CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

3 CANDIDATE /			
OFFICEHOLDER NAME	NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	P.O. Box 12 Spitewood	STATE ZIPCODE A, TX 18669 EXTENSION MI N. SUFFIX	Date Hand-delivered or Posimarked Receipt # Amount 1 Date Processed.
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT SUITE #	Spilewood, TX	ZIP CODE 78669
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 560-6290 January 15 30th day before election	EXTENSION Runoff	15th day after campaign
	July 15 8th day before election	Exceeded \$500	treasurer appointment (officeholder only) Final report Attach CrOH - FR)
IO PERIOD COVERED	Month Day Year THROUGH	Month Day 12 3/	Year 2013
1 ELECTION	Month Day Year Prmary	Runoff	meral Special
2 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (1 KNOWN); Buevet Low	ry Judge

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	The second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the section is a section of the section of the section is a section of the section of	Company of the Compan	
U	JAM	les Oakley	15 ACCOUNT# (Elhics Commission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFIC CONSENT. CANDIDA	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION	URES MADE BY POLITICAL COMMITTEES TO SUPPORT THE THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	JAMES OAKley	for County Judge
	SPECIFIC	P.O. Box 121 Sp.	Celvood, TX 78669
additional pages		James Sakley COMMITTEE CAMPAIGN TREASURER NAME.	
		P.O. Box 121 Spile 1	Tod 1x 28669
17 CONTRIBUTION TOTALS	1 TOTAL P PLEOGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER S, LOANS, OR GUARANTEES OF LOANS) UNLESS IT	
	2. TOTAL OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES LOANS, OR GUARANTIES OF LOAN	\$ 5800,
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS	
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 5,635,27
CONTRIBUTION BALANCE	5 TOTAL PO OF REPO	PLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LARTING PERIOD	ST DAY \$ 1789 13
OUTSTANDING LOAN TOTALS	6 TOTAL PR	NINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	OF THE \$
8 AFFIDAVIT			
		me under fille 15, Hection Co	y of perjury. That the accompanying report is all information required to be reported by de
AFFIX NOTARY STAMP		James A Mal	
Sworn to and subsc	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\(\(\)	this the
Jun Dates	or <u>2011.</u>	to certify which, witness	my hand and seal of office
Signature of officer adminis	toring oath	Printed name of officer administering oath	Title of officer administering oath

xas Ethics Co	mmission P.O. Box 12070 Austin, 1	exas 78711 2070	(512)463-580	0(TDD 1-800-735-298
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA		10.10	SCHEDULE A
The	s instruction Guide explains how to complete th	nis form.	1 folal pages Sc	hedule A
FILER NAME	JAMES OAKley	977—177	3 ACCOUNT # (Ethics Commission Filers)
Date (1-23-13		·	7 Amount of contribution (S)	8 In kind contribution description (if applicable)
	6 Contributor address: City. State. Zip Code 575 Contras Ls WA, Sp.	e selevand, TX	160.	
Principal occup	pation / Job title (See Instructions)	10 Employer (See	(If travel outside Instructions)	of Texas, complete Schedule Ty
Date	Full name of contributor out of state PAC D#		T	
10-14-13	Linds Garrett	, , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address. City. State, Zip Code		50.	
Principal occup	pation / Job title (See Instructions)		(If travel outside o	f Texas complete Schedule T)
management and the comment of the co	Retired	Employer (See)	Instructions)	
Date	Full name of contributor out-of-state PAC ID#		Amount of contribution (S)	In-kind contribution description (if applicable)
1(/14/13	Contributor address; City, State, Zip Code	*:	, , ,	o mphor (r appreade)
- 1	P.O. Box 578 Byport to	78611	101-	
	ation / Job title (See Instructions)		(If travel outside o	f Texas complete Schedule T)
Rem	pn	Employer (See In	istructions)	
Date	Full name of contributor out of state PAC:D# MARY GURLO-SH SCHUL Contributor address: City: State. Zip Code	re	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/4117	P.O. Box 564 Best RAM	TR 78605	200.	Tayon sanata ah
rincipal occupa	ReTired	Employer (See In	estructions)	Texas, complete Schedule T)
Date	Full name of contributor		# * * * * * * * * * * * * * * * * * * *	

Date

Full name of contributor ___ out-of-state PACHD#

J.C. Sm. TH

Contributor address, City, State, Zip Code In-kind contribution contribution (5) description (if applicable) Principal occupation, Job title (See Instructions)

Employer (See Instructions) (If travel outside of Texas complete Schedule T)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	he instruction Guide explains how to complete	this form.	1 Total pages So	thedule A
2 FILER NAM	ME			
	JAMES OAKley		3 ACCOUNT # (Ethics Commission Filers)
4 Date	The former of the second particular and the			
	out-of-state PACITE)#	7 Amount of	8 in kind contribution
11	Jim MAdigan		contribution (\$)	description (if applicab
11/11/13	6 Contributor address. City. State. Zip Co	ode		
			700-	1
	20908 W. Huy 71 3	Dilewood, TX 78669	300.	1
Principal oce	Unadian I del con a	78669	III travel outcide	of Town
Z	upation / Job title (See Instructions)	10 Employer (Sec	natructions)	of Texas, complete Schedule T
			Soll	
Date	Full name of contributor out of state PAC (D	#		
	Romaio Forth:		Amount of contribution (\$)	In-kind contribution
n//L	Contributes and		(3)	description (if applicable
14/14/13	Contributor address, City, State, Zip Coc	de .		
			250	
	P.O. Box 1119 MARBLE FA	11. 076/10	230,	
Principal occi	spation / Job title (See Instructions)	1005, 1× 18659	(If travel outside of	Texas complete Schedule T)
CVAT	were - CASTIN & Co.	Employer (See	Instructions)	rexas complete Schedule T)
Date		Self		
Date	Full name of contributor out of state PAC Da		Amount of	And the same of th
a .	HAIST ASSOCIATES ST	tore one	contribution (\$)	In-kind contribution description (if applicable
10/2/	Contributor address; City, State; Zip Code	MICHAE		Priest (ii applicable
10/30/13	7. Time, Zip Cour	V. 100 B		
	12 11/1 21/1	Cichard Son,	250.	
	120/ N. Bew see Rd.	TX 7508/	1	
Principal occup	pation / Job title (See Instructions)	T	(If travel outside of	Texas complete Schedule T)
	Engineering Co.	Employer (See I	nstructions)	
Date	Full name of contributor qui of state PAC The	And the same of th		
	Full name of contributor until state PAC DA		Amount of	In-kind contribution
n / l	JACK LICICK		contribution (\$)	description (if applicable)
11/17/13	Contributor address. City: State. Zip Code	11 11 5	i	
		MARBle 14	111.	
	572 Los Escondidos	7///	100	
Principal occup		7 18654	Of heaves and the second	WANTAN AND AND AND AND AND AND AND AND AND A
· · · · · · · · · · · · · · · · · · ·	ation / Job title (See Instructions)	Employer (See In	estructions)	exas, complete Schedule T)
	Resipor	Centr	we 21	
Date	Full name of contributor out-of-state PAC-ID#		-	the state of the s
1	lepred Andle +	× 12	Amount of contribution (\$)	In-kind contribution
Vialia	Contributor address, City, State ZinCode	_	(5)	description (if applicable)
1/1//3		+W TX	1	
	14 1/201 1 H	usta, TX	150-	
	1903 Club Klage Ine	2022	1	
rincipal occupat	tion, Job title (See Instructions)	18 175	(If travel outside of Te	xas complete Schedule T)
	Commission &C	Employer (See Ins	STRUCTIONS)	winipiete Schedule T)
		TRANS	Gunty	

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

OTHE	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE A
TI	he instruction Guide explains how to complete t	his form.	1 Total pages Sci	hedule A
2 FILER NAM	JAMES OAKley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC D#			7
1/ 1	Gerry Bostick		7 Amount of contribution (\$)	8 In kind contribution description (if applicable
14/13	6 Contributor address. City. State, Zip Cod 329 Meddowlakes A	Medalela	100.	
Principal occi	upation Job title (See Instructions)	10 Employer (See	(If travel outside of instructions)	of Texas, complete Schedule T)
Date				erance.
	Full name of contributor out of state PAC D#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/15/13	Contributor address, City, State, Zip Code		200	
D		1,12 18469	of travel outside of	. Taura assista
Principal occu	pation Job title (See instructions)	Employer (See	Instructions)	Texas complete Schedule T)
Date	Full name of contributor ut of state PAC ID#		Amount of	
10/1	Contributor address: City, State; Zip Code	37 FFF Pro-	contribution (\$)	In-kind contribution description (if applicable)
1 11/13	319 STEWART MAN	3/e Falls TX	500	
Principal occup	Dation Job title (See Instructions)	Employer (See	Instructions)	Texas complete Schedule T)
Date	Full name of contributor gut of state PAG D#	367		
10/1.	RONNY HiBler	3	Amount of contribution (\$)	In-kind contribution description (if applicable)
71/13	A. A.	1/ 0/		
	1105 Elm LN. Marsleta	Us, TX 18654	20,	
Principal occupi	ation Job title (See Instructions)	Employer (See I	(If travel outside of '	Texas complete Schedule T)
	Commissioner		never Cour	Why
Date	Full name of contributor out-of-state PAC-ID#	the Test of Confession and the Confession of the	Amount of	In-kind contribution
lul	Contributor address. City. State. Zip Code		contribution (\$)	description (if applicable)
117/3	101 S. WATER BURNET	V 18631	100	
rincipal occupa	tion / Job title (See Instructions)	Employer (See In	(If trave) outside of T	exas complete Schedule T)
	Jaweler	. ,= (555 (.01	

www ethics state tx us

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A
2 FILER NAME	JAMES OAKley		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (D#		7 Amount of contribution (S)	8 In-kind contribution description (if applicable
14/2/13		shoelsky, th	200	
9 Principal accu		78657	(If travel outside	f Texas, complete Schedule T)
	pation Job title (See Instructions)	10 Employer (See	Instructions)	Bay - City
Date	Full name of contributor aut-of state PACIDS		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/12-13	Contributor address; City State, Zip Code 137 Wildewess Cole pation; Job title (See Instructions)	MARBIE	250,-	
	137 WI/dervers Love	FALLS, TO	(If travel outside o	Texas complete Schedule T)
Principal occup	pation Job title (See Instructions)	Employer (See I	nstructions)	delipere delicate 1)
Date	Ken GRAHAM		Amount of contribution (S)	In-kind contribution description (if applicable)
11-14-13	Contributor address; City, State; Zip Code 112 WALLACE Riddell A.	Burnet,	150	
Principal occup	pation / Job title (See Instructions)		(If travel outside o	Texas complete Schedule T)
	Retired	Employer (See I	nstructions)	
Date	Full name of contributor out of state PAC D# Thomas Edwards		Amount of contribution (S)	In-kind contribution description (if applicable)
11/14/13	P.O. Box 676 Manshe R	W. 1718/0	100,-	
Principal occup	ation / Jeb title (See Instructions)	Employer (See In	(If travel outside of estructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state FAC-iD# Ken Peterson Contributor address. City, State, Zip Code	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	P.O. Box 602 Spicewood	78669	500	
D · · ·	ation , Job title (See Instructions)	Employer (See In	in navel onitide of	Texas complete Schedule T)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 120/0

SCHEDULE A

The	Instruction Guide explains how to complete thi	is form.	1 fotal pages Sch	edule A
2 FILER NAME	JAMES OAKley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PACID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/14(12	Contributor address: City, State, Zip Code 2019 Cel 403 Maull	78654 FAU 572 10 Employer (See I	100.	
9 Principal occup	pation: Job title (See Instructions)	10 Employer (See I	(If travel outside of Instructions)	of Texas, complete Schedule T)
Date (1)/14/63	Full name of contributor out of state PACHD®. Howard Lalman Contributor address. City, State, Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	P.O. Dox 1161 Marsh FAD	Math 18654	/If travel outside o	of Texas complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		Treats complete surecure 1/
Date	Full name of contributor out-of state PAC ID#	The state of the s	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/13	209 Wilderness A. Marshar	falls, TR 18654	300,	of Texas complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		(lexas complete schedule ()
Date	Full name of contributor used state PAC ID#	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14/13	27206 WARRAW 1414 PKW	Sp1Cebood,	300-	
Principal occupa	ation Job title (See Instructions)	Employer (See In		Texas, complete Schedule T;
Date	Full name of contributor out of-state PACHDE.	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/13	Contributor address, City, State, Zip Code 524 Lighthome St, House TX	18657	500.	
Principal occupa	tion / Job title (See Instructions)	Employer (See In:		Texas complete Schedule T)

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

The second of the	Austin, I	oxas 78711-2070	(512) 463 5800	(TDD 1 800 735 29
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	MS		SCHEDULE A
The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Scr	Dedule A
2 FILER NAME			3 4000 47 4	
	JAMES CAKley		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (D#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/14/13	6 Contributor address, City, State, Zip Code			acadipion (ii applicable)
	505 CR 144 MANSIE	Tall - an	250,-	!
	111111111111111111111111111111111111111	PAUS, TX 186	If travel outside	of Texas, complete Schedule Ti
9 Principal occu	ipation / Job title (See Instructions)	10 Employer (See	Instructions)	7 rexas, complete Schedule T)
	to CASTING CO OWNER	Self	,	
Date	Full name of contributor out-of-state PAC D#		Amount of	In-kind contribution
1 1	Kim VANN		contribution (\$)	description (if applicable)
11/14/12	Contributor address; City State, Zip Code	,	1	
17/117	1 - 2 - 1		100,-1	
	639BCR 104 LAMAS	As, TX 7650	1	
Principal occup	pation / Job title (See Instructions)	Employer (See	ti have outside of	Texas complete Schedule T)
	Parchee	Sell/	nstructions)	
Date	Full name of contributor out of state PAC D#	7	Amount of	In him december 1995
2 / ₁	DAVE KITHIL		contribution (\$)	In kind contribution description (if applicable)
14/1/12	Contributor address: City Ctate To C			# 653.
[/4]]>	March	le FAlls,		Food & Beventge
	Em 1980 /11/100	18654	i i	for Fundatises
Principal occup	pation. Job title (See Instructions)		(If travel outside of	Texas complete Schedule T)
· · · · · · · · · · · · · · · · · · ·	Retired	Employer (See I	natructions)	
Date	Full name of contributor out-of state PAC D#	1]	Amount of	In-kind contribution
11/ 1/2	DANLY Floyd.	1.20	contribution (\$)	description (if applicable)
1/2/12	Contributor address. City: State. Zip Code	8		
	210-10707 1.00	m, 12 18605	500.	
1	3420 CR 252 Beeter	m, 12 1000	i	8
Principal occupa	ation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
	Contruction	Employer (See In	- null	ex
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			
	and the same		10 10	
			183	
Principal occurr	tion / Joh title (Co.)		(If travel outside of 1	Texas, complete Schedule Ty
· ····cipai occupa	ation / Job title (See Instructions)	Employer (See In	structions)	
	ATTAOU ADDITIONAL GOVERNMENT			
If co	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	S NEEDED	
50.	ntributor is out-of-state PAC, please see instru	cuon guide foraddi	consi reporting re-	quirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EYPENDITUD	FOATTOCK	
Advertising Expense	GIR: Autordo / tomovioto /#	E CATEGORIES FOR BOX 8(a)
Accounting/Banking	Simplified Mellionals Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense	Legal Services	Solicitation/Fundraising Expense	Transportation Services and Services
	Food/Beverage Expense	Travel in District	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By
Fees	Printing Expense	Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
	The Instruction Cuid	in analytic s	OTHER (enter a category not listed above)
	plub noticetion Guid	e explains how to complete this t	lorm.
1 Total pages Schedule F.	2 FILER NAME		
	Image	· A.L.	3 ACCOUNT # (Ethics Commission Filers)
4 Date	JAMes	OAKley	
4 Date	5 Payee name		
10-11-13	THE	ISINESS CENTER	
the state of the s	1/70 00	25, Ness CONTOD	
6 Amount (\$)	7 Payee address. City St	and the second	The second secon
	City, Si	late, Zip Code	The second secon
100 -	,		
108.25	Hwy 281 N.	11	
100,23	128/ N.	MARBIE FA	11/2 -1 10/-11
8 PURPOSE			Alls TX 78654
OF	(a) Category (See categories isted at the to-	p of this schedule) (b) Description	: If travel outside of Texas, complete Schedule Ti
EXPENDITURE	01. 41		
	KINDA	Pilas	and Fundamen "
9 Complete ONLY it direct	Candidate / Officeholder name	02,74	CAL FUNDATISER INVITES
expenditure to benefit Ch	Omiceholder name	Office soug	ht Office held
expenditure to benefit Ch	On		Office held
		the second of the second	
Date	Payee name		A STATE OF THE STA
7/18/13	PRIT	I - make	
-110117	PRINT	NORICS	
Amount (\$)		ate, Zip Code	a propriate and the last territories and the state of the
		Lip oode	
.00	1 11 121	1374 (U.)	
132.17	314 MAIS STREET	- M. 1/5	,
1-1.01	319 MAIS STREET	MAKS/etall	5 Tu 78200
PURPOSE	Category (See categories listed at the top		14 10 23
OF	O P THE TOTAL THE TOP	Description	(If travel outside of Texas complete Schedule T:
EXPENDITURE	PRATIL		
The state of the s	MAINT	16thes	Linfo Counds
Complete ONLY if direct	Candidate / Officeholder name	06	· · · · · · · · · · · · · · · · · · ·
expenditure to benefit C/O	DH.	Office sough	t Office held
Date	Payee name	And the second s	
1/ 12 12			
_//-/2-/3	PRINT Works		
Amount (\$)	the state of the s	Property of the second	
(4)	City, Stat	le, Zip Code	The state of the second of the state of the
178	2 11 M.	11	
110.	314 1114)U STOOT	Whole End	1 701-11
51 15 5 5 5	- SIT TIMIN SICUL	MARSIE FALL	5, 12 10654
PURPOSE	Category See categories listed at the top of		if travel outside of Texas, complete Schedule T)
OF EVENTURE (DE			
EXPENDITURE		Wal 7:0	al internal
Complete ONLY of disper	Candidate (Otto-ball)	FOL:11CA	of into CARds
Complete ONLY if direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/O	1	3	Office field
2. / .			
Date ///	Payee name /	0	
11/0/12	Thun I An	1. W/2 11. /m	
1-1112	SUKNU WIIK	uty Republican 8/4	retu
Amount (\$)	Payee address: City; State	Zip Code	
	ony, state	" -th cone	
1571 -			
130.			
			3
PURPOSE	Category (See categories listed at the top of	Mur a bad a land	
OF	-13-13	mis scriedure) Description (if	f travel outside of Toxa's complete Schedule 1:
EXPENDITURE	Filia Too		_
	1 14119 148	Filin	5 top
Complete ONLY if direct	Candidate / Officeholder name	0#	1100
expenditure to benefit C/OF	1	Office sought	Office held
The second secon	James UA	Clys Bueno	Mat Duda-
	ATTACH ADDITIONAL COS	HEE OF THE COLUMN	-140 dE
	AT INDITIONAL COP	PIES OF THIS SCHEDULE AS N	EEDED'
u othica state to			

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATECODIES	
Advertising Expense	GIff/Awards/Memorials Expense	CATEGORIES FOR BOX 8(a)
Accounting/Banking	Legal Services	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel in District	Contributions/Donations Made By
Fees		Travel Out Of District	Candidate/Officeholder/Political Committee
	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not have about
<u></u>	The Instruction Guide	explains how to complete this fo	rm
1 Total pages Schedule F.	2 FILED NAME		
	Imme	Astal.	3 ACCOUNT # (Fithics Commission Filers)
4 Date _ / /	JAMES	OAKley	
4 Date /2/ /	5 Payee name		
75/13	STITCH /	Import	
6 Amount (S)			
- · · · · · · · · · · · · · · · · · · ·	r rayer address, City, Stat	e, Zip Code	and a second desiration of the contract of the
2 1/2	212 11 0		
201 10	813 12th CF	Manne Hall	1
	9(1	Illande Para	5. TX 78654
8 PURPOSE	(a) Category (See categories is ted at the top of	of this schedule: (b) Description	If travel outside of Texas, complete Schedule Ti
OF		try bescription	Traver outside of 16) as, complete Schedule Ti
EXPENDITURE	EmBRonden		ADS
9 Complete ONLY if direct	Candidate / Officeholder name		. 7)
expenditure to benefit C/O	Н	Office sough	t Office held
	With the second control of the second contro		
Date ///	Payne name		
11/19/13	Stite /	mania	
17.417	Orman 171	MERICA	
Amount (\$)	Payne address, City, State	n, Zip Code	
_			
0,60	012 th C	M. 1///	101 21
7/9,5	813 1214 6	MARKIONILLET	7 18/20
PURPOSE	Category (See categories listed at the lop of	The Market of the	1040/
OF	and a training of the top by	Description	If travel outside of Texas complete Schedule T:
EXPENDITURE	PRINTIN	1-1	Me into lead a
Complete ONLY 4	Canadiana Communication of the	CARds,	MAGNUS LABOLS BURNE GOOD
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
TAPETATION TO BEHEIR OF OF	(m) 90 H		1
Date / /			The state of the second control of the latter of the second control of the second contro
12/10/	Payee name	11	The same of the sa
1/9/1/3	HIGH herely	LAKES NEWS DAY	les
Amount (\$)	Payee address; City. State	200 Code	
	, sale only, oute	Zip Code	
= 1 -	$\mathcal{O}_{\mathbf{A}}$	4	
391	P.O. 1000	MARALE KALLETI -	20/01
		1410010 THUS, 1X	18637
PURPOSE	Category See categories listed at the top of	his scheduler Description (travel outside of Texas, complete Schedule T)
EXPENDITURE	Advactising	,	
	14a vac 113ing	rews	spin
Complete ONLY if direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/OH			Office held
57			
Date /// /	Payee name		
1/1//3	MAGGIALI	Ant.	1
Amount (\$)	Unapolit,	4710	
. плоши (Ф)	Payee address; City; State;	Zip Code	
	16		1
10/1 11	12 11111 11	C -1 -1	
2011.74	12404 Huy 155 -	74/ex. 18	75703
PURPOSE	Category (See categories listed at the top of the	No scheduler Programme	
OF		Coscription (I	ravel outside of Texas, complete Schedule T:
EXPENDITURE	219115	C.	15 - Prese
Complete ONLY if direct	Candidate / Officeholder name	2/9/	KARJE
expenditure to benefit C/OH		Office sought	Office held
* * * * * * * * * * * * * * * * * * * *			
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS N	EDED

POLITICAL EXPENDITURES

SCHEDULE F

00000000	EXPENDITURE	CATEGORIES FOR BOX 8(
Advertising Expense	GIff Awards Memorials Expense	SATEGORIES FOR BOX 8(
Accounting/Banking		Salaries Wages Contract Labor	Loan Repayment/Reimbursement
Consulting Expense	Food Courses C	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Event Expense	D - 11	Travel in District	CONTIDUIONS/Donations Made Do
Fees	43	Travel Out Of District	Candidate/Officeholder/Political Committee
l .	in ' 9	Office Overhead Rental Expense	OTHER (golds a sate
	The instruction Guide	explains how to complete this f	orm
1 Total pages Schedule F.	2 FILER NAME		
	James	Dakla	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	UARTEY	
10/2/	V i dyce italije	1 11	And the second s
130/13	-19NS	ON THE CHO.	11 1-
6 Amount (S)	7 Payee address. City. State	2. Zip Code	10m
502.33		1	
502.32		Head 5	
8 PURPOSE	(a) Category (See categories issted at the top of	Marchadus (TRSHN, 1)	
OF	- Copulation Copulation	(b) Description	:if travel outside of Texas, complete Schedule Ti
EXPENDITURE	5,905	50	
9 Complete ONLY It direct	Candidate / Officeholder name	219	NS- YARd
expenditure to benefit C/C	H Officerolder name	Office sough	ht Office held
Date	Payee name		
10/10/13	5 4	0 - 1-5	
110113	Spicetorost	MOST OFFICE	
Amount (\$)	Payee address, City, State,	Zip Code	Controlled to a company of the way of the supplication where the supplication of the s
= 4.		•	
189-			
101.	3	Della mont	tv 78/19
PURPOSE	Category See categories listed at the top of the	his schadula:	, 14 10 861
OF	M	Description	(if travel outside of Texas complete Schedule T:
EXPENDITURE	MATIN FUN	- 57	22
Complete ONLY if direct	Candidate / Officeholder name	2//	mp3
expenditure to benefit C/O	I Suitare Milceriolder name	Office sough	t Office held
Date	Payee name		
	•		
A	And the second s		
Amount (\$)	Payee address City, State,	Zip Code	
d and a second			
PURPOSE	Category See categories listed at the top of the	is enhanced.	The second section of the second seconds of the second second section is the second se
OF	and a major of the	Description (If travel outside of Texas, complete Schedule T:
EXPENDITURE			4
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH	Sandidate: Officendider name	Office sought	Office held
Date	Payee name		
	2 1		
			i
Amount (\$)	Payee address: City; State;	Zip Code	
	•		
			1
PURPOSE	Category Superalana		
OF	Category (See categories listed at the top of this	schedule) Description (if	have outside of Texas, complete Schodule 1:
EXPENDITURE			
			1
Complete ONLY if direct	Candidate / Officeholder name	Office sought	04
expenditure to benefit C/OH			Office held
	ATTACHARDITECT		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED
w oth ce state to			

III. FY2014 Goals.
Goals and Development plans will be communicated together on a separate form (attached and part of this Review), agreed upon, turned in and tracked apart from the standard Annual Performance Review form. These will be dynamic, in that they may be added to and modified during the year as agreed to and as appropriate.
Any other Goals and Plans shared by either the employee or manager in the review will be developed and monitored separately.
We will discuss this more completely when we talk about this Review and at the Oct sales meeting.
This year's Goals and Development plans are essentially the same for each sales rep and will serve to reinforce projects and points of emphasis presented at our Oct sales meeting.
Associate Acknowledgement: My signature acknowledges that I have reviewed this document and discussed the contents with my manager. It does not necessarily indicate my agreement with the contents.
James Oakley Associate Signature James Oakley James Oakley James Oakley Date
Manager Signature Date