

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>												
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <u>James</u> MI: <u>N.</u> NICKNAME: _____ LAST: <u>Oakley</u> SUFFIX: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center;">2014 JAN 14 10:10 AM</td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	2014 JAN 14 10:10 AM	Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	2014 JAN 14 10:10 AM														
Date Hand-delivered or Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>P.O. Box 121</u> APT / SUITE #: _____ CITY: <u>Spicewood, TX</u> STATE: _____ ZIP CODE: <u>78669</u>														
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(512)</u> PHONE NUMBER: <u>560-6240</u> EXTENSION: _____														
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <u>James</u> MI: <u>N.</u> NICKNAME: _____ LAST: <u>Oakley</u> SUFFIX: _____														
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE): <u>116 Combs Alley</u> APT / SUITE #: _____ CITY: <u>Spicewood, TX</u> STATE: _____ ZIP CODE: <u>78669</u>														
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(512)</u> PHONE NUMBER: <u>560-6240</u> EXTENSION: _____														
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report Attach COH - FR														
<b>10 PERIOD COVERED</b>	Month: <u>7</u> Day: <u>1</u> Year: <u>2013</u> THROUGH Month: <u>12</u> Day: <u>31</u> Year: <u>2013</u>														
<b>11 ELECTION</b>	ELECTION DATE: Month: <u>3</u> Day: <u>4</u> Year: <u>2013</u>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special													
<b>12 OFFICE</b>	OFFICE HELD (if any): _____	<b>13 OFFICE SOUGHT (if known):</b> <u>Brewster County Judge</u>													

**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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

James Oakley for County Judge

COMMITTEE ADDRESS

P.O. Box 121 Spicewood, TX 78669

COMMITTEE CAMPAIGN TREASURER NAME

James Oakley

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. Box 121 Spicewood, TX 78669

additional pages

17 CONTRIBUTION  
TOTALS

1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

\$ 1,125.5

2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,800.5

EXPENDITURE  
TOTALS

3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4 TOTAL POLITICAL EXPENDITURES

\$ 5,635.27

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

\$

1,289.73

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

James N. Oakley

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Jennifer Russell*  
Signature of officer administering oath

Jennifer Russell  
Printed name of officer administering oath

Asst. Deputy Clerk  
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

*11-23-13*

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

*RAY BOOTH*

7 Amount of contribution (\$)

*100.-*

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

*575 CONTRAILS WAY, SPICEWOOD, TX 78269*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*RETIRED*

10 Employer (See Instructions)

Date

*10-16-13*

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

*LINDA GARRETT*

Amount of contribution (\$)

*50.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*1105 ELM LN. MARBLE FALLS, TX 78659*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*RETIRED*

Employer (See Instructions)

Date

*11/14/13*

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

*ALAN SNIDER*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*P.O. Box 578 BURKET, TX 78611*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*REALTOR*

Employer (See Instructions)

Date

*11/14/13*

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

*MARY BUCKLE-SCHULZE*

Amount of contribution (\$)

*200.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*P.O. Box 564 BERTAM, TX 78605*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*RETIRED*

Employer (See Instructions)

Date

*11/14/13*

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

*J.C. SMITH*

Amount of contribution (\$)

*50.-*

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

*5247 CK 254 BERTAM, TX 78605*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*RETIRED*

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 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

*11/11/13*

5 Full name of contributor

*Jim Madigan*

out-of-state PAC ID#

7 Amount of contribution (\$)

*300.-*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*20908 W. Hwy 71 Spicewood, TX 78669*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Home Builder*

10 Employer (See Instructions)

*Self*

Date

*11/14/13*

Full name of contributor

*Bonnie Franki*

out-of-state PAC ID#

Amount of contribution (\$)

*250.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 1119 Marble Falls, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Owner - Casting Co.*

Employer (See Instructions)

*Self*

Date

*10/30/13*

Full name of contributor

*HAIST ASSOCIATES STATE PAC*

out-of-state PAC ID#

Amount of contribution (\$)

*250.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*1201 N. Bowser Rd. Richardson, TX 75081*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Engineering Co.*

Employer (See Instructions)

*Century 21*

Date

*11/12/13*

Full name of contributor

*Jack Erick*

out-of-state PAC ID#

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*572 Los Escudidos Marble Falls, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Reactor*

Employer (See Instructions)

Date

*11/17/13*

Full name of contributor

*Gerald Daugherty*

out-of-state PAC ID#

Amount of contribution (\$)

*150.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*1403 Club Ridge Ave Austin, TX 78735*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Commissioner*

Employer (See Instructions)

*TRAVIS County*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

*11/14/13*

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

*Geary Bostick*

7 Amount of contribution (\$)

*100.-*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*329 Meadowlake Dr. Meadowlake, TX 78654*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Retired - NASA*

10 Employer (See Instructions)

Date

*11/15/13*

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

*George Mortenson*

Amount of contribution (\$)

*200.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 695 Spicewood, TX 78669*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*10/7/13*

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

*Vic G. Shackelford*

Amount of contribution (\$)

*500.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*319 Stewart Marble Falls, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*MARINA OWNER*

Employer (See Instructions)

Date

*10/1/13*

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

*Ronny Hibler*

Amount of contribution (\$)

*50.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*1105 Elm Ln. Marble Falls, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Commissioner*

Employer (See Instructions)

Date

*11/14/13*

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

*Kevin Judice*

Amount of contribution (\$)

*100*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*101 S. WATER BURNET, TX 78631*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Saweler*

Employer (See Instructions)

*Self*

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

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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

*11/12/13*

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

*BILL LANE*

7 Amount of contribution (\$) *200.-*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*210 Silver Spur*

*Horseshoe Bay, TX  
78657*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Police Chief*

