



# 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.

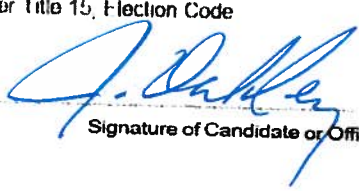
COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>James Oakley for County Judge</u>
	COMMITTEE ADDRESS <u>P.O. Box 121 Spicewood, TX 78669</u>
	COMMITTEE CAMPAIGN TREASURER NAME <u>James Oakley</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>P.O. Box 121 Spicewood, TX 78669</u>

additional pages

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$ 40.-
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,900.-
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4	TOTAL POLITICAL EXPENDITURES	\$ 6541.60
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,688.13
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

  
 Signature of Candidate or Officeholder

2014 FEB 6 PM 3:02

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

*JAMES OAKLEY*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*1/17/14*

5 Full name of contributor  out-of-state PAC ID#

*James Montgomery*

7 Amount of contribution (\$)

*1000.-*

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

*5116 Westgrove Dr. Dallas, TX 75248*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Investor*

10 Employer (See Instructions)

*Self*

Date

*1/20/14*

Full name of contributor  out-of-state PAC ID#

*Jim Lutter*

Amount of contribution (\$)

*500.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*CR108 Bunker, TX 78611*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/25/14*

Full name of contributor  out-of-state PAC ID#

*Dave Kirshil*

Amount of contribution (\$)

*300.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*1921 FM 1980 Marble Falls, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/4/14*

Full name of contributor  out-of-state PAC ID#

*John Davis*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*1803 Hwy 281 N. MF, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Tire Store*

Employer (See Instructions)

*Self*

Date

*2/1/14*

Full name of contributor  out-of-state PAC ID#

*Bill Price*

Amount of contribution (\$)

*500.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*P.O. Box 248 Lampasas, TX 76750*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Self*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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

*JAMES OAKLEY*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*1/16/14*

5 Full name of contributor  out-of-state PAC ID#

*VANCE FIELDS*

7 Amount of contribution (\$)

*200.-*

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

*P.O. Box 396 Marble Falls, TX 78659*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Builder*

10 Employer (See Instructions)

*Self*

Date

*1/18*

Full name of contributor  out-of-state PAC ID#

*SENATOR JACK JOHNSON - TN*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*330 FRANKLIN RD. Brentwood TN 37027*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Banker - State Senator*

Employer (See Instructions)

Date

*1/24/14*

Full name of contributor  out-of-state PAC ID#

*J.R. DIM*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*315 Coventry Spicewood, TX 78669*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*1/26/14*

Full name of contributor  out-of-state PAC ID#

*JACK COLLINS WORTH*

Amount of contribution (\$)

*200.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*P.O. Box 275 Buenet, TX 78611*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*1/22/14*

Full name of contributor  out-of-state PAC ID#

*JAMES FLETCHER*

Amount of contribution (\$)

*1000.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*200 WHITE CLIFF TRAIL BUENET, TX 78611*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Investor*

Employer (See Instructions)

*Self*

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# 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

*JAMES OAKLEY*

3 ACCOUNT # (Ethics Commission Filer)

4 Date

*1/18/14*

5 Full name of contributor  out-of-state PAC ID#

*MIKE CRAWFORD*

7 Amount of contribution (\$)

*50.-*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*7741 W. FM 243 Bertram, TX 78605*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*ACCOUNTANT*

10 Employer (See Instructions)

*TRANS COUNTY*

Date

*1/25/14*

Full name of contributor  out-of-state PAC ID#

*Russell + Mary Jane Banks date*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 318 Bertram TX 78605*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Land's Edge Co.*

Employer (See Instructions)

*Self*

Date

*1/18/14*

Full name of contributor  out-of-state PAC ID#

*LARRY HAMLIN*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*22 Beaver Island Lamar, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/19/14*

Full name of contributor  out-of-state PAC ID#

*Rhonda Hilliard-Tuener*

Amount of contribution (\$)

*1000.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 8496 HSB, TX 78657*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*OIL + GAS*

Employer (See Instructions)

*Self*

Date

*1/18/14*

Full name of contributor  out-of-state PAC ID#

*E. B. PRICE*

Amount of contribution (\$)

*500.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*1438 CR 210 B Bertram, TX 78605*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired - Rancher*

Employer (See Instructions)

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# 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

*JAMES OAKLEY*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*1/28/14*

5 Full name of contributor  out-of-state PAC ID#

*Kyle Strapping*

6 Contributor address, City, State, Zip Code

*315 Meadowlark Dr., Meadowlark, TX 78664*

7 Amount of contribution (\$)

*150.-*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*INSURANCE*

10 Employer (See Instructions)

*Self*

Date

Full name of contributor  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  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  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  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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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       | 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.

1 Total pages Schedule F: 2 FILER NAME: **James Oakley** 3 ACCOUNT # (Ethics Commission Filer):

4 Date: **1/12/14** 5 Payee name: **MARBLE FALLS Chamber of Commerce**

6 Amount (\$): **\$550.-** 7 Payee address, City, State, Zip Code: **100 AVE G. MARBLE FALLS, TX 78654**

8 PURPOSE OF EXPENDITURE: (a) Category: **Event Expense** (b) Description: **TABLE Sponsor - Banquet 2/1**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **James Oakley** Office sought: Office held:

Date: **1/18/14** Payee name: **Spillwood Post office**

Amount (\$): **\$690.-** Payee address, City, State, Zip Code:

PURPOSE OF EXPENDITURE: Category: **Mailing Expense** Description: **STAMPS**

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

Date: **2/3/14** Payee name: **Highlander News Papers**

Amount (\$): **\$2442.-** Payee address, City, State, Zip Code: **MARBLE FALLS, TX 78654**

PURPOSE OF EXPENDITURE: Category: **Advertising** Description: **News paper - display Ad**

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

Date: **2/4/14** Payee name: **Victory Publishing - KBay Radio**

Amount (\$): **874.-** Payee address, City, State, Zip Code:

PURPOSE OF EXPENDITURE: Category: **Advertising** Description: **Radio Spots - 30 second.**

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  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials 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 Total pages Schedule F: \_\_\_\_\_ 2 FILER NAME: **James Oakley** 3 ACCOUNT # (Ethics Commission Filers): \_\_\_\_\_

4 Date: **3/4/14** 5 Payee name: **Victory Publishing - Picoayune**

6 Amount (\$): **\$1,248.-** 7 Payee address, City, State, Zip Code: **Marble Falls, TX 78654**

8 PURPOSE OF EXPENDITURE: **Advertising**  
(a) Category (See categories listed at the top of this schedule): **Advertising**  
(b) Description (If travel outside of Texas, complete Schedule T): **News paper**

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date: **1/17/14** Payee name: **Stitch America**

Amount (\$): **112.60** Payee address, City, State, Zip Code: **813 12th Street Marble Falls, TX 78654**

PURPOSE OF EXPENDITURE: \_\_\_\_\_  
Category (See categories listed at the top of this schedule): \_\_\_\_\_  
Description (If travel outside of Texas, complete Schedule T): **Name Badges, Biz Cards, Magnets**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date: **1/22/14** Payee name: **Fox MAIL**

Amount (\$): **625.-** Payee address, City, State, Zip Code: **P.O. Box 8711 HSB, TX 78657**

PURPOSE OF EXPENDITURE: \_\_\_\_\_  
Category (See categories listed at the top of this schedule): **Advertising**  
Description (If travel outside of Texas, complete Schedule T): **- PRINT**

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): \_\_\_\_\_

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED