



# 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

\$ 175.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,425.00

EXPENDITURE TOTALS

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

\$ 988.29

4. TOTAL POLITICAL EXPENDITURES

\$ 6,235.60

CONTRIBUTION BALANCE

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

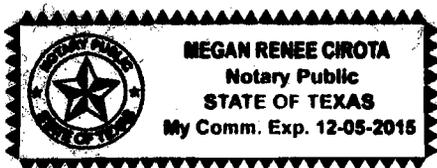
\$ 938.83

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 McNamara*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike McNamee, this the 27 day of October, 2014, to certify which, witness my hand and seal of office.

*Megan Renee Cirota*  
Signature of officer administering oath

Megan Renee Cirota  
Print name of officer administering oath

Consumer Banker  
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: 1/3 Report: 3/9	
2 FILER NAME McNamara, James (Mr.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corcoran, James (Mr.) ..... 6 Contributor address; City; State; Zip Code 3606 Saddlestring Trail Austin, TX 78739	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 10/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crane, Dawn (Ms.) ..... 6 Contributor address; City; State; Zip Code 4948 China Garden Dr Austin, TX 78730	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 10/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elmurr, Eli (Mr.) ..... 6 Contributor address; City; State; Zip Code 1453 Faber Dr Pflugerville, TX 78660	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 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howison, Jack (Mr.) ..... 6 Contributor address; City; State; Zip Code 4204 Gregg Ward Ln Austin, TX 78744	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 10/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marotta, Michael (Mr.) ..... 6 Contributor address; City; State; Zip Code 6800 West Gate Blvd Austin, TX 78745-4868	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 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.

<b>1</b> PAGE # Schedule: 1/4 Report: 6/9		<b>2</b> FILER NAME McNamara, James (Mr.)		<b>3</b> ACCOUNT # (TEC filers) 11111111	
<b>4</b> Date 10/09/2014		<b>5</b> Payee name Local Voice Solutions			
<b>6</b> Amount (\$) \$768.00		<b>7</b> Payee address City; State; Zip Code 3700 Thompson St Austin, TX 78702			
<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"/> 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 10/02/2014		Payee name Mike's Print Shop			
Amount (\$) \$397.96		Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723			
<b>8</b> 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/08/2014		Payee name Mike's Print Shop			
Amount (\$) \$519.56		Payee address City; State; Zip Code 6448 Hwy 290 East Ste. A-112 Austin, TX 78723			
<b>8</b> 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/17/2014		Payee name Peterson, Reagan (Mr.)			
Amount (\$) \$350.00		Payee address City; State; Zip Code 115 Remington Drive Kyle, TX 78640			
<b>8</b> 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  
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</b> PAGE # Schedule: 2/4 Report: 7/9	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111
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<b>4</b> Date 09/26/2014	<b>5</b> Payee name Rasmussen Consultants
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<b>6</b> Amount (\$) \$450.00	<b>7</b> Payee address City; State; Zip Code 4424 Gaines Ranch Ste 235 Austin, TX 78735
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fees  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/30/2014	Payee name Whitaker, Chris (Mr.)
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Amount (\$) \$54.08	Payee address City; State; Zip Code 6303 Sanderson Ave Austin, TX 78749
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<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"/> Sign Post 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 10/10/2014	Payee name Whitaker, Chris (Mr.)
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Amount (\$) \$177.71	Payee address City; State; Zip Code 6303 Sanderson Ave Austin, TX 78749
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<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"/> Sign Post 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 09/26/2014	Payee name Whitehead, Jr, David (Mr.)
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Amount (\$) \$480.00	Payee address City; State; Zip Code P O Box 141873 Austin, TX 78714
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<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> PAGE # Schedule: 3/4 Report: 8/9	<b>2</b> FILER NAME McNamara, James (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 11111111
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<b>4</b> Date 10/07/2014	<b>5</b> Payee name Whitehead, Jr, David (Mr.)
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address City; State; Zip Code P O Box 141873 Austin, TX 78714
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<b>8</b> 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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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/10/2014	Payee name Whitehead, Jr, David (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code P O Box 141873 Austin, TX 78714
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<b>PURPOSE OF EXPENDITURE</b>	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 10/13/2014	Payee name Whitehead, Jr, David (Mr.)
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Amount (\$) \$50.00	Payee address City; State; Zip Code P O Box 141873 Austin, TX 78714
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<b>PURPOSE OF EXPENDITURE</b>	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 10/17/2014	Payee name Whitehead, Jr, David (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code P O Box 141873 Austin, TX 78714
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<b>PURPOSE OF EXPENDITURE</b>	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  
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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: 4/4 Report: 9/9		<b>2 FILER NAME</b> McNamara, James (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 11111111	
<b>4 Date</b> 10/24/2014		<b>5 Payee name</b> Whitehead, Jr, David (Mr.)			
<b>6 Amount (\$)</b> \$500.00		<b>7 Payee address</b> City; State; Zip Code P O Box 141873 Austin, TX 78714			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought:	Office held: