

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8385

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers) ~~11111111~~ 00067207

2 PAGE # 1 of 24

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI MI	OFFICE USE ONLY
	NICKNAME Mike	LAST McNamara	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	OFFICE USE ONLY
	3501 Carla Austin, TX 78754	

5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Julia	MI MI	Date Received
	NICKNAME	LAST McNamara	SUFFIX	Date Hand-delivered or Date Postmarked

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

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 926-1186	

8 REPORT TYPE	<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)

9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2014		06/30/2014

10 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year 11/04/2014	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Travis County Judge
--------------------------------	--

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

13 C/OH NAME McNamara, James (Mr.)

14 ACCOUNT # (Ethics Commission filers)

~~71111111~~ 00007207

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
---	----	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,827.94
--	----	----------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	1,046.07
---	----	----------

4. TOTAL POLITICAL EXPENDITURES	\$	4,268.97
---------------------------------	----	----------

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,805.90
--	----	----------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

James M. McNamara

*James M. McNamara*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James McNamara, this the 15 day of July, 2014, to certify which, witness my hand and seal of office.

*Megan Renee Ciota*  
Signature of officer administering oath

Megan Renee Ciota  
Print name of officer administering oath

Consumer Banker  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 3/24	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) <del>11111111</del> 00007207	
4 Date  02/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvord, Vicki (Mrs.) ..... 6 Contributor address; City; State; Zip Code 12001 Market Street #310 Reston, VA 20190	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradberry, Timothy ..... Contributor address; City; State; Zip Code 17903 Worley Austin, TX 78660	Amount of contribution (\$)  \$72.52	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brieden, John ..... Contributor address; City; State; Zip Code P. O. Box 1256 Brenham, TX 77834	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bsaibes, Mounir ..... Contributor address; City; State; Zip Code 9212 Slate Creek Tr Austin, TX 78717	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casiraghi, Margaret ..... Contributor address; City; State; Zip Code 4403 Osby St Houston, TX 77096-4422	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/7 Report: 4/24	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) R11111111 00007207	
4 Date  04/07/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casiraghi, Sandy  6 Contributor address; City; State; Zip Code 4403 Osby St Houston, TX 77096	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coble, Neill  6 Contributor address; City; State; Zip Code 10900 Crown Colony Dr Apt A Austin, TX 78747	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  06/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coleman, Tommy  6 Contributor address; City; State; Zip Code 1108 Lavaca #110-218 Austin, TX 78701	7 Amount of contribution (\$)  \$72.52	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  02/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crowley, Tim (Mr.)  6 Contributor address; City; State; Zip Code 5902 Lonesome Valley Trail Austin, TX 78731	7 Amount of contribution (\$)  \$96.80	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  05/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daugherty, Gerald  6 Contributor address; City; State; Zip Code 1403 Club Ridge Cv Austin, TX 78735	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/7 Report: 6/24	
<b>2</b> FILER NAME McNamara, James (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) <del>11111111</del> 00007207	
<b>4</b> Date  03/24/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Markham, John  <b>6</b> Contributor address; City; State; Zip Code 4707 Rosedale Ave Austin, TX 78756-2830	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  03/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marr, Ray  Contributor address; City; State; Zip Code 3801 Aspen Creek Pkwy Austin, TX 78749-6915	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  03/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNamara, Jerry  Contributor address; City; State; Zip Code 2704 Burnwood Ct Arlington, TX 76016	Amount of contribution (\$)  \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  05/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morelos, Jeremy  Contributor address; City; State; Zip Code P O Box 16163 Austin, TX 78761-6163	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	
Date  04/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pierce, Bill  Contributor address; City; State; Zip Code 8502 Silver Ridge Dr Austin, TX 78759	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b>		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 5/7 Report: 7/24	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 047411111 00007207	
4 Date  03/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pierce, Edward  6 Contributor address; City; State; Zip Code 843 Fischer Rd Sharpsburg, GA 30277	7 Amount of contribution (\$)  \$970.70	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rainosek, Gary  Contributor address; City; State; Zip Code 10304 Old San Antonio Rd Austin, TX 78748	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rush, Johnny (Mr.)  Contributor address; City; State; Zip Code 10920-D Crown Colony Dr Austin, TX 78747	Amount of contribution (\$)  \$96.80	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shirley, Robert (Mr.)  Contributor address; City; State; Zip Code 3206 Poe Cove Lago Vista, TX 78645	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, James  Contributor address; City; State; Zip Code 4700 Toreador Austin, TX 78746	Amount of contribution (\$)  \$1,941.70	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 7/7 Report: 9/24	
<b>2 FILER NAME</b> McNamara, James (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 11111111 00007207	
<b>4 Date</b>  06/11/2014	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Worsham, William  ..... <b>6 Contributor address; City; State; Zip Code</b> 1105 Norwalk Ln Austin, TX 78703	<b>7 Amount of contribution (\$)</b>  \$96.80	<b>8 In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 1/12 Report: 11/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) \$ 4444444 00007207
---	--	--

<b>4</b> Date 01/13/2014	<b>5</b> Payee name Eternalife Production
-----------------------------	--

<b>6</b> Amount (\$) \$19.95	<b>7</b> Payee address City; State; Zip Code 1191 Hwy 71 East Smithville, TX 78957
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software subscription
---------------------------------	--	--

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

Date 02/13/2014	Payee name Eternalife Production
--------------------	-------------------------------------

Amount (\$) \$19.95	Payee address City; State; Zip Code 1191 Hwy 71 East Smithville, TX 78957
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software subscription
------------------------	---	---

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

Date 03/13/2014	Payee name Eternalife Production
--------------------	-------------------------------------

Amount (\$) \$19.95	Payee address City; State; Zip Code 1191 Hwy 71 East Smithville, TX 78957
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software subscription
------------------------	---	---

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

Date 03/13/2014	Payee name Eternalife Production
--------------------	-------------------------------------

Amount (\$) \$19.95	Payee address City; State; Zip Code 1191 Hwy 71 East Smithville, TX 78957
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software subscription
------------------------	---	---

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 2/12 Report: 12/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) #11111111 0000207
---	--	--

<b>4</b> Date 04/13/2014	<b>5</b> Payee name Eternalife Production
-----------------------------	--

<b>6</b> Amount (\$) \$19.95	<b>7</b> Payee address City; State; Zip Code 1191 Hwy 71 East Smithville, TX 78957
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software subscription
---------------------------------	---	---

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

Date 05/13/2014	Payee name Eternalife Production
--------------------	-------------------------------------

Amount (\$) \$19.95	Payee address City; State; Zip Code 1191 Hwy 71 East Smithville, TX 78957
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software subscription
------------------------	---	---

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

Date 06/13/2014	Payee name Eternalife Production
--------------------	-------------------------------------

Amount (\$) \$19.95	Payee address City; State; Zip Code 1191 Hwy 71 East Smithville, TX 78957
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software subscription
------------------------	---	---

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

Date 01/28/2014	Payee name Lunar Pages
--------------------	---------------------------

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Hosting
------------------------	---	---

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/12 Report: 13/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) <del>11111111</del> 00002207
---	--	---

<b>4</b> Date 04/21/2014	<b>5</b> Payee name Malette, Cindy (Mrs.)
-----------------------------	--

<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> communications advisor
------------------------------------	--	---

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

Date 04/25/2014	Payee name Malette, Cindy (Mrs.)
--------------------	-------------------------------------

Amount (\$) \$100.00	Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
-------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Advisor
------------------------------------	---	--

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

Date 05/07/2014	Payee name Malette, Cindy (Mrs.)
--------------------	-------------------------------------

Amount (\$) \$100.00	Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
-------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Advisor
------------------------------------	---	--

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

Date 05/12/2014	Payee name Malette, Cindy (Mrs.)
--------------------	-------------------------------------

Amount (\$) \$100.00	Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
-------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Advisor
------------------------------------	---	--

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 4/12 Report: 14/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 4411111 000207
---	--	---

<b>4</b> Date 05/19/2014	<b>5</b> Payee name Mallette, Cindy (Mrs.)
-----------------------------	---

<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Advisor
---------------------------------	---	--

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

Date 05/26/2014	Payee name Mallette, Cindy (Mrs.)
--------------------	--------------------------------------

Amount (\$) \$100.00	Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Advisor
------------------------	---	--

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

Date 06/02/2014	Payee name Mallette, Cindy (Mrs.)
--------------------	--------------------------------------

Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Advisor
------------------------	---	--

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

Date 06/09/2014	Payee name Mallette, Cindy (Mrs.)
--------------------	--------------------------------------

Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Circle Austin, TX 78750
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Communications Advisor
------------------------	---	--

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1 PAGE #</b> Schedule: 5/12 Report: 15/24	<b>2 FILER NAME</b> McNamara, James (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> 41111111 00007207
---	--	--

<b>4 Date</b> 06/16/2014	<b>5 Payee name</b> Mallette, Cindy (Mrs.)
-----------------------------	---

<b>6 Amount (\$)</b> \$200.00	<b>7 Payee address City; State; Zip Code</b> 8403 A Fathom Circle Austin, TX 78750
----------------------------------	--

<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Communications Advisor
---------------------------------	--	---

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

<b>Date</b> 06/24/2014	<b>Payee name</b> Mallette, Cindy (Mrs.)
---------------------------	---

<b>Amount (\$)</b> \$200.00	<b>Payee address City; State; Zip Code</b> 8403 A Fathom Circle Austin, TX 78750
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Communications Advisor
-------------------------------	--	---

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

<b>Date</b> 06/30/2014	<b>Payee name</b> Mallette, Cindy (Mrs.)
---------------------------	---

<b>Amount (\$)</b> \$200.00	<b>Payee address City; State; Zip Code</b> 8403 A Fathom Circle Austin, TX 78750
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Communications Advisor
-------------------------------	--	---

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

<b>Date</b> 01/10/2014	<b>Payee name</b> MGW Media Works
---------------------------	--------------------------------------

<b>Amount (\$)</b> \$236.25	<b>Payee address City; State; Zip Code</b> 1405 Kendalia St Austin, TX 78748
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Graphics
-------------------------------	--	---

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 6/12 Report: 16/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 543 11111111 0007 207
---	--	--

<b>4</b> Date 02/10/2014	<b>5</b> Payee name MGW Media Works
-----------------------------	--

<b>6</b> Amount (\$) \$122.50	<b>7</b> Payee address City; State; Zip Code 1405 Kendalia St Austin, TX 78748
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphics
---------------------------------	---	--

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

Date 01/23/2014	Payee name Mike's Print Shop
--------------------	---------------------------------

Amount (\$) \$27.06	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
------------------------	---	--

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

Date 01/28/2014	Payee name Mike's Print Shop
--------------------	---------------------------------

Amount (\$) \$27.06	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
------------------------	---	--

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

Date 01/31/2014	Payee name Mike's Print Shop
--------------------	---------------------------------

Amount (\$) \$21.65	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
------------------------	---	--

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 7/12 Report: 17/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 444444 00002207
---	--	--

<b>4</b> Date 03/26/2014	<b>5</b> Payee name Mike's Print Shop
-----------------------------	--

<b>6</b> Amount (\$) \$27.06	<b>7</b> Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
---------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
---------------------------------	--	---

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

Date 05/29/2014	Payee name Mike's Print Shop
--------------------	---------------------------------

Amount (\$) \$55.42	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
-------------------------------	---	--

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

Date 06/20/2014	Payee name Mike's Print Shop
--------------------	---------------------------------

Amount (\$) \$27.06	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
-------------------------------	---	--

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

Date 03/24/2014	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$60.61	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies
-------------------------------	--	---

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 8/12 Report: 18/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111 00207207
---	--	--

<b>4</b> Date 04/17/2014	<b>5</b> Payee name Office Depot
-----------------------------	-------------------------------------

<b>6</b> Amount (\$) \$48.70	<b>7</b> Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printer toner
---------------------------------	---	--

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

Date 05/05/2014	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$7.57	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies
-------------------------------	--	--

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

Date 05/29/2014	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$11.90	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies
-------------------------------	--	--

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

Date 06/02/2014	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$2.04	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
-------------------------------	--	--

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 9/12 Report: 19/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111 00007207
---	--	--

<b>4</b> Date 06/18/2014	<b>5</b> Payee name Office Depot
-----------------------------	-------------------------------------

<b>6</b> Amount (\$) \$70.55	<b>7</b> Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
---------------------------------	---	---

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

Date 06/30/2014	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$34.09	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
------------------------	--	--

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

Date 01/29/2014	Payee name Postmaster
--------------------	--------------------------

Amount (\$) \$1.40	Payee address City; State; Zip Code Northeast Station Austin, TX 78754
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage
------------------------	---	---

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

Date 04/14/2014	Payee name Postmaster
--------------------	--------------------------

Amount (\$) \$6.80	Payee address City; State; Zip Code Northeast Station Austin, TX 78754
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage
------------------------	---	---

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 10/12 Report: 20/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111 00007207
--	--	--

<b>4</b> Date 05/12/2014	<b>5</b> Payee name Postmaster
-----------------------------	-----------------------------------

<b>6</b> Amount (\$) \$28.00	<b>7</b> Payee address City; State; Zip Code Northeast Station Austin, TX 78754
---------------------------------	---

<b>8</b> 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) <input type="checkbox"/> PO Box Fee
---------------------------------	--	--

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

Date 05/20/2014	Payee name Postmaster
--------------------	--------------------------

Amount (\$) \$49.00	Payee address City; State; Zip Code Northeast Station Austin, TX 78754
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage
-------------------------------	---	---

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

Date 05/29/2014	Payee name Postmaster
--------------------	--------------------------

Amount (\$) \$49.00	Payee address City; State; Zip Code Northeast Station Austin, TX 78754
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage
-------------------------------	---	---

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

Date 06/02/2014	Payee name Postmaster
--------------------	--------------------------

Amount (\$) \$9.80	Payee address City; State; Zip Code Northeast Station Austin, TX 78754
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> postage
-------------------------------	---	---

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 11/12 Report: 21/24		<b>2</b> FILER NAME McNamara, James (Mr.)		<b>3</b> ACCOUNT # (TEC filers) 11111111 00002202	
<b>4</b> Date 02/14/2014		<b>5</b> Payee name Republican Club of Austin			
<b>6</b> Amount (\$) \$20.00		<b>7</b> Payee address City; State; Zip Code 801 W Live Oak St Austin, TX 78704-5032			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon/meeting	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/02/2014		Payee name Republican Club of Austin			
Amount (\$) \$25.00		Payee address City; State; Zip Code 801 W Live Oak St Austin, TX 78704-5032			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon/meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/06/2014		Payee name Republican Club of Austin			
Amount (\$) \$50.00		Payee address City; State; Zip Code 811 W. Live Oak St., Austin, TX 78704-5032			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon/meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/03/2014		Payee name Republican Club of Austin			
Amount (\$) \$50.00		Payee address City; State; Zip Code 801 W Live Oak St Austin, TX 78704-5032			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon/meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 12/12 Report: 22/24		<b>2</b> FILER NAME McNamara, James (Mr.)		<b>3</b> ACCOUNT # (TEC filers) 11111111 00002207	
<b>4</b> Date 05/19/2014	<b>5</b> Payee name Texas Eagle Forum				
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address City; State; Zip Code P. O. Box 795354 Dallas, TX 75379				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dinner at RPT convention		
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:                      Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/2 Report: 23/24	<b>2 FILER NAME</b> McNamara, James (Mr.)	<b>3 ACCOUNT # (TEC filers)</b> S 11111111 0000207
--	--	---

<b>4 Date</b> 04/08/2014	<b>5 Payee name</b> Ampco Systems Parking
-----------------------------	--

<b>6 Amount (\$)</b> \$15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City; State; Zip Code 700 :Lavaca Austin, TX 78704
--	---

<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking
---------------------------------	---	--

<b>Date</b> 05/23/2014	<b>Payee name</b> Jim's Restaurant
---------------------------	---------------------------------------

<b>Amount (\$)</b> \$8.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 9091 Research Blvd Austin, TX 78758
---	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> St Louis Men's Group
-------------------------------	--	---

<b>Date</b> 03/26/2014	<b>Payee name</b> Kerbey Lane Cafe
---------------------------	---------------------------------------

<b>Amount (\$)</b> \$11.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 2506 Guadalupe St Austin, TX 78705
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lunch meeting
-------------------------------	--	--

<b>Date</b> 06/25/2014	<b>Payee name</b> Metropolitan Breakfast Club
---------------------------	--

<b>Amount (\$)</b> \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code PO Box 26054 Austin, TX 78755
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> breakfast meeting cost
-------------------------------	---	---

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial 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.

<b>1</b> PAGE # Schedule: 2/2 Report: 24/24	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 41111111 00002207
--	--	--

<b>4</b> Date 05/12/2014	<b>5</b> Payee name Republican Party of Texas
-----------------------------	--

<b>6</b> Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address City; State; Zip Code 1108 Lavaca Ste 500 Austin, TX 78701
--	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> convention registration
---------------------------------	---	--

Date 06/04/2014	Payee name Rudy's BBQ
--------------------	--------------------------

Amount (\$) \$2.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 2510 Circle Rd Waco, TX 78706-3300
--	--

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) <input type="checkbox"/> Travel to RPT convention in Fort Worth
------------------------	---	--

Date 01/16/2014	Payee name Texas School for the Deaf Foundation
--------------------	--

Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code P. O. Box 42727 Austin, TX 78704
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraiser
------------------------	---	--