

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Jim Strickland

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4550⁰⁵

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

16,237⁶⁵

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

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

\$

3109⁰⁵

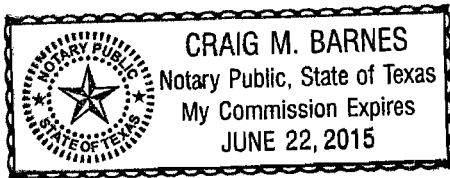
OUTSTANDING
LOAN TOTALS

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

\$

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.



Jim Strickland
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JIM STRICKLAND, this the 21 day of MAY, 20 12, to certify which, witness my hand and seal of office.

Craig M. Barnes
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: <u>6</u>	
2 FILER NAME <u>Jim Strickland</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/3/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Robert H. Cox</u>	7 Amount of contribution (\$) <u>\$ 110⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5121 Bee Cave Rd Austin, TX 78746</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/7/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rick Gross</u>	Amount of contribution (\$) <u>\$ 100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3202 Barton A. Dr Austin, TX 78733</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/8/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Scott Snyder</u>	Amount of contribution (\$) <u>\$ 100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6615 Dogwood Creek Dr Austin, TX 78746</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/8/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mark Kiesten</u>	Amount of contribution (\$) <u>\$ 250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1103 meadowlde Round Rock, TX 78664</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/8/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mike Coy</u>	Amount of contribution (\$) <u>\$ 100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3571 Far West Blvd. # 166 Austin, TX 78731</u>		(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>Jim Strickland</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/9/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Present</i>	7 Amount of contribution (\$) <i>\$ 250⁰⁰</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>5804 Round Table Cove Austin, TX 78746</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/9/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Weber</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1100 Chateleine Cove Austin, TX 78746</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GRANT Mc CALL</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>6400 Royal Birkdale Cove Austin, TX 78746</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christy Rome</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>616D Castle Ridge Rd Austin, TX 78746</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Sutton</i>	Amount of contribution (\$) <i>\$ 50⁰⁰</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2600 Lake Austin Blvd #15002 Austin, TX 78703</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

Jim Strickland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/10/12

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

Steve Helble

6 Contributor address; City; State; Zip Code

3314 Three Rivers Dr
Austin, TX 78746

7 Amount of contribution (\$)

\$ 50⁰⁰

(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

5/10/12

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

Arthur Graf

Contributor address; City; State; Zip Code

9505 Bell Mountain Dr
Austin, TX 78730

Amount of contribution (\$)

\$ 100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/12

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

David Mebane

Contributor address; City; State; Zip Code

3210 Riva Ridge Rd.
Austin, TX 78746

Amount of contribution (\$)

\$ 100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/12

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

Jerry A. Smith III

Contributor address; City; State; Zip Code

3745 W. Spurgeon
Ft. Worth, TX 76133

Amount of contribution (\$)

\$ 10⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/12

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

Ed Martin

Contributor address; City; State; Zip Code

6306 Manna Ket Dr
Austin, TX 78746

Amount of contribution (\$)

\$ 150⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

Jim Strickland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/19/12

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

Louis Williams

6 Contributor address; City; State; Zip Code

3203 Rivin Ridge Dr
Austin, TX 78746

7 Amount of contribution (\$)

\$ 50⁰⁰

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

5/11/12

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

Natalie Kloss - Biagini

Contributor address; City; State; Zip Code

211 Finn St.
Austin, TX 78734

Amount of contribution (\$)

\$ 50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/10/12

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

John A. Barclay IV

Contributor address; City; State; Zip Code

8400 Emerald Hill
Austin, TX 78759

Amount of contribution (\$)

\$ 50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/12

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

Serry A. Smith, Jr.

Contributor address; City; State; Zip Code

2202 Plumbrook
Austin, TX 78746

Amount of contribution (\$)

\$ 500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/12

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

Jack Linden

Contributor address; City; State; Zip Code

6800 Whitmarsh Valley Walk
Austin, TX 78746

Amount of contribution (\$)

\$ 100⁰⁰

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

Jim Strickland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/14/12

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

Patrick Starley
Contributor address; City; State; Zip Code
P.O. Box 579
Austin, TX 78763

7 Amount of contribution (\$)

\$ 250⁰⁰

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

5/14/12

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

Patrick Starley
Contributor address; City; State; Zip Code
P.O. Box 579
Austin, TX 78763

Amount of contribution (\$)

\$ 250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14/12

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

Michael Kapsner
Contributor address; City; State; Zip Code
3005 S. Lamar Blvd
Austin, TX 78704

Amount of contribution (\$)

\$ 100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/12

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

Rowland Greenwade
Contributor address; City; State; Zip Code
4603 Merion Cricket Dr
Austin, TX 78747

Amount of contribution (\$)

\$ 250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/12

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

Beth Atherton
Contributor address; City; State; Zip Code
7213 MITVA DR
AUSTIN, TX 78739

Amount of contribution (\$)

\$ 15⁰⁰

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>Jim Strickland</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/19/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gretchen Monday</i>	7 Amount of contribution (\$) <i>\$ 15⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2327 Cypress Pt. E. Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Daniel J. Bates</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4614 Bonny Run Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Chris Politte</i>	Amount of contribution (\$) <i>\$ 250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1421 Circle Ridge Dr Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matt Haralson</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 163764 Austin, TX 78716</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Kinnard</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>704 Windsong Trl. Austin, TX 78746</i>		(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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 4	2 FILER NAME Jim Strickland	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/2/12	5 Payee name Scott Field Campaign	
6 Amount (\$) \$ 50.00	7 Payee address; City, State, Zip Code 10601 FM 2222 R# 137 Austin TX 78730	
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) Fundraise
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Scott Field	Office sought 3rd Court of Appeals Office held
Date 5/7/12	Payee name Red Stag Group	
Amount (\$) \$ 2055.42	Payee address; City, State, Zip Code P.O. Box 1093 Austin TX 78767	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Campaign management
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/9/12	Payee name Austin Republican Women	
Amount (\$) \$ 50.00	Payee address; City, State, Zip Code 66 Kin Chambers 7408 Brecount 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/10/12	Payee name Majority Strategies	
Amount (\$) \$ 7670.51	Payee address; City, State, Zip Code 135 Professional Dr, Ste 104 Ponte Vedra Beach, FL 32082	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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 Jim Strickland	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/17/12	5 Payee name Lowe's
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6 Amount (\$) \$ 113.60	7 Payee address; City, State, Zip Code 12611 Ste 100 Shops Pkwy Bee Cave, TX 78738
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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 Material
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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 5/15/12	Payee name Sixth Street Painting
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Amount (\$) \$ 371.30	Payee address; City, State, Zip Code 1010 E. Sixth Street Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Markers
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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 5/17/12	Payee name SMART Mail
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Amount (\$) \$ 1819.17	Payee address; City, State, Zip Code 2011 Anchor Ln. Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Printing & mailing
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/12	Payee name Jim Strickland
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Amount (\$) \$ 118.92	Payee address; City, State, Zip Code 802 Single Oak Cove Austin, TX 78746
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Payment / Reimbursement	Description (If travel outside of Texas, complete Schedule T) Schedule G Expenses
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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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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>Jim Strickland</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/14/12</i>		5 Payee name <i>Rally</i>			
6 Amount (\$) <i>\$38²⁵</i>		7 Payee address; City; State; Zip Code <i>144 2d St San Francisco, CA 94105</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>Fundraising</i>		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>5/16/12</i>		Payee name <i>Rally</i>			
Amount (\$) <i>\$22⁵⁰</i>		Payee address; City; State; Zip Code <i>144 2d St San Francisco, CA 94105</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>Fundraising</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>5/11/12</i>		Payee name <i>Rally</i>			
Amount (\$) <i>\$24⁷⁵</i>		Payee address; City; State; Zip Code <i>144 2d St San Francisco, CA 94105</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>Fundraising</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>5/15/12</i>		Payee name <i>Rally</i>			
Amount (\$) <i>\$31⁹⁵</i>		Payee address; City; State; Zip Code <i>144 2d St San Francisco, CA 94105</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>Fundraising</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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>Jim Strickland</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	--	---

4 Date <i>5/16/12</i>	5 Payee name <i>Rally</i>
---------------------------------	-------------------------------------

6 Amount (\$) <i>\$27⁰⁰</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>Fundraising</i>
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/17/12</i>	Payee name <i>Rally</i>
------------------------	----------------------------

Amount (\$) <i>\$27⁰⁰</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>Fundraising</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>5/19/12</i>	Payee name <i>Rally</i>
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Amount (\$) <i>\$450</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>Fundraising</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>5/16/12</i>	Payee name <i>Minority Strategies</i>
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Amount (\$) <i>\$3812⁶⁷</i>	Payee address; City; State; Zip Code <i>135 Professional Dr Ponte Vedra Beach, FL 32082</i>
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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>media</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 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: 1	2 FILER NAME Jim Strickland	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/16/12	5 Payee name Lake Travis Chamber of Commerce
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6 Amount (\$) \$ 30 ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1415 RR 620 S Austin, TX 78734
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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 meetings
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Date 5/20/12	Payee name Picky's Pantry
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Amount (\$) \$ 88 ⁹² <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6806 Bee Cave Rd Austin, TX 78746
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GAS	Description (If travel outside of Texas, complete Schedule T) Travel in Pct 3
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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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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED