

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8594

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers) 2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 James A.
 Jim Strickland

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 21806 RYAN DRIVE
 Spice wood, TX 78669
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (512) 264-2170

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 Terra
 Smith

7 CAMPAIGN TREASURER ADDRESS (residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 6304 CAT MOUNTAIN COVE
 Austin, TX 78731

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (512) 346-8186

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 1 / 1 / 15 6 / 30 / 15

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 / /

12 OFFICE
 OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
 TRAVIS COUNTY
 Commissioner PG 3

OFFICE USE ONLY

Date Received
 Date Hand-delivered or Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

2015 JUL 14 PM 5:40

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Jim Strickland

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$

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

\$

0

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

48⁰⁰

CONTRIBUTION
BALANCE

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

\$

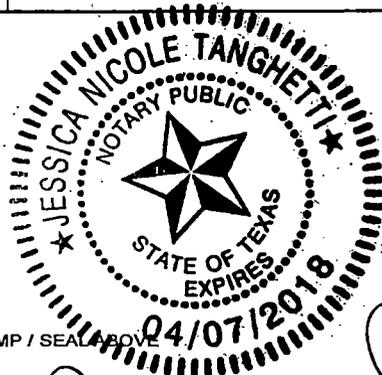
2034⁸³

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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

Jim Strickland

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Strickland, this the 14th day of July, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | |
|-----------------------------------------------------------|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A: |
|-----------------------------------------------------------|---------------------------|

| | |
|--------------|----------------------------------------|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------|----------------------------------------|

| | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

| | |
|-------------------------------------------------------|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|-------------------------------------------------------|--------------------------------|

| | | | |
|---------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

| | |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

| | | | |
|---------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | |
| (If travel outside of Texas, complete Schedule T) | | | |

| | |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

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|---------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
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| (If travel outside of Texas, complete Schedule T) | | | |

| | |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

| | | | |
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| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
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| (If travel outside of Texas, complete Schedule T) | | | |

| | |
|-----------------------------------------------------|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|-----------------------------------------------------|-----------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|---------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule F: 2 | 2 FILER NAME Jim Strickland | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---------------------------------------|-----------------------------------------------|

| | |
|--------------------------|--------------------------------------|
| 4 Date 1/21/15 | 5 Payee name American Bank |
|--------------------------|--------------------------------------|

| | |
|---------------------------------|--------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$ 8 00 | 7 Payee address; City; State; Zip Code P.O. Box 6469 Corpus Christi, TX 78466 |
|---------------------------------|--------------------------------------------------------------------------------------------|

| | | |
|---------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description (If travel outside of Texas, complete Schedule T) Bank Fees |
|---------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|

| | | | |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|-----------------|-----------------------------|
| Date 2/21/15 | Payee name American Bank |
|-----------------|-----------------------------|

| | |
|------------------------|-----------------------------------------------------------------------------------|
| Amount (\$) \$ 8 00 | Payee address; City; State; Zip Code P.O. Box 6469 Corpus Christi, TX 78466 |
|------------------------|-----------------------------------------------------------------------------------|

| | | |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Bank Fees |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|

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

| | |
|-----------------|-----------------------------|
| Date 3/21/15 | Payee name AMERICAN BANK |
|-----------------|-----------------------------|

| | |
|------------------------|-----------------------------------------------------------------------------------|
| Amount (\$) \$ 8 00 | Payee address; City; State; Zip Code P.O. Box 6469 Corpus Christi, TX 78466 |
|------------------------|-----------------------------------------------------------------------------------|

| | | |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Bank Fees |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|

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

| | |
|-----------------|-----------------------------|
| Date 4/21/15 | Payee name AMERICAN BANK |
|-----------------|-----------------------------|

| | |
|------------------------|-----------------------------------------------------------------------------------|
| Amount (\$) \$ 8 00 | Payee address; City; State; Zip Code P.O. Box 6469 Corpus Christi, TX 78466 |
|------------------------|-----------------------------------------------------------------------------------|

| | | |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Bank Fees |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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| | | |
|---------------------------------------|---------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule F: 2 | 2 FILER NAME Jim Strickland | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|---------------------------------------|-----------------------------------------------|

| | |
|--------------------------|--------------------------------------|
| 4 Date 5/21/15 | 5 Payee name American Bank |
|--------------------------|--------------------------------------|

| | |
|--------------------------------------------|--------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$ 8 ⁰⁰ | 7 Payee address; City; State; Zip Code P.O. Box 6469 Corpus Christi, TX 78466 |
|--------------------------------------------|--------------------------------------------------------------------------------------------|

| | | |
|---------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Fees | (b) Description (If travel outside of Texas, complete Schedule T) Bank Fees |
|---------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|

| | | | |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

| | |
|-----------------|-----------------------------|
| Date 6/21/15 | Payee name American Bank |
|-----------------|-----------------------------|

| | |
|-----------------------------------|-----------------------------------------------------------------------------------|
| Amount (\$) \$ 8 ⁰⁰ | Payee address; City; State; Zip Code P.O. Box 6469 Corpus Christi, TX 78466 |
|-----------------------------------|-----------------------------------------------------------------------------------|

| | | |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Fees | Description (If travel outside of Texas, complete Schedule T) Bank Fees |
|------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------|

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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