

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8144

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

00007207

2 Total pages filed:

July 7 15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI M  
NICKNAME LAST SUFFIX  
Mike McNamara

**OFFICE USE ONLY**

Date Received  
2013 JUL 15 AM 11 51  
Dana DeBeauvoir  
County Clerk  
Travis County Texas

FILED FOR RECORD

Date Hand Delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 632-5424

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS (residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 926-1186

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)

July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
1 / 1 / 2012    6 / 30 / 2013

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
3 / 4 / 2014

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis County Judge

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME** Mike Mc Namara **15 ACCOUNT # (Ethics Commission Fiers)** 00007207

**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

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ <u>275.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,337.40</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,769.58</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6,000</u>

**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.

J. M. McNamara  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J. M. McNamara, this the 15 day of July, 20 13, to certify which, witness my hand and seal of office.

David W. Bywaters  
Signature of officer administering oath

David W. Bywaters  
Printed name of officer administering oath

Notary  
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: <b>1 of 2</b>	
2 FILER NAME <b>Mike McNameara</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00007207</b>	
4 Date <b>3/1/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Battle</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>124 Lidost Austin, TX 78734</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Manager</b>		10 Employer (See Instructions) <b>Key Trac</b>	
Date <b>3/3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lawrence Seeger</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1920 Gaston Place Drive #102 Austin, TX 78723</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>	
Date <b>3/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Morris Taylor Priest</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1203 Palo Duro Rd Austin, TX 78757</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>	
Date <b>7/13/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <del><b>Gary + Bernadette Rainasek</b></del>	Amount of contribution (\$) <del><b>100</b></del>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <del><b>10304 Old San Antonio Rd Austin, TX 78748</b></del>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Sales</b>		Employer (See Instructions)	
Date <b>6/29/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis + Helen Finke</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1102 Winding Creek Pl Round Rock, TX 78665</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate / Realtor</b>		Employer (See Instructions) <b>Joseph Realty Group</b>	

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 of 2**

2 FILER NAME **Mike McNameara**

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

4 Date  
**6/21/13**

5 Full name of contributor  out-of-state PAC ID#  
**Mike Krischke**

7 Amount of contribution (\$) **50**

8 In-kind contribution description (if applicable)  
**500 B+W  
business  
cards**

6 Contributor address: City: State: Zip Code  
**6448 US-290E Ste A112  
Austin, TX 78723**

(If travel outside of Texas, complete Schedule T)

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

10 Employer (See Instructions)  
**Mikes Print Shop**

Date Full name of contributor  out-of-state PAC ID#  
Contributor address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Date Full name of contributor  out-of-state PAC ID#  
Contributor address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Date Full name of contributor  out-of-state PAC ID#  
Contributor address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Date Full name of contributor  out-of-state PAC ID#  
Contributor address: City: State: Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

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

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: **1 of 2**

2 FILER NAME  
**Mike Mc Namara**

3 ACCOUNT # (Ethics Commission Filers)  
**0000 7207**

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨      \$

5 Date  
**3/2/13**

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Billy John Mc Namara**  
7 Pledgor address; City; State; Zip Code  
**10920 - C Crown Colony  
Austin, TX 78747**

8 Amount of pledge (\$)  
**500**  
(If travel outside of Texas, complete Schedule T)

9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions)  
**Lease Store Director**

11 Employer (See Instructions)  
**Triple S Fuels**

Date  
**3/2/13**

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jerry Mc Namara**  
Pledgor address; City; State; Zip Code  
**2705 Burnwood Ct  
Arlington, TX 76016**

Amount of pledge (\$)  
**300**  
(If travel outside of Texas, complete Schedule T)

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)  
**Manager**

Employer (See Instructions)

Date  
**6/18/13**

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jane Casiraghi**  
Pledgor address; City; State; Zip Code  
**4403 Osby St  
Houston, TX 77096**

Amount of pledge (\$)  
**500**  
(If travel outside of Texas, complete Schedule T)

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/3/13**

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ron Whatley**  
Pledgor address; City; State; Zip Code  
**3920 Coopers Hawk Cv  
Austin, TX 78738**

Amount of pledge (\$)  
**50**  
(If travel outside of Texas, complete Schedule T)

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/4/13**

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Keith Whatley**  
Pledgor address; City; State; Zip Code  
**9390 Research Blvd Ste 412  
Austin, TX 78759**

Amount of pledge (\$)  
**50**  
(If travel outside of Texas, complete Schedule T)

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)  
**Investment Advisor**

Employer (See Instructions)  
**Calton + Assoc. of Austin**

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B.

2 of 2

2 FILER NAME

Mike Mc Namara

3 ACCOUNT # (Ethics Commission Filers)

0000 7207

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6/26/13

6 Full name of pledgor

Robb Wilson

out-of-state PAC (ID#)

7 Pledgor address: City: State: Zip Code

12404 Jamie Dr.

Manor, Tx 78653

8 Amount of pledge (\$)

25

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

Assoc Professor Educator

11 Employer (See Instructions)

University of Texas

Date

6/16/13

Full name of pledgor

Joe Crowley

out-of-state PAC (ID#)

Pledgor address: City: State: Zip Code

202 Honeysuckle Ln  
Pflugerville, TX 78660

Amount of pledge (\$)

100

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Twin Liquors

Date

Full name of pledgor

out-of-state PAC (ID#)

Pledgor address: City: State: Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#)

Pledgor address: City: State: Zip Code

Amount of pledge (\$)

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#)

Pledgor address: City: State: Zip Code

Amount of pledge (\$)

