

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7893

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 12																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">JAMES</td> <td style="text-align: center;">A.</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Jim Strickland</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			JAMES	A.		NICKNAME	LAST	SUFFIX			Jim Strickland			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 8px; margin: 0;">Date Received</p> <hr/> <p style="font-size: 8px; margin: 0;">Date Hand Delivered or Postmarked</p> <p style="font-size: 8px; margin: 0;">Receipt #</p> <p style="font-size: 8px; margin: 0;">Date Processed</p> <p style="font-size: 8px; margin: 0;">Date Imaged</p> </div> <div style="position: absolute; right: -50px; top: 50%; transform: translateY(-50%); font-weight: bold; font-size: 2em; writing-mode: vertical-rl; transform: rotate(180deg);"> FILED FOR RECORD </div> <div style="position: absolute; right: -100px; top: 50%; transform: translateY(-50%); font-size: 1.2em;"> 2012 JUL 13 PM 12: 0 Dana DeBeauvoir County Clerk Travis County, Texas </div>	
MS / MRS / MR	FIRST	MI																	
	JAMES	A.																	
NICKNAME	LAST	SUFFIX																	
	Jim Strickland																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:15%; font-size: 8px;">STATE;</td> <td style="width:35%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">802 Single Oak Cove</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Austin, TX 78731</td> </tr> </table> <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			802 Single Oak Cove			Austin, TX 78731							
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Austin, TX 78731																			
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">AREA CODE</td> <td style="width:40%; font-size: 8px;">PHONE NUMBER</td> <td style="width:40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>328-3643</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	328-3643													
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">TERRA</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Smith</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			TERRA			NICKNAME	LAST	SUFFIX			Smith				
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	TERRA																		
NICKNAME	LAST	SUFFIX																	
	Smith																		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 8px;">APT / SUITE #;</td> <td style="width:10%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:40%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">6304 Cat Mountain Cove</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Austin, TX 78731</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE			6304 Cat Mountain Cove			Austin, TX 78731							
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td>5</td> <td>12</td> <td>12</td> <td style="text-align: center;">THROUGH</td> <td>6</td> <td>30</td> <td>12</td> </tr> </table>			Month	Day	Year		Month	Day	Year	5	12	12	THROUGH	6	30	12		
Month	Day	Year		Month	Day	Year													
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td>5</td> <td>29</td> <td>12</td> </tr> </table>	Month	Day	Year	5	29	12	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>		ELECTION TYPE				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special		
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12 OFFICE	13 OFFICE SOUGHT (if known)																		
OFFICE HELD (if any)	TRAVIS County Commissioner Pet 3																		

GOTO PAGE 2

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)

\$ 4250⁰⁰

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1537⁵⁹

CONTRIBUTION
BALANCE

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

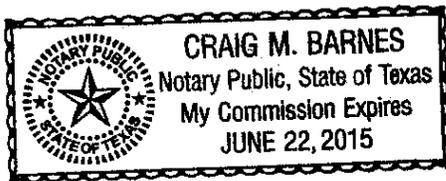
\$ 2774⁰⁸

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 13 day of JULY, 2012, 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: 5	
2 FILER NAME Jim Strickland		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/21/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Thorburn	7 Amount of contribution (\$) \$ 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8717 Wildridge Dr Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/21/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Dukes	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2012 Cerca Viejo Way Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrence Irion	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1250 S. Capitol of Texas Hwy Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Swallow	Amount of contribution (\$) \$ 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2007 Key West Cove Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Steele	Amount of contribution (\$) \$ 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3202 Barton Point Circle Austin, TX 78733		(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
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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 5/22/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Babb 6 Contributor address; City; State; Zip Code 2412 Keating Ln. Austin, TX 78703	7 Amount of contribution (\$) \$ 100 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim McBride Contributor address; City; State; Zip Code 3702 Tekoa Cove Austin, TX 78746	Amount of contribution (\$) \$ 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry Bloomquist Contributor address; City; State; Zip Code 3404 Winding Creek Dr. Austin, TX 78735	Amount of contribution (\$) \$ 150 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Todd Ramberg Contributor address; City; State; Zip Code 4916 Barclay Heights Ct. Austin, TX 78746	Amount of contribution (\$) \$ 250 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Strickland Contributor address; City; State; Zip Code 103 Gemsbuck Ct. San Antonio, TX 78258	Amount of contribution (\$) \$ 100 ⁰⁰	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 Jim Strickland 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>5/24/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin Thigpen</u>	7 Amount of contribution (\$) <u>\$ 50⁰⁰</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>5728 Walser Cove Austin, TX 78735</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/24/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Betsy Schette</u>	Amount of contribution (\$) <u>\$ 150⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>4 Hedge Ln Austin, TX 78746</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/25/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scott Urdahl</u>	Amount of contribution (\$) <u>\$ 100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1205 Mayan Way Austin, TX 78733</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/25/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike USSery</u>	Amount of contribution (\$) <u>\$ 100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>3023 701 Furlong Austin, TX 78746</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>5/24/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jack Meyer</u>	Amount of contribution (\$) <u>\$ 100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>3023 Maravillas Loop Austin, TX 78735</u>	(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 <i>Jim Strickland</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/22/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Hill</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6513 Ledge rock Circle Austin, TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/22/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Elliott</i>	Amount of contribution (\$) <i>1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>211 W. 6th St Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/25/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chuck Strehli</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6111 Mountain Climb Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/22/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Virgil Flathouse</i>	Amount of contribution (\$) <i>25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1 Dripping Springs, TX 78620</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Dunn</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1114 Lost Creek Blvd #310 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 Jim Strickland 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>5/26/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Capshaw</u>	7 Amount of contribution (\$) <u>\$ 100⁰⁰</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>6819 Kenosha Pass Austin, TX 78749</u>	(If travel outside of Texas, complete Schedule T)	

