

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8473

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 11111111	2 PAGE # 1 of 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI
	NICKNAME Mike	LAST McNamara	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P. O. Box 141071 Austin, TX 78714-1071		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Larry	MI
	NICKNAME	LAST Havel	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
3619 Quiette Dr Austin, TX 78754-4926			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 928-1477			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
10/26/2014		THROUGH	12/31/2014
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/06/2014		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
			Travis County Judge
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 180.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,630.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 113.76
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4. TOTAL POLITICAL EXPENDITURES	\$ 2,868.62
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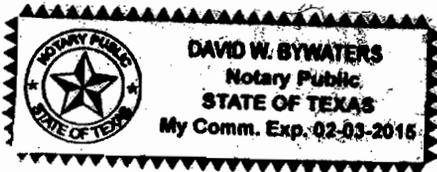
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28.91
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00
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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.

James Michael McNamara
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Michael McNamara, this the 13 day of January, 20 15, 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: 2/2 Report: 4/7

2 FILER NAME McNamara, James (Mr.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date
10/28/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Zimmerman, Virginia (Ms.)

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1904 Crooked Lane
Austin, TX 78741

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

LOANS

SCHEDULE E

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 5/7

2 FILER NAME McNamara, James (Mr.)

3 ACCOUNT # (Ethics Commission filers)
11111111

4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄

\$

5 Date of loan
11/17/2014

7 Name of lender out-of-state PAC (ID# _____)
McNamara, James (Mr.)

9 Loan Amount (\$)
\$500.00

6 Is lender a financial Institution?

No

8 Lender address; City; State; Zip Code
3501 Carla Dr
Austin, TX 78754

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

not applicable

20 Principal Occupation

21 Employer

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: 1/2 Report: 6/7	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 10/27/2014	5 Payee name Ampro Productions
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6 Amount (\$) \$719.86	7 Payee address City; State; Zip Code 7202 Smokey Hill Rd Austin, TX 78736
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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"/> Signs <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 11/13/2014	Payee name Davidson, Donna (Ms.)
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Amount (\$) \$210.00	Payee address City; State; Zip Code P O Box 12131 Austin, TX 78711
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Attorney Fee <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 12/01/2014	Payee name Local Voice Solutions
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Amount (\$) \$845.00	Payee address City; State; Zip Code 3700 Thompson St Austin, TX 78702
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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 <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 10/28/2014	Payee name Peterson, Reagan (Mr.)
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Amount (\$) \$350.00	Payee address City; State; Zip Code 115 Remington Drive Kyle, TX 78640
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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"/> Video <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: 2/2 Report: 7/7	2 FILER NAME McNamara, James (Mr.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 11/21/2014	5 Payee name Texas Alliance
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6 Amount (\$) \$130.00	7 Payee address City; State; Zip Code 8000 Centre Park Dr, Ste 380 Austin, TX 78754
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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"/> Fundraising <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 11/03/2014	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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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"/> Contract Labor <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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