

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
11111111

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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	\$	1,535.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,010.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	703.01
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4. TOTAL POLITICAL EXPENDITURES	\$	17,151.53
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CONTRIBUTION BALANCE

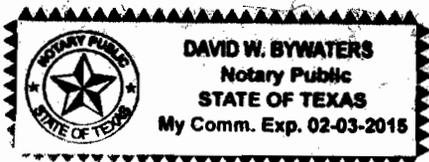
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,134.12
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OUTSTANDING LOAN TOTALS

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



AFFIX NOTARY STAMP / SEAL ABOVE

James Michael McNamara

James Michael McNamara

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Michael McNamara, this the 6 day of October, 2014, to certify which, witness my hand and seal of office.

David W. Bywaters
Signature of officer administering oath

David W. Bywaters
Print 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 PAGE # Schedule: 1/11 Report: 3/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Joe (Mr.) 6 Contributor address; City; State; Zip Code 1707 Stamford Ln Austin, TX 78703	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 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Republican Women 6 Contributor address; City; State; Zip Code 6820 Cypress Point North Austin, TX 78746	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Banzer, Alfred (Mr.) 6 Contributor address; City; State; Zip Code 6608 Delmonico Dr Austin, TX 78759-6162	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Battle, Richard (Mr.) 6 Contributor address; City; State; Zip Code 124 Lido St Lakeway, TX 78734	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/01/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Borgelt, Roger (Mr.) 6 Contributor address; City; State; Zip Code 614 S. Capital of Texas Hwy Austin, TX 78746	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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/11 Report: 4/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bradsher, Buddy (Mr.) 6 Contributor address; City; State; Zip Code 3513 Cattleman Dr Manchaca, TX 78652-3112	7 Amount of contribution (\$) \$200.00	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 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bray, Terry (Mr.) Contributor address; City; State; Zip Code 401 Congress Ave # 2200 P O Box 98 Austin, TX 78767	Amount of contribution (\$) \$250.00	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 09/25/2014	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 (\$) \$80.00	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 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buller, Joh (Mr.) Contributor address; City; State; Zip Code 12313 Blue Water Dr Austin, TX 78758	Amount of contribution (\$) \$60.00	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 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casiraghi, Jane (Ms.) Contributor address; City; State; Zip Code 4403 Osby Dr Houston, TX 77096	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/11 Report: 5/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casiraghi, Jane (Ms.) 6 Contributor address; City; State; Zip Code 4403 Osby Dr Houston, TX 77096	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) Canon Copier (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courreges, Wayne (Mr.) Contributor address; City; State; Zip Code 8805 Silverhill Cove Austin, TX 78759	Amount of contribution (\$) \$1,000.00	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 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crowley, Joe (Mr.) Contributor address; City; State; Zip Code 202 Honeysuckle Lane Pflugerville, TX 78660	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 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Bobby (Mr.) Contributor address; City; State; Zip Code 3012 Hunt Trail Austin, TX 78757	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 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Jeff (Mr.) Contributor address; City; State; Zip Code 500 Lakeway Drive Georgetown, TX 78628	Amount of contribution (\$) \$150.00	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/11 Report: 6/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daywood, Carl (Mr.) 6 Contributor address; City; State; Zip Code 11231 Tractor Lane Austin, TX 78739-1401	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donovan, Jim (Mr.) 6 Contributor address; City; State; Zip Code 9108 Happy Trail Austin, TX 78754	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DuBois, Jr, Doug (Mr.) 6 Contributor address; City; State; Zip Code 2304 Vassal Dr Austin, TX 78748	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwards, Richard (Mr.) 6 Contributor address; City; State; Zip Code 6528 Heron Dr Austin, TX 78759	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fordsmith Investments 6 Contributor address; City; State; Zip Code P O Box 6156 Austin, TX 78762	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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/11 Report: 7/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goepferich, Adrian-Danielle (Mr.) 6 Contributor address; City; State; Zip Code 7001 Thistle Hill Way Austin, TX 78754	7 Amount of contribution (\$) \$125.00	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 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hales, Jenai A. (Ms.) Contributor address; City; State; Zip Code P O Box 684904 Austin, TX 78768	Amount of contribution (\$) \$125.00	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 08/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamblet, Richard (Mr.) Contributor address; City; State; Zip Code 2308 Seven Bridges Ct Pflugerville, TX 78660	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 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haynes, Ernest (Mr.) Contributor address; City; State; Zip Code 3600 Quietie Dr Austin, TX 78754	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 07/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Head, Ray T. (Mr.) Contributor address; City; State; Zip Code 4210 Spicewood Springs Rd # 211 Austin, TX 78759	Amount of contribution (\$) \$350.00	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/11 Report: 10/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perrone, Charles (Mr.) 6 Contributor address; City; State; Zip Code P O Box 789 Manchaca, TX 78652-0789	7 Amount of contribution (\$) \$50.00	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 09/08/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Republican Party of Texas Candidate Resource Committee Contributor address; City; State; Zip Code 7008 61st Street Lubbock, TX 79407	Amount of contribution (\$) \$2,000.00	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 07/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Teresita (Ms.) Contributor address; City; State; Zip Code 9000 Happy Trail Austin, TX 78754	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 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Donald (Mr.) Contributor address; City; State; Zip Code 809 East 49th St Austin, TX 78751	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 09/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schoppe, Stephen (Mr.) Contributor address; City; State; Zip Code 14804 Brown Austin, TX	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/11 Report: 11/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sebesta, Stephen (Mr.) 6 Contributor address; City; State; Zip Code 12720 Picket Rope Ln Austin, TX 78727	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shive, James (Mr.) 6 Contributor address; City; State; Zip Code 6505 Auburndale Dr Austin, TX 78723-2701	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skaggs, James (Mr.) 6 Contributor address; City; State; Zip Code 4700 Toreador Dr Austin, TX 78746	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strickland, James (Mr.) 6 Contributor address; City; State; Zip Code 21806 Ryan Dr Spicewood, TX 78669	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 07/10/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thorburn, Wayne (Mr.) 6 Contributor address; City; State; Zip Code 8717 Wildridge Dr Austin, TX 78759	7 Amount of contribution (\$) \$100.00	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 INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/11 Report: 12/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 07/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trochta, Joe (Mr.) 6 Contributor address; City; State; Zip Code 4025 Tealwood Dr Austin, TX 78731	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"/>	
10 Employer (See Instructions)			
Date 08/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trochta, Joe (Mr.) Contributor address; City; State; Zip Code 4025 Tealwood Drive Austin, TX 78731	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"/>	
Employer (See Instructions)			
Date 08/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van De Walle, Mike (Dr.) Contributor address; City; State; Zip Code 13005 Esplande St Austin, TX 78727-3274	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"/>	
Employer (See Instructions)			
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Von Wolske, Jim (Mr.) Contributor address; City; State; Zip Code 2107 Lake Shore Austin, TX 78746	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 08/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wehbe Properties Contributor address; City; State; Zip Code 4221 South First St Austin, TX 78745	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/11 Report: 13/31	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 08/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, Ron (Mr.) 6 Contributor address; City; State; Zip Code 3920 Coopers Hawk Austin, TX 78738	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whittaker, Chris (Mr.) 6 Contributor address; City; State; Zip Code 6303 Sanderson Ave Austin, TX 78749	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) Event food and drinks
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Workman, Paul (Mr.) 6 Contributor address; City; State; Zip Code 4415 R. O. Drive Spicewood, TX 78669-6458	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 08/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Worsham, William (Mr.) 6 Contributor address; City; State; Zip Code 1105 Norwalk Ln Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zielinski, Chester (Mr.) 6 Contributor address; City; State; Zip Code 1806 Eastham Cove Austin, TX 78704	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 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.

1 PAGE # Schedule: 1/17 Report: 14/31		2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 07/24/2014	5 Payee name Active Campaign				
6 Amount (\$) \$45.00	7 Payee address City; State; Zip Code 150 N Michigan Ave Ste 1230 Chicago, IL 60601				
8 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"/> Subscription		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/25/2014	Payee name Active Campaign				
Amount (\$) \$45.00	Payee address City; State; Zip Code 150 N Michigan Ave Ste 1230 Chicago, IL 60601				
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"/> Subscription		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/24/2014	Payee name Active Campaign				
Amount (\$) \$45.00	Payee address City; State; Zip Code 150 N Michigan Ave Ste 1230 Chicago, IL 60601				
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"/> Subscription		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/17/2014	Payee name Ampro Productions				
Amount (\$) \$1,762.31	Payee address City; State; Zip Code 7202 Smokey Hill Rd Austin, TX 78736				
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"/> Yard Signs		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

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.

1 PAGE # Schedule: 2/17 Report: 15/31		2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/04/2014	5 Payee name Anedot				
6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code Travis County Republican Party 7901 Cameron Rd Austin, TX 78752				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TCRP Event	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/01/2014	Payee name Austin Republican Women PAC				
Amount (\$) \$40.00	Payee address City; State; Zip Code 6820 Cypress Point North Austin, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Expense	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/10/2014	Payee name Austin Republican Women PAC				
Amount (\$) \$60.00	Payee address City; State; Zip Code 6820 Cypress Point North Austin, TX 78746				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Expense	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/05/2014	Payee name Austin Winery				
Amount (\$) \$250.00	Payee address City; State; Zip Code 9007 Tuscany Way Ste 100A Austin, TX 78754				
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	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
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.

1 PAGE # Schedule: 3/17 Report: 16/31		2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/09/2014	5 Payee name Austin Winery				
6 Amount (\$) \$160.00	7 Payee address City; State; Zip Code 9007 Tuscany Way Ste 100A Austin, TX 78754				
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) <input type="checkbox"/> Fundraiser		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/29/2014	Payee name Facebook				
Amount (\$) \$25.18	Payee address City; State; Zip Code Paid On Line				
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"/> Promotion		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/01/2014	Payee name Facebook				
Amount (\$) \$6.60	Payee address City; State; Zip Code Paid On Line				
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"/> Promotion		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/11/2014	Payee name Facebook				
Amount (\$) \$50.00	Payee address City; State; Zip Code Paid On Line				
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"/> Promotion		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****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.

1 PAGE # Schedule: 4/17 Report: 17/31		2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/02/2014	5 Payee name Facebook				
6 Amount (\$) \$105.00	7 Payee address City; State; Zip Code Paid On Line				
8 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"/> Promotion	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 09/22/2014	Payee name Home Depot				
Amount (\$) \$281.63	Payee address City; State; Zip Code 1200 Barbara Jordon Blvd 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"/> Stakes & Sign Supplies	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 08/01/2014	Payee name Local Voice Solutions				
Amount (\$) \$1,400.00	Payee address City; State; Zip Code 3700 Thompson St Austin, TX 78702				
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"/> Consulting	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:
Date 09/23/2014	Payee name Lone Star Office Solutions				
Amount (\$) \$346.40	Payee address City; State; Zip Code 17413 Bishopsgate Dr Pflugerville, TX 78660				
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"/> Repair Printer	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

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.

1 PAGE # Schedule: 5/17 Report: 18/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 07/11/2014	5 Payee name Mallett, Cindy (Ms.)
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 07/07/2014	Payee name Mallette, Cindy (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 74750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 07/16/2014	Payee name Mallette, Cindy (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 07/23/2014	Payee name Mallette, Cindy (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

SCHEDULE F

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.

1 PAGE # Schedule: 6/17 Report: 19/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 07/30/2014	5 Payee name Mallette, Cindy (Ms.)
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6 Amount (\$) \$12.25	7 Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Expense Reimbursement <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 07/30/2014	Payee name Mallette, Cindy (Ms.)
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Amount (\$) \$225.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/08/2014	Payee name Mallette, Cindy (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/18/2014	Payee name Mallette, Cindy (Ms.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

SCHEDULE F

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.

1 PAGE # Schedule: 7/17 Report: 20/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 08/20/2014	5 Payee name Malette, Cindy (Ms.)
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6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/28/2014	Payee name Malette, Cindy (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/03/2014	Payee name Malette, Cindy (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/13/2014	Payee name Malette, Condy (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 8403 A Fathom Cr Austin, TX 78750
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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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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.

1 PAGE # Schedule: 8/17 Report: 21/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 07/30/2014	5 Payee name Mathew Gideon Graphics	
6 Amount (\$) \$61.25	7 Payee address City; State; Zip Code 1405 Kendalia St Austin, TX 78748	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphics for Push Cards
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 07/30/2014	Payee name Mathew Gideon Graphics	
Amount (\$) \$131.25	Payee address City; State; Zip Code 1405 Kendalia St Austin, TX 78748	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphics for Push Cards
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 09/19/2014	Payee name Mathew Gideon Graphics	
Amount (\$) \$87.50	Payee address City; State; Zip Code 1405 Kendalia St Austin, TX 78748	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Graphics for Push Cards
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 07/14/2014	Payee name Mike's Print Shop	
Amount (\$) \$55.21	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) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing Costs
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

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.

1 PAGE # Schedule: 9/17 Report: 22/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 07/31/2014	5 Payee name Mike's Print Shop
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6 Amount (\$) \$357.23	7 Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Push Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/08/2014	Payee name Mike's Print Shop
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Amount (\$) \$27.06	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/15/2014	Payee name Mike's Print Shop
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Amount (\$) \$422.18	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing-Push Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/22/2014	Payee name Mike's Print Shop
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Amount (\$) \$81.19	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

SCHEDULE F

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.

1 PAGE # Schedule: 10/17 Report: 23/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 08/28/2014	5 Payee name Mike's Print Shop
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6 Amount (\$) \$422.18	7 Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing-Push Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/03/2014	Payee name Mike's Print Shop
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Amount (\$) \$470.89	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing-Bumper Stickers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/17/2014	Payee name Mike's Print Shop
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Amount (\$) \$27.12	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing-Block Walk <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/19/2014	Payee name Mike's Print Shop
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Amount (\$) \$420.68	Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing-Push Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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.

1 PAGE # Schedule: 11/17 Report: 24/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 07/02/2014	5 Payee name Office Depot
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6 Amount (\$) \$34.09	7 Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies-Misc
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/14/2014	Payee name Office Depot
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Amount (\$) \$61.63	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/28/2014	Payee name Office Depot
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Amount (\$) \$88.20	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/28/2014	Payee name Office Depot
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Amount (\$) \$67.09	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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.

1 PAGE # Schedule: 12/17 Report: 25/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 08/04/2014	5 Payee name Office Depot
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6 Amount (\$) \$28.10	7 Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/15/2014	Payee name Office Depot
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Amount (\$) \$3.25	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/18/2014	Payee name Office Depot
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Amount (\$) \$60.61	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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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
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/03/2014	Payee name Office Depot
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Amount (\$) \$13.52	Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333
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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-File Folders
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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.

1 PAGE # Schedule: 13/17 Report: 26/31		2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/12/2014		5 Payee name Office Depot			
6 Amount (\$) \$60.61		7 Payee address City; State; Zip Code 816 Tirado St Austin, TX 78752-4333			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/22/2014		Payee name Office Depot			
Amount (\$) \$299.83		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-Printer Cartridges <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/25/2014		Payee name Payroll Fees			
Amount (\$) \$131.08		Payee address City; State; Zip Code c/o Frost Bank P O Box 1727 Austin, TX 78767			
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"/> Bank Fees For Paypal Contributions <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/24/2014		Payee name Peterson, Reagan (Mr.)			
Amount (\$) \$150.00		Payee address City; State; Zip Code 115 Remington Drive Kyle, TX 78640			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Video <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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.

1 PAGE # Schedule: 14/17 Report: 27/31		2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/02/2014	5 Payee name Rally/Piryx				
6 Amount (\$) \$110.00	7 Payee address City; State; Zip Code Paul Workman 4415 R. O. Drive Spicewood, TX 78669-6458				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paul Workman Campaign		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/22/2014	Payee name U S Post Office				
Amount (\$) \$58.80	Payee address City; State; Zip Code 8225 Cross Park Dr Austin, TX 78710-9765				
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		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/25/2014	Payee name U S Post Office				
Amount (\$) \$1.82	Payee address City; State; Zip Code 8225 Cross Park Dr Austin, TX 78710-9765				
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		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/28/2014	Payee name U S Post Office				
Amount (\$) \$1.19	Payee address City; State; Zip Code 8225 Cross Park Dr Austin, TX 78710-9765				
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		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
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.

1 PAGE # Schedule: 15/17 Report: 28/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 08/08/2014	5 Payee name U S Post Office
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6 Amount (\$) \$9.80	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) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/22/2014	Payee name U S Post Office
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Amount (\$) \$19.60	Payee address City; State; Zip Code 8225 Cross Park Dr Austin, TX 78710-9765
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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) <input type="checkbox"/> Postage
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/23/2014	Payee name U S Post Office
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Amount (\$) \$9.80	Payee address City; State; Zip Code 8225 Cross Park Dr Austin, TX 78710-9765
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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) <input type="checkbox"/> Postage
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/18/2014	Payee name Vargo, Erin (Ms.)
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Amount (\$) \$250.00	Payee address City; State; Zip Code 204 Lakewy Drive 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) <input type="checkbox"/> Campaign Manager
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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.

1 PAGE # Schedule: 16/17 Report: 29/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 08/21/2014	5 Payee name Vargo, Erin (Ms.)
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6 Amount (\$) \$2,250.00	7 Payee address City; State; Zip Code 204 Lakeway Drive Georgetown, TX 78628
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/02/2014	Payee name Vargo, Erin (Ms.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 204 Lakeway Drive 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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/14/2014	Payee name Vargo, Erin (Ms.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 204 Lakeway Drive 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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/22/2014	Payee name Vargo, Erin (Ms.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 204 Lakeway Drive 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) <input type="checkbox"/> Campaign Manager <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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.

1 PAGE # Schedule: 17/17 Report: 30/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
4 Date 09/14/2014	5 Payee name Whitehead, Jr, David (Mr.)	
6 Amount (\$) \$144.00	7 Payee address City; State; Zip Code P O Box 141873 Austin, TX 78714	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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	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.

1 PAGE # Schedule: 1/1 Report: 31/31	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 09/17/2014	5 Payee name American Express
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6 Amount (\$) \$22.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code Texana Cafe 11940 Manchaca Rd Ste 107 Manchaca, TX 78652
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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) <input type="checkbox"/> Luncheon
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	