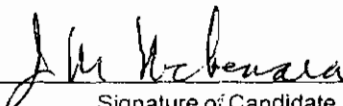


APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

7183

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.						1	Total pages filed: 1	
2	CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Acct. #	Date Received		
		Mr.	James	M.				
		Mike	McNamara					
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
		3501 Carla Dr. Austin, TX 78754						
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	HD/PM	Date Processed		
		(512)	632-5424					
5	OFFICE HELD (if any)						Date Imaged	
6	OFFICE SOUGHT (if known)	Travis County Judge, County Commissioners Court						
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Mrs. Julia S. McNamara						
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
		3501 Carla Dr.		Austin, TX		78754		
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(512)	926-1186					
10	CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
		 Signature of Candidate				12/9/09 Date Signed		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7207

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission filers)</small>	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. James M. NICKNAME LAST SUFFIX Mike McNamara		OFFICE USE ONLY Date Received Date Hand-Delivered or Postmarked JAN 4 11 Receipt # _____ Date Processed Date Indexed
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE # CITY, STATE, ZIP CODE 3501 Carla Dr Austin, TX 78754		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 926-1186		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Julia S. NICKNAME LAST SUFFIX McNamara		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY, STATE, ZIP CODE 3501 Carla Dr Austin, TX 78754		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 926-1186		
9 REPORT TYPE	<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"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 12 / 09 / 09 12 31 / 09		
11 ELECTION	ELECTION DATE Month Day Year 03 / 02 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Judge	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name _____</p> <p>Address / PO Box Apt / Suite # City, State, Zip Code _____</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

James M. McNamara

16 ACCOUNT # (Ethics Commission Filers)

17 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 type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ *0*

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

\$ *100*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1308*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

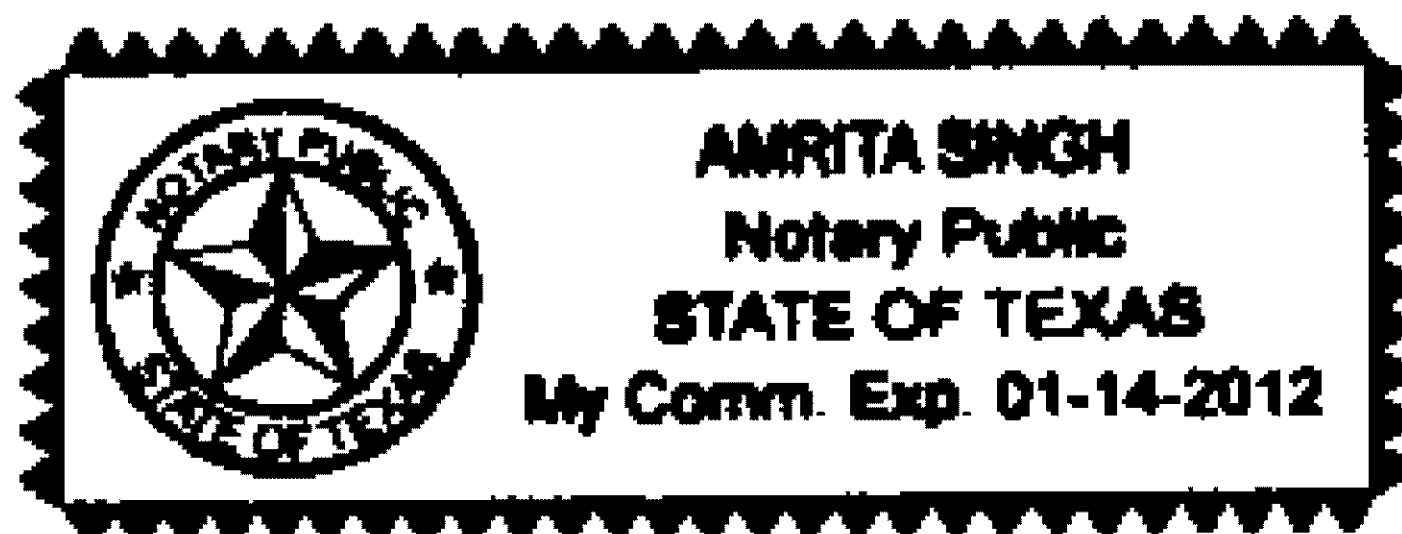
\$ *110*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

James M. McNamara
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Mike McNamara this the 13 day of January 20 10 to certify which, witness my hand and seal of office.

Amrita Singh
Signature of officer administering oath

AMRITA SINGH
Printed name of officer administering oath

NOTARY PUBLIC
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. 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission form)

4 Date

12/12/09

5 Full name of contributor out-of-state PAC (ID# _____)

Edmond Y. Nicolas

6 Contributor address; City; State; Zip Code

13005 Esplanade Austin, TX 78727

7 Amount of contribution (\$)

\$ 100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

General Manager

10 Employer (See Instructions)

Tri Star Auto

Date

Full name of contributor out-of-state PAC (ID# _____)

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)

Date

Full name of contributor out-of-state PAC (ID# _____)

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)

Date

Full name of contributor out-of-state PAC (ID# _____)

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)

Date

Full name of contributor out-of-state PAC (ID# _____)

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 FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

→ ⇒ ⇨ ⇩ ⇧ ⇨ \$

6 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E <div style="text-align: right; font-size: 2em;">1</div>
2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">James M. McNamara</div>		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address: City: State: Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	7 Amount (\$)
6 Payee address; City, State, Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete 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 payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 Date

12/15/09

5 Payee name

U.S. Postal Service

6 Payee address; City; State; Zip Code

8225 Cross Park Dr Austin

8 Amount (\$)

\$5800

7 Purpose of expenditure (See instructions regarding type of information required.)

Post Office Box Rental (12 mos.) + Key Deposit for 2 Keys
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

12/17/09

Payee name

Mike McNamara Campaign Fund

Payee address; City; State; Zip Code

PO Box 141446 Austin, TX 78714-1446

Amount (\$)

\$1000

Purpose of expenditure (See instructions regarding type of information required.)

On Deposit to open political campaign account
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

12/21

Payee name

Travis County Republican Primary

Payee address; City; State; Zip Code

7901 Cameron Road Austin, TX 78754

Amount (\$)

\$1250

Purpose of expenditure (See instructions regarding type of information required.)

Primary Ballot Filing Fee
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files):

4 Date

5 Business name

7

Amount
(\$)

6 Business address: City: State: Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount
(\$)

Business address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission file #)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City, State, Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City, State, Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	<p>6 Payee address; City; State; Zip Code</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.)</p>	
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p>	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T

1

2 FILER NAME

James M. McNamara

3 ACCOUNT # (Ethics Commission files)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7407

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00007207

2 PAGE #
1 of 26

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
Mr.

FIRST
MIKE
James

MI
M.

NICKNAME

Mike

LAST
McNamara

SUFFIX

OFFICE USE ONLY

Date Received

2010 JUL 15 PM 2:28
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS
REC'D FOR RECORD

Date Hand-delivered or Date Postmarked

Receipt #

Amount

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

3501 Carla Drive
Austin, TX 78754

Change of Address

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR
Mrs.

FIRST
Julia

MI

NICKNAME

LAST
McNamara

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

3501 Carla Drive
Austin, TX 78754

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 926-1186

8 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)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year

01/01/2010

06/30/2010

10 ELECTION

ELECTION DATE
Month Day Year

11/02/2010

ELECTION TYPE

Primary

Runoff

General

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Travis County Judge

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME McNamara, Mike (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00007207

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
---	----	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,824.76
--	----	----------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
--	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	3,172.49
---------------------------------	----	----------

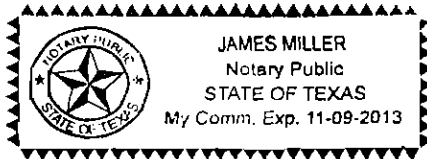
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,384.65
--	----	----------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

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.

Mike McNamara
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James McNamara, this the 15 day of July, 2010, to certify which, witness my hand and seal of office.

James Miller
Signature of officer administering oath

James Miller
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/13 Report: 3/26

2 FILER NAME McNamara, Mike (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00007207

4 Date 06/26/2010 **5 Full name of contributor** out-of-state PAC (ID# _____)
Agnew, Ronald (Mr.)

7 Amount of contribution (\$) **8 In-kind contribution description (if applicable)**

6 Contributor address; City; State; Zip Code
529 Tanner Drive
Pflugerville, TX 78660-3846

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Team Member

10 Employer (See Instructions)
Target

Date 06/17/2010 **Full name of contributor** out-of-state PAC (ID# _____)
Almon, Brian

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
9502 Stonebridge Drive
Austin, TX 78758

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Executive Management

Employer (See Instructions)
State of Texas

Date 06/05/2010 **Full name of contributor** out-of-state PAC (ID# _____)
Battle, Richard

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
124 Lido St
Austin, TX 78764

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
VP Sales

Employer (See Instructions)
Key Track

Date 06/15/2010 **Full name of contributor** out-of-state PAC (ID# _____)
Bellsnyder, Suzanne (Mr.)

Amount of contribution (\$) **In-kind contribution description (if applicable)**
Postage for event

Contributor address; City; State; Zip Code
5800 Republic of Texas Blvd
Austin, TX 78735

\$196.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
The Bellsnyder Group

Date 06/26/2010 **Full name of contributor** out-of-state PAC (ID# _____)
Bower, Peggy (Ms.)

Amount of contribution (\$) **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code
4001 Far West Blvd
Austin, TX 78731

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/13 Report: 4/26

2 FILER NAME McNamara, Mike (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00007207

4 Date 06/26/2010 5 Full name of contributor out-of-state PAC (ID# _____)
Bray, Terry

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2 Green Lanes
Austin, TX 78703

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self

Date 06/08/2010 Full name of contributor out-of-state PAC (ID# _____)
Bsaibes, Mounir

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8212 Slate Creed Trail
Austin, TX 78717

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Software Engineer

Employer (See Instructions)
IBM

Date 03/08/2010 Full name of contributor out-of-state PAC (ID# _____)
Casiraghi, Jane (Mrs.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4403 Osby
Houston, TX 77096

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Accountant

Employer (See Instructions)
Self

Date 04/15/2010 Full name of contributor out-of-state PAC (ID# _____)
Casiraghi, Sandy K. (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2016 Main St #1601
Houston, TX 77002-8844

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Accountant

Employer (See Instructions)
Christus Health

Date 06/26/2010 Full name of contributor out-of-state PAC (ID# _____)
Coble, Linda

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10900 A Crown Colony Drive
Austin, TX 78747

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/13 Report: 5/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 01/23/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Connor, Madeleine (Mrs.) 6 Contributor address; City; State; Zip Code P.O. Box 161962 Austin, TX 78716-1962	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 02/12/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cordier, John (Mr.) Contributor address; City; State; Zip Code 610 Cen-Tex Sportsman Rd Belton, TX 76513	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, Tommy (Mr.) Contributor address; City; State; Zip Code 5407 Bull Run Circle Austin, TX 78727	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Bobby Contributor address; City; State; Zip Code 3012 Hunt Trail Austin, TX 78757	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daywood, John Carl (Mr.) Contributor address; City; State; Zip Code 600 Sabine St Ste 200 Austin, TX 78701	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/13 Report: 6/26

2 FILER NAME McNamara, Mike (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00007207

4 Date 06/08/2010
5 Full name of contributor out-of-state PAC (ID# _____)
Donovan Millworks

7 Amount of contribution (\$) \$100.00
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
9108 Happy Trail
Austin, TX 78754

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Manager

10 Employer (See Instructions)
Pine Street Millworks

Date 06/09/2010
Full name of contributor out-of-state PAC (ID# _____)
DuBose, Harold (Mr.)

Amount of contribution (\$) \$50.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6700 Langston Drive
Austin, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date 06/26/2010
Full name of contributor out-of-state PAC (ID# _____)
Edwards, Dick

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6528 Heron
Austin, TX 78759

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date 06/22/2010
Full name of contributor out-of-state PAC (ID# _____)
Field, Scott (Mr.)

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9908 China Garden Cv
Austin, TX 78730

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date 05/28/2010
Full name of contributor out-of-state PAC (ID# _____)
Finke, Helen

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1902 Oakridge Drive
Round Rock, TX 78681

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Realtor

Employer (See Instructions)
Self

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/13 Report: 7/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/26/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fleece, Jeff 6 Contributor address; City; State; Zip Code 141 Quarterhorse Ct Liberty Hill, TX 78764	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Technology Executive		10 Employer (See Instructions) State of Texas	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Flow, Terri Contributor address; City; State; Zip Code 9417 Great Hills Trail #3032 Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BancVue	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foster, Lynn Contributor address; City; State; Zip Code 12008 Saxony Lane Austin, TX 78727	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Mediation Liasion		Employer (See Instructions) Minacs	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garza, Rey (Mr.) Contributor address; City; State; Zip Code 9442 N. Capital of Texas Highway Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Ameriprise	
Date 02/11/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerharter, Sallie (Ms.) Contributor address; City; State; Zip Code 1612 Ashberry Dr Austin, TX 78723-1106	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/13 Report: 8/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/06/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerharter, Sallie (Ms.) 6 Contributor address; City; State; Zip Code 1612 Ashberry Dr Austin, TX 78723-1106	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 06/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haynes, Earnest (Mr.) Contributor address; City; State; Zip Code 3600 Quietie Dr Austin, TX 78754	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jarvis, Steve (Mr.) Contributor address; City; State; Zip Code 10012 Brighting Lane Austin, TX 78750	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) IBM	
Date 06/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krause, Verda Contributor address; City; State; Zip Code 3601 E K Lane Austin, TX 78754	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/04/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kunkel, Una Contributor address; City; State; Zip Code 1708 Barbara Austin, TX 78757	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/13 Report: 9/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/26/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langston, Lillian 6 Contributor address; City; State; Zip Code 1305 Ridgehaven Austin, TX 78723	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Sales		10 Employer (See Instructions) Trendsetter Electronics	
Date 04/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lasher, Myron (Mr.) Contributor address; City; State; Zip Code 1716 Camino Viejo Austin, TX 78758	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) Camber Corporation	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ledesma, Eddie (Mr.) Contributor address; City; State; Zip Code 9505 Allona Way Austin, TX 78717	Amount of contribution (\$) \$238.96	In-kind contribution description (if applicable) Food for fundraising event
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Capitol Cleaners	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ledesma, Eddie (Mr.) Contributor address; City; State; Zip Code 9505 Allona Way Austin, TX 78717	Amount of contribution (\$) \$39.80	In-kind contribution description (if applicable) Supplies for fundraising event
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Capitol Cleaners	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacEwan, David (Mr.) Contributor address; City; State; Zip Code 13403 Perthshire Street Austin, TX 78729	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) DML Paralegal Services	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/13 Report: 10/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/26/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manor, Marsha (Ms.) 6 Contributor address; City; State; Zip Code 6701 Edgefield Austin, TX 78731	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 02/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marilyn Jackson for HD 51 Contributor address; City; State; Zip Code 1101 B Vargus Road Austin, TX 78741	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Campaign	
Date 06/20/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGuiness, Patrick Contributor address; City; State; Zip Code 9310 Old Lampasas Trail Austin, TX 78750	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Freescale	
Date 02/28/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNamara, Billy J. (Mr.) Contributor address; City; State; Zip Code 10920-C Crown Colony Dr Austin, TX 78747-1636	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) Triple S Petroleum	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNamara, Billy J. (Mr.) Contributor address; City; State; Zip Code 10920-C Crown Colony Dr Austin, TX 78747-1636	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) Triple S Petroleum	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/13 Report: 11/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/19/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McNamara, Jerry (Mr.) 6 Contributor address; City; State; Zip Code 2704 Burnwood Ct. Arlington, TX 76016	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Facilities Manager		10 Employer (See Instructions) Champion Cheer Allstars	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McPhee, Gerald Contributor address; City; State; Zip Code 10731 Casper Street Kensington, MD 20895	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) VP Government Relations		Employer (See Instructions) Occidental Petroleum	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Grady, Patrick Contributor address; City; State; Zip Code 701 Rogart Drive Briar Cliff, TX 78669	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pierce, Bill Contributor address; City; State; Zip Code 8205 Silver Ridge Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired Military	
Date 03/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rainosek, Gary E. (Mr.) Contributor address; City; State; Zip Code 10304 Old San Antonio Austin, TX 78748	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Director of Marketing and Sales		Employer (See Instructions) PMG	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/13 Report: 12/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/26/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rainosek, Gary E. (Mr.) 6 Contributor address; City; State; Zip Code 10304 Old San Antonio Austin, TX 78748	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Director of Marketing and Sales		10 Employer (See Instructions) PMG	
Date 01/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randall, James B. (Mr.) Contributor address; City; State; Zip Code 6402 Haney Dr. Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) State of Texas		Employer (See Instructions) Retired	
Date 06/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Terasita (Ms.) Contributor address; City; State; Zip Code 9000 Happy Trail Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/06/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rountree, Betty Contributor address; City; State; Zip Code 3505 Carla Drive Austin, TX 78754	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salinas, Bernardo (Mr.) Contributor address; City; State; Zip Code 7211 Easy Wind Dr. Unit 1334 Austin, TX 78752	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Software Development		Employer (See Instructions) SCCI	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/13 Report: 13/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 02/03/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Donald J. (Mr.) 6 Contributor address; City; State; Zip Code 809 E. 49th St Austin, TX 78751	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Pastor		10 Employer (See Instructions) Self	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sawyer, Donald J. (Mr.) Contributor address; City; State; Zip Code 809 E. 49th St Austin, TX 78751	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Self	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schoch, Charles Contributor address; City; State; Zip Code 9223 Independence Loop Austin, TX 78749	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Customer Service		Employer (See Instructions) Activant	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Serafine for Senate Contributor address; City; State; Zip Code 4011 Ave D Austin, TX 78752	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Campaign		Employer (See Instructions) Campaign	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stike, Davida (Ms.) Contributor address; City; State; Zip Code 18022 Newgrange Drive Pflugerville, TX 78660	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/13 Report: 14/26	
2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/19/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suhanin, Bill (Mr.) 6 Contributor address; City; State; Zip Code 2300 Pine Valley Drive Austin, TX 78747	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trochta, Joe Contributor address; City; State; Zip Code 4025 Tealwood Austin, TX 78731	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vandewalle, Mike (Mr.) Contributor address; City; State; Zip Code 6602 Three Oaks Circle Austin, TX 78759	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wacker, Mike Contributor address; City; State; Zip Code 10820 Olympa Fields Loop Austin, TX 78747	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wehbe, Najib (Mr.) Contributor address; City; State; Zip Code 5902 Mountain Villa Dr Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/13 Report: 15/26	
2 FILER NAME <i>McNamara, Mike (Mr.)</i>		3 ACCOUNT # (Ethics Commission filers) 00007207	
4 Date 06/26/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, Keith 6 Contributor address; City; State; Zip Code 4203 Edgemont Austin, TX 78731	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investment Advisor		10 Employer (See Instructions) Robert Harrel Inc	
