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES</i>	Description (If travel outside of Texas, complete Schedule T) <i>FUND RAISING</i>
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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 <i>10/12/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>11.25</i>	Payee address; City; State; Zip Code <i>144 2d St SAN FRANCISCO, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES</i>	Description (If travel outside of Texas, complete Schedule T) <i>FUND RAISING</i>
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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 <i>10/21/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>2.25</i>	Payee address; City; State; Zip Code <i>144 2d St SAN FRANCISCO, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>FEES</i>	Description (If travel outside of Texas, complete Schedule T) <i>FUND RAISING</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 F:	2 FILER NAME <i>JAMES A. STRICKLAND JR</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/28/11</i>	5 Payee name <i>Piryx, Inc</i>
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6 Amount (\$) <i>15⁷⁵</i>	7 Payee address; City; State; Zip Code <i>144 20 St San Francisco, CA 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising fee</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Fundraising</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/31/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>33⁷⁵</i>	Payee address; City; State; Zip Code <i>144 20 St San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraising</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/10/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>2²⁵</i>	Payee address; City; State; Zip Code <i>144 20 St San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraising</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/17/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>5⁶³</i>	Payee address; City; State; Zip Code <i>144 20 St San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraising</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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 F:	2 FILER NAME <i>JAMES A. STRICKLAND, JR</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11/18/11</i>	5 Payee name <i>Piryx, Inc</i>
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6 Amount (\$) <i>11²⁵</i>	7 Payee address; City; State; Zip Code <i>144 20 Street San Francisco, CA 94105</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Fundraising</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/21/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>4⁵⁰</i>	Payee address; City; State; Zip Code <i>144 20 St San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraising</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11/22/11</i>	Payee name <i>Piryx, Inc</i>
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Amount (\$) <i>11²⁵</i>	Payee address; City; State; Zip Code <i>144 20 St San Francisco, CA 94105</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraising</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2		2 FILER NAME JAMES A. STRICKLAND, JR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/2/11		5 Payee name Republican Club of Austin			
6 Amount (\$) 20 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code c/o MARIA BURBRIDGE 7202 Smokey Hill Dr Austin, TX 78736			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food		(b) Description (If travel outside of Texas, complete Schedule T) Monthly meeting	
Date 9/6/11		Payee name Republican Club of Austin			
Amount (\$) 20 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code c/o MARIA BURBRIDGE 7202 Smokey Hill Dr Austin, TX 78736			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) Monthly meeting	
Date 9/8/11		Payee name Austin Republican Women			
Amount (\$) 25 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code c/o Kim Chambers 7408 Breecourt Manor Way Austin, TX 78739			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) monthly meeting	
Date 10/4/11		Payee name Republican Club of Austin			
Amount (\$) 20 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code c/o MARIA BURBRIDGE 7202 Smokey Hill Dr Austin, TX 78736			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) monthly meeting	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME <i>JAMES A. Strickland, Jr</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/6/11</i>	5 Payee name <i>Austin Republican Women</i>
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6 Amount (\$) <i>25</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>90 Kin Chambers 7408 Breccourt manor way Austin TX 78739</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Monthly meeting</i>
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Date <i>11/1/11</i>	Payee name <i>Republican Club of Austin</i>
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Amount (\$) <i>20</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>c/o MARIA Burbidge 7202 Smoke FM DR Austin, TX 78736</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food</i>	Description (If travel outside of Texas, complete Schedule T) <i>monthly meeting</i>
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Date <i>11/3/11</i>	Payee name <i>Austin Republican Women</i>
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Amount (\$) <i>25</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>c/o Kin Chambers 7408 Breccourt manor way Austin, TX 78739</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <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)	Description (If travel outside of Texas, complete Schedule T)
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