



# 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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |                            |
|--------------------------------|---|----------------------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 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)                                  | \$ <u>0</u>                |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$                         |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>178<sup>00</sup></u> |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>1,197.83</u>         |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$                         |

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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 A Strickland Jr  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James A Strickland Jr, this the 23 day of January, 20 17, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Kristina Kelley  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Jim Strickland</i>    |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>0</i>                            |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>178<sup>00</sup></i>             |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |  |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A:<br>7         |  |
| 2 FILER NAME<br><i>Jim Strickland</i>                     |  | 3 ACCOUNT # (Ethics Commission Filers) |  |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)          | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)         |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)            |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)            |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)            |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)            | In-kind contribution description (if applicable)   |
| 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>2</b> | 2 FILER NAME<br><b>Jim Strickland</b> | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| 4 Date<br><b>7/21/16</b> | 5 Payee name<br><b>American Bank</b> |
|--------------------------|--------------------------------------|

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

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Bank Fees</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>8/21/16</b> | Payee name<br><b>American Bank</b> |
|------------------------|------------------------------------|

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

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Bank Fees</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9/21/16</b> | Payee name<br><b>American Bank</b> |
|------------------------|------------------------------------|

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

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Bank Fees</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                  |  |   |
|----------------------------------|--|---|
| <b>1</b> Total pages Schedule F: | <b>2</b> FILER NAME<br><i>Jim Strickland</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|--|---|

|                                  |   |
|----------------------------------|---|
| <b>4</b> Date<br><i>10/21/16</i> | <b>5</b> Payee name<br><i>American Bank</i> |
|----------------------------------|---|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br><i>58<sup>00</sup></i> | <b>7</b> Payee address; City; State; Zip Code<br><i>P.O. Box 6469<br/>Corpus Christi, TX 78466</i> |
|--|--|

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

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

|                        |   |
|------------------------|---|
| Date<br><i>11/7/16</i> | Payee name<br><i>Lake Travis Republican PAC</i> |
|------------------------|---|

|  |   |
|--|---|
| Amount (\$)<br><i>\$130<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>13701A Fitzhugh<br/>Austin, TX 78736</i> |
|--|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>FUNDRAISER</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>DONATION</i> |
|------------------------|---|--|

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

|                         |                                    |
|-------------------------|------------------------------------|
| Date<br><i>11/21/16</i> | Payee name<br><i>American Bank</i> |
|-------------------------|------------------------------------|

|                                       |   |
|---------------------------------------|---|
| Amount (\$)<br><i>58<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>P.O. Box 6469<br/>Corpus Christi, TX 78466</i> |
|---------------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Bank Fee</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

|                         |                                    |
|-------------------------|------------------------------------|
| Date<br><i>12/21/16</i> | Payee name<br><i>American Bank</i> |
|-------------------------|------------------------------------|

|                                       |   |
|---------------------------------------|---|
| Amount (\$)<br><i>58<sup>00</sup></i> | Payee address; City; State; Zip Code<br><i>P.O. Box 6469<br/>Corpus Christi, TX 78466</i> |
|---------------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Bank Fee</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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

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