

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME James Michael McNamara

15 ACCOUNT # (Ethics Commission Filers)
0007207

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 **\$70.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$4564.25**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$0**

4. TOTAL POLITICAL EXPENDITURES **\$10,193.46**

CONTRIBUTION BALANCE

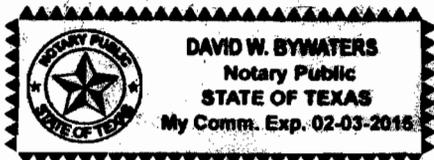
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$442.87**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$12,500**

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.



AFFIX NOTARY STAMP / SEAL ABOVE

James Michael McNamara
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Office Holder, this the 15 day of January, 20 14, 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 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 1 of 4	
2 FILER NAME James Michael McNamara		3 ACCOUNT # (Ethics Commission Filers) 00007207	
4 Date 7/10/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Rainosek	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 10304 Old San Antonio Rd Austin, TX 78748		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick McGuinness	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 9310 Old Lampasas Trl Austin, TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jane Casiraghi	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4403 Osby St Houston, TX 77096		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S Glenn Bass	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3001 Esperanza Crossing # 2065 Austin, TX 78758		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jag Wiley	Amount of contribution (\$) \$9680	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4221 Canoas Dr Austin, TX 78730-1466		(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 of 4

2 FILER NAME

James Michael McNamara

3 ACCOUNT # (Ethics Commission Filers)

00007207

4 Date

11/6/13

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

John Cordier

7 Amount of contribution (\$)

\$300

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

610 CenTex Sportsman Rd.
Belton, TX 76513

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/6/13

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

Clarence Griggs

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2214 Westlake Dr
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/13

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

Angel Abitua

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2418 Mockingbird Dr.
Round Rock, TX 78681-2714

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/13

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

Elizabeth Tait

Amount of contribution (\$)

\$242⁴⁵

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

12501 Loughorn Pkwy #A226
Austin, TX 78732

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/13

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

John Greytak

Amount of contribution (\$)

\$1500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 30401
Austin, TX 78755

(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: 3 of 4
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2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
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4 Date 12/31/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wm Terry Bray	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 401 Congress Ave Ste 2200 Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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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)
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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)
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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:
4 of 4

2 FILER NAME

James Michael McNameara

3 ACCOUNT # (Ethics Commission Filers)
00007207

4 Date

7/1/13

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

Michael Krischke

6 Contributor address: City: State: Zip Code

6448 Hwy 290 East Ste A-112
Austin, TX 78723

7 Amount of contribution (\$)
\$75.00

8 In-kind contribution description (if applicable)
Business Cards

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Printer/owner

10 Employer (See Instructions)

Self

Date

7/1/13
and
8/1/13

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

David A. Buttross II

Contributor address: City: State: Zip Code

7901 Cameron Rd Bldg 3
Austin TX 78754

Amount of contribution (\$)
\$200.00

In-kind contribution description (if applicable)
Discounted 2 months Rent.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/17/13

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

Rick Henson

Contributor address: City: State: Zip Code

PO Box 9994
Austin, TX 78266

Amount of contribution (\$)
\$300.00

In-kind contribution description (if applicable)
Photography

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/13

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

Mike VanDeWalle

Contributor address: City: State: Zip Code

11824 Jollyville Rd # 500
Austin, TX

Amount of contribution (\$)
\$2,000 (estimate)

In-kind contribution description (if applicable)
Mailer including picture and Name

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Chiropractor John

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 2

2 FILER NAME

James Michael McNamara

3 ACCOUNT # (Ethics Commission Filers)

0007207

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

10/2/13

7 Name of lender

James M McNamara

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$1,500

6 Is lender a financial Institution?

Y (N)

8 Lender address: City: State: Zip Code

3501 Carla Dr. Austin, TX 78754

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Technical Writer/consultant

13 Employer (See Instructions)

Self

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

Y

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address: City: State: Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

10/15/13

Name of lender

James M. McNamara

out-of-state PAC (ID#)

Loan Amount (\$)

\$2,000

Is lender a financial Institution?

Y (N)

Lender address: City: State: Zip Code

3501 Carla Dr Austin, TX 78754

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Technical Writer/consultant

Employer (See Instructions)

Self

Description of Collateral

none

Check if personal funds were deposited into political account

Y

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed (\$)

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 of 2

2 FILER NAME

James Michael McNamara

3 ACCOUNT # (Ethics Commission Filers)

00007207

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

11/18/13

7 Name of lender

(Mike) James M McNamara

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$ 500

6 Is lender a financial institution?

Y N

8 Lender address, City, State, Zip Code

3501 Carla Dr
Austin, TX 78754

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Technical Writer/Consultant

13 Employer (See Instructions)

Self

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address, City, State, Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

9/17/13

Name of lender

James M McNamara

out-of-state PAC (ID# _____)

Loan Amount (\$)

\$ 2,500

Is lender a financial institution?

Y N

Lender address, City, State, Zip Code

3501 Carla Dr.
Austin, TX 78754

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Technical Writer/Consultant

Employer (See Instructions)

Self

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address, City, State, Zip Code

Amount Guaranteed (\$)

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: 1 of 6	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
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4 Date 7/11/13	5 Payee name Intelligent Direct, Inc Market Maps
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6 Amount (\$) \$44500	7 Payee address; City, State; Zip Code PO Box 119 Wellsboro, PA 16901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Map	(b) Description (If travel outside of Texas, complete Schedule T) Travis County Map and Overlay
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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 7/15/13	Payee name Don Rasmussen Consulting
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Amount (\$) \$255000	Payee address; City, State; Zip Code PO Box 92632 Austin, TX 78709
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Services
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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 7/22/13	Payee name Been Verified. Com
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Amount (\$) \$195	Payee address; City, State; Zip Code Online
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Research online
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/2/13	Payee name Buttross Properties
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Amount (\$) \$250	Payee address; City, State; Zip Code 7901 Cameron Rd Austin, TX 78754
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Rent
------------------------	---	---

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 of 6	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
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4 Date 9/13/13	5 Payee name Eterna Life Productions
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6 Amount (\$) \$6200	7 Payee address: City: State: Zip Code 1191 Highway 71 West Smithville, TX 78957
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Website/Social Media	(b) Description (If travel outside of Texas, complete Schedule T) Web development, design
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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 9/9/13	Payee name Austin Republican Club
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Amount (\$) \$2000	Payee address: City: State: Zip Code Unknown
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Jan Fee Event Expense	Description (If travel outside of Texas, complete Schedule T) Luncheon
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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 9/17/13	Payee name Erin Vargo
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Amount (\$) \$1,500	Payee address: City: State: Zip Code 204 Lakeway Dr. Georgetown, TX 78628
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Writing, editing, Social Media
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/13	Payee name Erin Vargo
------------------------	---------------------------------

Amount (\$) \$1,000	Payee address: City: State: Zip Code 204 Lakeway Dr. Georgetown, TX 78628
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Writing, editing, Social Media
------------------------	---	--

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: 3 of 6	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
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4 Date 10/4/13	5 Payee name Donna Garcia Davidson
--------------------------	--

6 Amount (\$) \$6000	7 Payee address, City, State, Zip Code Capitol Station PO Box 12131 Austin, TX 78711-2131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Legal Services	(b) Description (If travel outside of Texas, complete Schedule T) COH Review
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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 10/7/13	Payee name Austin Business Journal
------------------------	--

Amount (\$) \$8100	Payee address, City, State, Zip Code Online
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Media, Print	Description (If travel outside of Texas, complete Schedule T) Subscription, Research
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/13	Payee name Bar City Awards
------------------------	--------------------------------------

Amount (\$) \$866	Payee address, City, State, Zip Code 1702 Nueces St Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Name Tag
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/13	Payee name Eternalife Productions
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Amount (\$) \$1995	Payee address, City, State, Zip Code 1191 Highway 21 West Smithville, TX 78957
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Copy Edit Software Subscription
------------------------	--	---

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: 4 of 6	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
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4 Date 10/15/13	5 Payee name Americans For Prosperity
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6 Amount (\$) \$2000	7 Payee address: City: State: Zip Code 2111 Wilson Blvd Ste 350 Arlington, VA 22201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) local government seminar
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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 10/18/13	Payee name Faith In Action - West Austin (Drive A Senior)
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Amount (\$) \$7500	Payee address: City: State: Zip Code 2601 Exposition Blvd Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Annual Award Event
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/13	Payee name Erin Vargo
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Amount (\$) \$1,500.00	Payee address: City: State: Zip Code 204 Lakeway Dr. Georgetown, TX 78628
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expenses	Description (If travel outside of Texas, complete Schedule T) Campaign Communication Plan
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/13	Payee name Eternalife Productions
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Amount (\$) \$620.00	Payee address: City: State: Zip Code 1191 Highway 71 West Smithville, TX 78957
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Social Media	Description (If travel outside of Texas, complete Schedule T) Website development
------------------------	--	--

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 5 of 6	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filer) 00007207
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4 Date 10/28/13	5 Payee name Leadership Austin
6 Amount (\$) \$2500	7 Payee address, City, State, Zip Code 1609 Shoal Creek Blvd Ste 202 Austin, TX 78701-1022

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (if travel outside of Texas, complete Schedule T) Breakfast, Panel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/6/13	Payee name Greater Austin Council Navy League
Amount (\$) \$3000	Payee address, City, State, Zip Code 2300 Wilson Blvd Arlington, VA 22201-5424

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (if travel outside of Texas, complete Schedule T) Dinner Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/14/13	Payee name Eternalife Productions
Amount (\$) \$1995	Payee address, City, State, Zip Code 1191 Highway 71 West Smithville, TX 78957

