	TE / OFFICEHOLDER N FINANCE REPORT	8/11-20/0 (512) 46	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  James	MI	OFFICE USE ONLY
IV.WL	NICKNAME LAST OAKley	SUFFIX	Date received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.D. Box 121 Spilewood	STATE; ZIPCODE	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5/2) 560 - 6290	EXTENSION	Date Processed Q
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  James  NICKNAME LAST  OAKley	MI 	Date Imaged CO
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY: STATE:	ZIP CODE 78669
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 568-6240	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 &th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  2/2/14  THROUGH	Month Day	Year / / Y
11 ELECTION	Month Day Year 3 / 4 / 14	- Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Buevet Car	Juty Judge
	GO TO PAG		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	James Oakley 15 ACC	OUNT # (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  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	JAMES Oakley				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	P.O. Box 121 Spicewood, 1	12 78669			
17 CONTRIBUTION TOTALS	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)	\$ 4,500,-			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$			
	4. TOTAL POLITICAL EXPENDITURES \$ 4,507.				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 1631.13			
OUTSTANDING LOAN TOTALS	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, is true and correct and includes all informal me under Title 15 Election code.  Signature of Caridialate or	tion required to be reported by			
AFFIX NOTARY STAM	P / SEAL ABOVE				
Sworn to and subs	of, 20, to sertify which, witness my han	, this the			
Janglak	soul Jenniferkosell Assi	ison County der			
Signature of officer admir	inistering oath Printed name of officer administering oath Title	e of officer administering oath			

## POLITICAL CONTRIBUTIONS

#### SCHEDULE A

OTHER THAN PLEDGES OR LOANS	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
TAMES OAKKLES	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributorout-d-state PAC(ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	654 200-
351 PASEO del RID, MANDERIN	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  10 En	ployer (See Instructions)  TRAVIS Co.,
Date Full name of contributor out-of-state PAC(ID#:  Out-of-state PAC(ID#:  Out-of-state PAC(ID#:	Amount of In-kind contribution contribution (\$) description (if applicable
2/1/4 Contributor address; City; State; Zip Code	8654 200-
100 Passo del Kir Mane Bletal	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable
2/13/14 Contributor address; City; State; Zip Code  2 UNITY St. Stc 500 Pools	( Maire 1,000.
and the second s	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Er	Sey-
Date Full name of contributor out-of-state PAC (ID#:	Amount of 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)	nployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable
Contributor address; City; State: Zip Code	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	nployer (See Instructions)

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(512) 463-5800

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

OTHER THAN PLEDGES OR LOANS					
The instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	James Oakley	- 100	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/9/14	2/9/19 6 Contributor address; City; State; Zip Code  78449  2/6 Boush HWRL. Solumb, To  9 Principal occupation / Job title (See Instructions)  10 Employer (See			 	
	2/6 BRUSHy HILKS. 4	O. Ceward, TI	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/1	Contributor address; City; State; Zip Code	<b>.</b>			
46/14	Contributor address; City; State; Zip Code	77478	500.	  -	
	219 bakeside XU9A	alford TR	(If travel outside	of Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
Date	Vaxa antee		contribution (\$)	description (if applicable)	
2/1/14	Contributor address; City; State; Zip Code	SE 10 10 10 10 10 10 10 10 10 10 10 10 10	300		
	my RR 2341 Buenot	TX 18611		of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See	<u> </u>		
т ппо,рал обоба	CPA	Self			
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Mike Lucksingen	. CANTERCORD AN AR OF REAL		1	
2/1	Contributor address; City; State; Zip Code		250,-	1	
/6/14	P.O. Box SOO Beneret, TO	8611		of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	ATTORNEY		ey		
Date	Full name of contributor out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/1/14	Contributor address; City: State: Zip Code	78657	100		
''/	203 CR 415 11/ARBJE	MUSIR	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULI	E AS NEEDED		
1					

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

**Texas Ethics Commission** 

#### SCHEDULE A

	<b>♥</b>				
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2	FILER NAME	James Oakley		3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of	8 In-kind contribution
	2/17/14	Dennis Maier - Ma 6 Contributor address; City: State: Zip Code 545 Contour Or	SHUMES	contribution (\$)	description (if applicable)
_		Since the title (One Instructions)	10 Employer (See	<u> </u>	or rexas, complete scriedale 17
9	Principal occup	pation / Job title (See Instructions)	MAY	on bran	re SHools
	Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/16/14	Contributor address; City; State; Zip Code  352 Whashe Mesha	78654	50	
	,	SSL W/UNDONE, //CAUG	WARE	(If travel outside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
F	Date	Full name of contributor out-of-state PAC(ID#_		Amount of	In-kind contribution
	Date	De - Cmm		contribution (\$)	description (if applicable)
	2/13/14	Contributor address; City; State; Zip Code	x 18605	100	
L					of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)	<b>^</b>
L		JUSTICE of THE PLACE # 3	Duk	a count	7
	Date	Full name of contributor out-of-state PAC(ID#_  ARNold WALTER 5		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/5/14	Contributor address; City, State; Zip Code		1,000.	1
		P.P. Box 1036 Lengetown, 13	78627	(If travel outside	of Texas, complete Schedule T)
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See		or ready complete delicadia 17
		ReTIRES			
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2/13/14	Contributor address; City; State; Zip Code  P.O. Box 1094 Mask	78654	500	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See		
		Restron	Se	ell.	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

### POLITICAL EXPENDITURES

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Col Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Ro explains how to 0	sing Expense T C rict ental Expense C	Contributions/Donat Candidate/Office OTHER (enter a ca	pment & Related Expense
Total pages Schedule F:	2 FILER NAME  JAMES	Oakley		3 ACCOUNT	# (Ethics Commission Filers)
Date 2/13/14	5 Payee name Highland	Les New	uspapers	5	
Amount (\$)	, , 5,00 aa.	te: Zip Code  MANUALE	falls	s, 1x 180	s, complete Schedule T)
PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	4.4		is, complete da realite 1,
EXPENDITURE	HVINITSAY		Office sought	11314	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH TAMES OF	akley			
Date 2/1/14	Payee name C. Sizen		rette -	Newspa	sed
Amount (\$)	Payee address; City; St	ate; Zip Code			
1019.			t, TX 78	6//	Cabadilla T
PURPOSE	Category (See categories listed at the to	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Adventising		1td l	1213/y	Office held
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name		Office sough		
Date 2/11/14	Payee name Fox MA	4,2			
Amount (\$)	Payee address, City, St	ate Zip Code	1		
1.400.	P.O. Box 87	// /	45B, TX 7	18657	semilate Schedule T)
PURPOSE	Category (See categories listed at the to	op of this schedule)	1 _		xas, complete Schedule T)
OF EXPENDITURE	Havertisiz		Office sough	T-leys	Office held
Complete <u>QNLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	e 	Office sough		
Date 2/18/19	Payee name K. Try	Padi D			
Amount (\$)	Payee address, City: S	tate: Zip Code			
240.	719 8		reet L	Lano. 7	7 78643
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	n (If travel outside of To	exas, complete Schedule T)
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder nam	е	Office soug	ht	Office held
expenditure to bottom	ATTACH ADDITIONAL	COPIES OF THIS	S SCHEDULE AS	NEEDED	
1					