Date 01/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, R.T. (Mr.) Contributor address; City; State; Zip Code 3920 Coopers Hawk Cv Austin, TX 78738	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/26/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whatley, R.T. (Mr.) Contributor address; City; State; Zip Code 3920 Coopers Hawk Cv Austin, TX 78738	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wooten, Marlene Contributor address; City; State; Zip Code 9700 Springdale Rd Austin, TX 78754	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 06/08/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zimmerman, Patricia Contributor address; City; State; Zip Code 6813 De Paul Cove Austin, TX 78723	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/5 Report: 16/26		2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207	
4 Date 06/26/2010	5 Payee name American Legion Post 76				
6 Amount (\$) \$600.00	7 Payee address City; State; Zip Code 2201 Veteran's Drive Austin, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facility Rental Fee		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/26/2010	Payee name Austin Republican Women				
Amount (\$) \$25.00	Payee address City; State; Zip Code 6820 Cypress Point North Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon Attendance Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/06/2010	Payee name Austin Republican Women				
Amount (\$) \$25.00	Payee address City; State; Zip Code 6820 Cypress Point North Austin, TX 78759				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon Attendance Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 01/20/2010	Payee name Donna Davidson Attorney				
Amount (\$) \$300.00	Payee address City; State; Zip Code P.O. Box 12131 Austin, TX 78711				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Ethics consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 2/5 Report: 17/26	2 FILER NAME McNamara, Mike (Mr.)	3 ACCOUNT # (TEC filers) 00007207
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4 Date 03/26/2010	5 Payee name Eternallife Production
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6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code 339 Cottletown Road Smithville, TX 78957
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Design and development
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/05/2010	Payee name Eternallife Production
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Amount (\$) \$325.00	Payee address City; State; Zip Code 339 Cottletown Road Smithville, TX 78957
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Design and Development
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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 01/07/2010	Payee name GoDaddy.com
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Amount (\$) \$10.81	Payee address City; State; Zip Code 14455 N. Hayden Rd, Suite 219 Scottsdale, AZ 85260
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Purchase of Website Domain
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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 04/24/2010	Payee name Hill Country Repubiican Women
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Amount (\$) \$50.00	Payee address City; State; Zip Code 1108 Lavaca, Suite 505 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Style Show attendance fee
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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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 3/5 Report: 18/26		2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207	
4 Date 05/13/2010	5 Payee name Jerry Patterson Campaign				
6 Amount (\$) \$75.00	7 Payee address City; State; Zip Code P.O. Box 40218 Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/25/2010	Payee name Lulac Dist VII				
Amount (\$) \$50.00	Payee address City; State; Zip Code 111 Cesar Chavez Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Convention Participation Fee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/16/2010	Payee name LunarPages				
Amount (\$) \$107.40	Payee address City; State; Zip Code 1360 N. Hancock Street Anaheim, CA 92807				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Hosting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/24/2010	Payee name Office Depot				
Amount (\$) \$66.95	Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office Supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 4/5 Report: 19/26		2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207	
4 Date 06/21/2010	5 Payee name Postmaster				
6 Amount (\$) \$17.60	7 Payee address City; State; Zip Code Northeast Station Austin, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/30/2010	Payee name Postmaster				
Amount (\$) \$224.00	Payee address City; State; Zip Code Northeast Station Austin, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for Event Mailing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/19/2010	Payee name Travis County Republican Party				
Amount (\$) \$25.00	Payee address City; State; Zip Code 7901 Cameron Rd. #3-202 Austin, TX 78754				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> County Convention		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 05/15/2010	Payee name Travis County Republican Party				
Amount (\$) \$25.00	Payee address City; State; Zip Code 7901 Cameron Rd. #3-202 Austin, TX 78754				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reagan Day Luncheon		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 5/5 Report: 20/26	2 FILER NAME McNamara, Mike (Mr.)	3 ACCOUNT # (TEC filers) 00007207
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4 Date 06/30/2010	5 Payee name Vista Print
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6 Amount (\$) \$240.41	7 Payee address City; State; Zip Code 95 Hayden Avenue Lexington, MA 02421
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Invitations for Event
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9 Complete <i>ONLY</i> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/5 Report: 21/26		2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207	