10 Employer (See Instructions)

*Horseshoe Bay - City*

Date

*11-12-13*

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

*CAROLYN STRIBLING*

Amount of contribution (\$) *250.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*137 Wilderness Cove*

*Marble Falls, TX  
78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*11-14-13*

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

*Ken Graham*

Amount of contribution (\$) *150.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*112 Wallace Riddell Dr.*

*Burnet, TX  
78611*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*11/14/13*

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

*THOMAS EDWARDS*

Amount of contribution (\$) *100.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 676 Marble Falls, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*11/25/13*

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

*Ken Peterson*

Amount of contribution (\$) *500.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 602 Spicewood, TX  
78669*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired - investor*

Employer (See Instructions)

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

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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

*11/14/13*

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

*William Dickey*

7 Amount of contribution (\$)

*100.-*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*2019 CR 403 Marble Falls TX 78654*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Retired.*

10 Employer (See Instructions)

Date

*11/14/13*

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

*Howard Lalman*

Amount of contribution (\$)

*50.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*P.O. Box 1161 Marble Falls TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*11/14/13*

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

*David Ellis*

Amount of contribution (\$)

*300.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*209 Wilderness Dr. Marble Falls, TX 78654*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*11/14/13*

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

*Chary Cosgray*

Amount of contribution (\$)

*300.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*27206 Waterfall Hill Pkwy TX 78669*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired.*

Employer (See Instructions)

Date

*11/14/13*

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

*Bob LamBERT*

Amount of contribution (\$)

*500.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*524 Lighthouse Dr, Housheer Park, TX 78657*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired.*

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 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

*11/14/13*

5 Full name of contributor

*BILL & MARY WURSTER*

7 Amount of contribution (\$)

*250.-*

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

*505 CR 144 MARBLE FALLS, TX 78654*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*BA CASTING CO. - owner*

10 Employer (See Instructions)

*Self*

Date

*11/14/13*

Full name of contributor

*KIM VANN*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*639 BCR 104 LAMPASAS, TX 76550*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*RANCHER*

Employer (See Instructions)

*Self*

Date

*11/14/13*

Full name of contributor

*DAVE KITHIL*

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*FM 1980 MARBLE FALLS, TX 78654*

*\$653.  
Food & Beverage for Fundraiser*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*RETIRED*

Employer (See Instructions)

Date

*11/12/13*

Full name of contributor

*DANNY FLOYD.*

Amount of contribution (\$)

*500.-*

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

*3420 CR 252 BERTRAM, TX 78605*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*CONSTRUCTION*

Employer (See Instructions)

*Self - owner*

Date

Full name of contributor

Contributor address, City, State, Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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**

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
- 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 **10-11-13** 5 Payee name **THE BUSINESS CENTER**

6 Amount (\$) **108.25** 7 Payee address, City, State, Zip Code **Hwy 281 N. Marble Falls, TX 78654**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Printing** (b) Description (if travel outside of Texas, complete Schedule T) **POLITICAL Fundraiser invites**

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

Date **9/18/13** Payee name **PRINT works**

Amount (\$) **132.07** Payee address, City, State, Zip Code **314 MAIN Street Marble Falls, TX 78654**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Printing** Description (if travel outside of Texas, complete Schedule T) **Political info Cards**

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

Date **11-12-13** Payee name **PRINT works**

Amount (\$) **178.-** Payee address, City, State, Zip Code **314 MAIN Street Marble Falls, TX 78654**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Printing** Description (if travel outside of Texas, complete Schedule T) **Political info Cards**

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

Date **11/9/13** Payee name **Brewitt County Republican Party**

Amount (\$) **750.-** Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Filing Fee** Description (if travel outside of Texas, complete Schedule T) **Filing Fee**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held **James Oakley Brewitt County Judge**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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
- 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: **12/5/13** 5 Payee name: **Stitch America**

6 Amount (\$): **202.<sup>16</sup>** 7 Payee address, City, State, Zip Code: **813 12<sup>th</sup> St. Marble Falls, TX 78654**

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

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

Date: **11/19/13** Payee name: **Stitch America**

Amount (\$): **919.50** Payee address, City, State, Zip Code: **813 12<sup>th</sup> St. Marble Falls, TX 78654**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Printing** Description (if travel outside of Texas, complete Schedule T): **Cards, Magnets, Labels, Business cards**

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

Date: **12/19/13** Payee name: **Highland Lakes Newspaper**

Amount (\$): **591.-** Payee address, City, State, Zip Code: **P.O. 1000 Marble Falls, TX 78654**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Advertising** Description (if travel outside of Texas, complete Schedule T): **Newspaper**

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

Date: **11/1/13** Payee name: **DANNWILL, Inc.**

Amount (\$): **2067.96** Payee address, City, State, Zip Code: **12404 Hwy 155 S. Tyler, TX 75703**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Signs** Description (if travel outside of Texas, complete Schedule T): **Signs - large**

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
- 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.

<b>1</b> Total pages Schedule F	<b>2</b> FILER NAME <i>James Oakley</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>10/30/13</i>	<b>5</b> Payee name <i>Signs on the Cheap, com</i>
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<b>6</b> Amount (\$) <i>502.33</i>	<b>7</b> Payee address, City, State, Zip Code <i>Austin, TX</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Signs</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Signs - yard</i>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/18/13</i>	Payee name <i>Spicewood Post Office</i>
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Amount (\$) <i>184.-</i>	Payee address, City, State, Zip Code <i>Spicewood, tx 78669</i>
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Mailing Expense</i>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>STAMPS</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
------	------------

Amount (\$)	Payee address, City, State, Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (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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Date	Payee name
------	------------

Amount (\$)	Payee address, City, State, Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (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

**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  9-30-2013  
Associate Signature Date

\_\_\_\_\_  
Manager Signature Date