In-kind 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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Mike McNamara</b>		3 ACCOUNT # (Ethics Commission Filers) <b>0000 7207</b>
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <b>6/24/13</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Michael 'Mike' McNamara</b>	9 Loan Amount (\$) <b>6,000</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>3501 Carla Dr Austin, TX 78754</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Technical Writer</b>		13 Employer (See Instructions) <b>Self</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

If lender 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:	2 FILER NAME <b>Mike McNamara</b>	3 ACCOUNT # (Ethics Commission Filers) <b>0000 7207</b>
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4 Date <b>2/8/12</b>	5 Payee name <b>Strickland Campaign</b>
-------------------------	--

6 Amount (\$) <b>50.00</b>	7 Payee address; City; State; Zip Code <b>Unknown</b>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Donation</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign</b>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>James Strickland Jmm</b>	Office sought	Office held
---	--	---------------	-------------

Date <b>3/26/12</b>	Payee name <b>Lake Travis Republican Club</b>
------------------------	--

Amount (\$) <b>20.00</b>	Payee address; City; State; Zip Code <b>Unknown</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Luncheon</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/12/13</b>	Payee name <b>Northwest Austin Republican Women</b>
------------------------	--

Amount (\$) <b>40.00</b>	Payee address; City; State; Zip Code <b>Unknown</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense Jmm</b>	Description (If travel outside of Texas, complete Schedule T) <b>GOTV Seminar</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/15/13</b>	Payee name <b>Northwest Austin Republican Women</b>
------------------------	--

Amount (\$) <b>12.00</b>	Payee address; City; State; Zip Code <b>Unknown</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Membership</b>
------------------------	---	--

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 <b>Mike McNamara</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00007207</b>	
4 Date <b>4/8/13</b>		5 Payee name <b>Travis Republican Women</b>			
6 Amount (\$) <b>1500</b>		7 Payee address; City; State; Zip Code <b>12611 Cholla Ln Manhaca, TX 78652</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Fees</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Membership</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/1/13</b>		Payee name <b>Travis County Republican Party</b>			
Amount (\$) <b>10000</b>		Payee address; City; State; Zip Code <b>7901 Cameron Rd Austin, TX 78754</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description (If travel outside of Texas, complete Schedule T) <b>Sustaining Membership</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/28/13</b>		Payee name <b>Navy League (Greater Austin Council of Navy League)</b>			
Amount (\$) <b>3000</b>		Payee address; City; State; Zip Code <b>2300 Wilson Blvd Arlington, VA 22201-5424</b> <b>(National Office)</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Dinner</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6/25/13</b>		Payee name <b>Rasmussen Consulting</b>			
Amount (\$) <b>2,550<sup>00</sup></b>		Payee address; City; State; Zip Code <b>PO Box 92632 Austin, TX 78709</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign Services</b>	
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	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 <b>Mike Mc Namara</b>	3 ACCOUNT # (Ethics Commission Filers) <b>00007207</b>
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4 Date <b>6/27/13</b>	5 Payee name <b>Buttross Properties</b>
--------------------------	--

6 Amount (\$) <b>525.00</b>	7 Payee address; City; State; Zip Code <b>7901 Cameron Rd Austin, TX 78754</b>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Office Overhead</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Rent, deposit, and filing fee</b>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/11/12</b>	Payee name <b>Lunar Pages</b>
------------------------	----------------------------------

Amount (\$) <b>107.40</b>	Payee address; City; State; Zip Code <b>1360 N. Hancock St Anaheim, CA 92807</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Overhead</b>	Description (If travel outside of Texas, complete Schedule T) <b>Web Hosting</b>
------------------------	--	---

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

Date <b>2/12/12</b>	Payee name <b>Google Apps</b>
------------------------	----------------------------------

Amount (\$) <b>10.00</b>	Payee address; City; State; Zip Code <b>1600 Amphitheatre Pkwy Mountain View, CA 94043</b>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Overhead</b>	Description (If travel outside of Texas, complete Schedule T) <b>Domain Registration Renewal</b>
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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:	2 FILER NAME <b>Mike McNameara</b>	3 ACCOUNT # (Ethics Commission Filers) <b>00007207</b>
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4 Date <b>2/11/12</b>	5 Payee name <b>Lunar Pages</b>
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6 Amount (\$) <b>107.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1360 N. Hancock St. Anaheim, CA 92807</b>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Office Overhead</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Web Hosting, Annual</b>
--------------------------	--	---

Date <b>2/12/12</b>	Payee name <b>Google Apps</b>
------------------------	----------------------------------

Amount (\$) <b>10.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1600 Amphitheatre Pkwy Mountainview, CA 94043</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Overhead</b>	Description (If travel outside of Texas, complete Schedule T) <b>Domain Registration <sup>Renewal</sup></b>
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### 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 H:	2 FILER NAME <b>Mike McNamara</b>	3 ACCOUNT # (Ethics Commission Filers) <b>0000 2207</b>
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME <i>Mike Mc Namara</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>0000 7207</i>
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
----------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
------------------------	---	--

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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:

2 FILER NAME

Mike McNameara

3 ACCOUNT # (Ethics Commission Filers)

00007207

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

7 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

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

## SCHEDULE T

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

2 FILER NAME **Mike McNameara** 3 ACCOUNT # (Ethics Commission Filers) **00007207**

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

5 Contribution / Expenditure reported on:  
 Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel    7 Name of person(s) traveling  
8 Departure city or name of departure location  
9 Destination city or name of destination location

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

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

Contribution / Expenditure reported on:  
 Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel    Name of person(s) traveling  
Departure city or name of departure location  
Destination city or name of destination location

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

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

Contribution / Expenditure reported on:  
 Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel    Name of person(s) traveling  
Departure city or name of departure location  
Destination city or name of destination location

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

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