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (if travel outside of Texas, complete Schedule T) EasyEdit Software Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/26/13	Payee name Chicon Pregnancy Resources
Amount (\$) \$5000	Payee address, City, State, Zip Code 1190 Chicon St. Austin, TX 78702

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (if travel outside of Texas, complete Schedule T) Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel in District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 6 of 6	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filer) 00007207
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4 Date 12/4/13	5 Payee name United States Postal Service
6 Amount (\$) \$2700	7 Payee address: City State Zip Code Cross Park Austin, TX

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (if travel outside of Texas, complete Schedule T) PO Box Rental
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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 12/6/13	Payee name Travis County Republican Party (Primary)
Amount (\$) \$1,250	Payee address: City State Zip Code 7901 Cameron Rd Austin, TX 78754

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (if travel outside of Texas, complete Schedule T) Filing Fee, Primary
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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 12/16/13	Payee name Eternalife Productions
Amount (\$) \$1995	Payee address: City State Zip Code 1191 Highway 21 West Smithville, TX 78957

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (if travel outside of Texas, complete Schedule T) Easy Edit Software Subscription
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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	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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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 of 5	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
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4 Date 7/2-11/5/13	5 Payee name Various City of Austin
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6 Amount (\$) \$20.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2006 E.4th St Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Parking Meters
--------------------------	---	--

Date 7/3/13	Payee name Water Loo Ice House
--------------------	--

Amount (\$) \$12.00 14.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8600 Burnet Rd Austin, TX 78757
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Breakfast Meeting
------------------------	--	---

Date 7/13/13	Payee name Office Depot Store #368
------------------------	--

Amount (\$) \$50.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 816 Tirado St. Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Over head	Description (If travel outside of Texas, complete Schedule T) Filing materials
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Date 8/5/13	Payee name Kerbey Lane Cafe
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Amount (\$) \$31.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2606 Guadalupe St Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch Meeting
------------------------	--	---

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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 of 5	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
4 Date 8/7/13	5 Payee name Olive Garden	
6 Amount (\$) \$883 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 8833 Burnet Rd. Austin, TX 78757-7009	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (if travel outside of Texas, complete Schedule T) Lunch meeting
Date 8/16/13	Payee name Office Depot Store #368	
Amount (\$) \$2705 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 816 Tirado St. Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (if travel outside of Texas, complete Schedule T) Paper
Date 8/22/13	Payee name Office Depot Store #368	
Amount (\$) \$5963 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 816 Tirado St Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (if travel outside of Texas, complete Schedule T) Printer Ink
Date 9/18/13	Payee name Amaya's Taco Village	
Amount (\$) \$3163 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 5804 IH 35 Austin, TX 78754	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (if travel outside of Texas, complete Schedule T) Dinner Meeting

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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: 3 of 5	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 00007207
4 Date 9/18/13	5 Payee name Fry's Store #22	
6 Amount (\$) \$864.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 12707 North MoPac Expwy Austin, TX 78727	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) 9 Pad
Date 9/19/13	Payee name Monument Cafe	
Amount (\$) \$1541 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 500 S. Austin Ave Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Breakfast Meeting
Date 9/21/13	Payee name Good Luck Grill	
Amount (\$) \$3059 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 14605 N FM 973 Manor, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Dinner Meeting
Date 9/25/13	Payee name Waterloo Ice House	
Amount (\$) \$1420 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 8600 Burnet Rd Austin, TX 78757	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Breakfast meeting

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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: 4 of 5	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 0000 7207
4 Date 10/5/13	5 Payee name Doc's Backyard	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$22.80	7 Payee address; City; State; Zip Code 5207 Brodie Ln Austin, Sunset Valley, TX 78745	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (if travel outside of Texas, complete Schedule T) Dinner Meeting
Date 10/7/13	Payee name AT&T Retail Store	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$107.12	Payee address; City; State; Zip Code 13000 N IH-35 Ste 100 Austin, TX 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (if travel outside of Texas, complete Schedule T) i Pad Cover and Kybd
Date 10/11/13	Payee name Tres Amigos Restaurant + Cantina	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$24.87	Payee address; City; State; Zip Code 2535 Highway 290 East Austin, TX 78723	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (if travel outside of Texas, complete Schedule T) Dinner Meeting
Date ^{Jan} 10/22/13	Payee name US Postal Service	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$32.20	Payee address; City; State; Zip Code Austin GMF 8225 Cross Park Dr. Austin, TX 78710-9765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (if travel outside of Texas, complete Schedule T) Stamps

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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: 5 of 5	2 FILER NAME James Michael McNamara	3 ACCOUNT # (Ethics Commission Filers) 0000 7207
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4 Date 10/23/13	5 Payee name US Postal Service
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6 Amount (\$) \$18 40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 8225 Cross Park Dr Austin, TX 78710-9765
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Off Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Stamps
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Date 11/14/13	Payee name Southern Hospitality
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Amount (\$) \$18 38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 6700 Middle Fiskville Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch Meeting
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Date	Payee name
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Amount (\$)	Payee address; City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

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

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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