4 Date 02/18/2010		5 Payee name 823 Congress Garage			
6 Amount (\$) \$11.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 823 Congress Ave Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking Fee for event attendance	
Date 03/15/2010		Payee name Bells Int'l			
Amount (\$) \$198.54 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 109 Denson Dr. Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Materials	
Date 03/23/2010		Payee name City of Austin			
Amount (\$) \$1.75 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code P.O. Box 1088 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking Fee for campaign event	
Date 06/25/2010		Payee name Costco			
Amount (\$) \$52.52 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 10404 Research Blvd Austin, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies for Reception	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 2/5 Report: 22/26		2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207	
4 Date 01/28/2010		5 Payee name Dobie Parking Garage			
6 Amount (\$) \$6.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 2005 Whitis Avenue Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking Fee	
Date 05/04/2010		Payee name Doubletree Hotel			
Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 6505 N. IH 35 Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> attend prayer breakfast	
Date 03/18/2010		Payee name Fedex Kinkos			
Amount (\$) \$25.42 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 9222 Burnet Road Ste 101 Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Handouts for Convention	
Date 03/06/2010		Payee name Jack Lot Parking			
Amount (\$) \$7.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 11215 Research Blvd #2095 Austin, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Parking Fee for meeting	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 3/5 Report: 23/26	2 FILER NAME McNamara, Mike (Mr.)	3 ACCOUNT # (TEC filers) 00007207
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4 Date 03/30/2010	5 Payee name JCPenney Portraits
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6 Amount (\$) \$140.07 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 9500 S I H 35 Austin, TX 78748
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pictures for materials
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Date 01/19/2010	Payee name Office Depot
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Amount (\$) \$69.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign materials
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Date 06/08/2010	Payee name Office Depot
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Amount (\$) \$7.88 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies
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Date 06/08/2010	Payee name Office Depot
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Amount (\$) \$2.15 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 816 Tirado Street Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 4/5 Report: 24/26	2 FILER NAME McNamara, Mike (Mr.)	3 ACCOUNT # (TEC filers) 00007207
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4 Date 06/21/2010	5 Payee name Postmaster
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6 Amount (\$) \$17.60 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code Northeast Station Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for campaign mailing
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Date 02/13/2010	Payee name Walgreens
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Amount (\$) \$7.77 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 11742 Research Blvd Austin, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Date 02/19/2010	Payee name Walgreens
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Amount (\$) \$11.68 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 11742 Research Blvd Austin, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Photos
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Date 02/25/2010	Payee name Walgreens
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Amount (\$) \$11.68 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 11742 Research Blvd Austin, TX 78759
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Photos
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 5/5 Report: 25/26		2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207	
4 Date 06/01/2010		5 Payee name Walgreens			
6 Amount (\$) \$19.26 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address City; State; Zip Code 11742 Research Blvd Austin, TX 78759			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Photos printing	
Date 06/07/2010		Payee name Walgreens			
Amount (\$) \$10.27 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 11742 Research Blvd Austin, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Photos	
Date 06/07/2010		Payee name Walgreens			
Amount (\$) \$17.60 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 11742 Research Blvd Austin, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Supplies	
Date 06/15/2010		Payee name Walgreens			
Amount (\$) \$7.88 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address City; State; Zip Code 11742 Research Blvd Austin, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Photos	

Information entered by filer as a memo

Schedule	Cover Sheet	NOTE: On review of accounting on 7/15/2010, it was determined that Donovan Millworks was a corporate contribuion and immediately have refunded the contribution dated 7/15/2010 upon clarification. The amount will be shown as a refund on our next finance report.
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