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

Date <u>6/21/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harvey Hildebrand dba Lone Star Leadership Fund</u>	Amount of contribution (\$) <u>\$ 750⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>P.O. Box 294270 Kerrville, TX 78029</u>	(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 3	2 FILER NAME Jim Strickland	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	---

4 Date 5/25/12	5 Payee name McCaul for Congress
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6 Amount (\$) \$ 30 ⁰⁰	7 Payee address; City; State; Zip Code 815A BRAZOS PMB 230 Austin, TX 78701
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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
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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 5/25/12	Payee name Rally
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Amount (\$) \$ 11.93	Payee address; City; State; Zip Code 144 2nd St San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fund Raising
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/29/12	Payee name Rally
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Amount (\$) \$ 2 ²⁵	Payee address; City; State; Zip Code 144 2nd St San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fundraising
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/29/12	Payee name Rally
-----------------	---------------------

Amount (\$) \$ 11 ²⁵	Payee address; City; State; Zip Code 144 2nd St San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fund Raising
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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>Jim Strickland</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/29/12</i>	5 Payee name <i>Rally</i>
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6 Amount (\$) <i>57³²</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>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Fuel passing</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>6/1/12</i>	Payee name <i>Rally</i>
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Amount (\$) <i>59⁰⁰</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/4/12</i>	Payee name <i>Rally</i>
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Amount (\$) <i>54⁵⁰</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/11/12</i>	Payee name <i>Rally</i>
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Amount (\$) <i>54⁵⁰</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 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>Jim Strickland</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/20/12</i>		5 Payee name <i>Red Stag Group</i>			
6 Amount (\$) <i>\$ 1160⁰⁰</i>		7 Payee address; City; State; Zip Code <i>P.O. Box 1093 Austin, TX 78767</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consulting</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Management</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/25</i>		Payee name <i>Jim Strickland</i>			
Amount (\$) <i>\$ 232⁷⁹</i>		Payee address; City; State; Zip Code <i>802 Single Oak Cove Austin, TX 78746</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Loan Payment / Reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>Schedule G Expenses</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>5/21/12</i>		Payee name <i>American Bank</i>			
Amount (\$) <i>\$ 7⁰⁰</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/21/12</i>		Payee name <i>American Bank</i>			
Amount (\$) <i>\$ 7⁰⁰</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 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 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)	
4 Date 5/25/12		5 Payee name US Postal Service			
6 Amount (\$) \$17.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3217 Bee Cave Rd Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fundraising		(b) Description (If travel outside of Texas, complete Schedule T) STAMPS	
Date 5/22/12		Payee name Office Depot			
Amount (\$) \$55.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 701 S. Capital of Tx Hwy Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Ink cartridge + paper	
Date 5/28/12		Payee name Metro Mart			
Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 903 RR 620 N Austin, TX 78734			
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 pet 3	
Date 5/31/12		Payee name Valero Corner Store			
Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3419 W Slaughter Ln Austin, TX 78748			
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 pet 3	

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Jim Strickland

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/1/12

5 Name of person from whom amount is received

Texas County Republican Party

6 Address of person from whom amount is received; City; State; Zip Code

8 Amount (\$)

\$ 150⁰⁰

7 Purpose for which amount is received

Refund for convention ad

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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