

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Oakley

OFFICE USE ONLY

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

2014 MAY 19 AM 8:34

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 change of address
P.O. Box 121 Spicewood, TX 78669

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(512) 520-6240

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
James Oakley

7 CAMPAIGN TREASURER ADDRESS (residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
116 Combs Alley Spicewood, TX 78669

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(512) 520-6240

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
4 28 14 THROUGH 5 19 14

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
5 27 14

12 OFFICE
 OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
County Judge

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME *James Oakley* **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"/> additional pages	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <i>James Oakley for Judge</i>
		COMMITTEE ADDRESS <i>P.O. Box 121 Spicewood, TX 78669</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>James Oakley</i>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <i>Same</i>

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)	\$ <i>1,100.-</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,776.-</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>324.87</i>

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.

J. Oakley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *James Oakley*, this the *19th* day of *May*, 20*14*, to certify which, witness my hand and seal of office.

Jennifer Russell *Jennifer Russell* *Asst. County Clerk*
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)	
5/12/14	LERALD DAUGHTERTY 6 Contributor address; City; State; Zip Code 1403 CLUB RIDGE LANE AUSTIN, TX 78735	100.-		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Commis. office, Travis Co.			TRAVIS COUNTY	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/30/14	GARY BOWMAN Contributor address; City; State; Zip Code 3863 CENTREVILLE DR. S2 300 CHARITTY, VA 20151	500.-		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ENGINEER			SELF	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/6/14	MICHELLE BASSETT Contributor address; City; State; Zip Code 804 CANYON CREEK, WEST LAKE, TX 78746	100.-		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
RETIRED				
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/10/14	MICHAEL LUCKSINGER Contributor address; City; State; Zip Code PO. Box 806, BUENET, TX 78611	200.-		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTORNEY			SELF	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/14/14	PAM AKINS Contributor address; City; State; Zip Code 1025 MARLYN WAY, AUSTIN, TX 78733	200.-		
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 FILER NAME <i>James Oakley</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/15/14</i>	5 Payee name <i>Highlander / Beacon Bulletin</i>
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6 Amount (\$) <i>1682.-</i>	7 Payee address; City: State: Zip Code <i>304 Gateway Loop MF, TX 78654</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>NEWS PAPER ADVERTISING</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>James Oakley</i>	Office sought <i>County Judge</i>	Office held
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Date <i>5/15/14</i>	Payee name <i>CAPITOL PRINTING</i>
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Amount (\$) <i>1153.-</i>	Payee address; City: State: Zip Code <i>4101 Craven Austin, TX 78744</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>DIRECT MAIL</i>
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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 <i>5/16/14</i>	Payee name <i>Highlander &</i>
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Amount (\$) <i>\$541.-</i>	Payee address; City: State: Zip Code <i>304 Gateway Loop MF, TX 78654</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Newspaper Advertising</i>
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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	Payee name
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Amount (\$)	Payee address; City: State: Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED