APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

P.O. Box 12070

7183

FORM CTA PG 1

See CTA Instruction	Guide for detailed instructions.	Total pages filed:
	MS / MRS / MR FIRST MI	, , , , , , , , , , , , , , , , , , ,
CANDIDATE	<u> </u>	OFFICE USE ONLY
NAME	Mr. James	Acct. #
	NICKNAME LAST SUFFIX	Date Received
	Mike McNumara	
3	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE	_, ~,
CANDIDATE MAILING	A . T. / 2027/80	09 <u>I</u>
ADDRESS	3501 Carla Dr. Austin, TX 7875 ES	
	C.E.	050
		E G PO
4	AREA CODE PHONE NUMBER EXTENSION	HO/PM . I''I
CANDIDATE		175 E.S.
PHONE	(512) 632-5424	Date Processed
OFFICE HELD		Date Imaged
(if any)		
OFFICE SOUGHT	Travis To	
(if known)	Travis Lounty Judge, County Commissione	ers court
7	MS/MRS/MR FIRST MI NICKHAME	LAST SUFFIX
CAMPAIGN	Man Tillia S. McNamara	
TREASURER NAME	Mrs. Julin S. McNamara	
8	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER	3501 Carla Dr. Austin, TX	78754
STREET	3501 Carla Dr. Hustin, 1X	/ / / 3 /
ADDRESS (Residence or business)		
(//dd/dd/dd/dd/dd/dd/dd/dd/dd/dd/dd/dd/d		
9	AREA CODE PHONE NUMBER EXTENSION	
CAMPAIGN TREASURER	(512) 926-1186	
PHONE	(012) 426-1186	
10		
CANDIDATE	I am aware of the Nepotism Law, Chapter 573 of the Tex	as Government Code
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·	and a vertical transfer of the second
	I am aware of my responsibility to file timely reports as r	required by title 15 of
	the Election Code.	equilibrity and 70 of
	I am aware of the restrictions in title 15 of the Election Co	de on contributions
	from corporations and labor organizations.	
	1, 1, 1	1 /
	All Nobensea	(2/9/09
	Signature of Candidate	Date Signed
	GO TO PAGE 2	

	TE / OFFICEHOLDER 7207 N FINANCE REPORT Cover Sheet pg 1
The C/OH instruction (Sulde explains how to complete this form. 1 ACCOUNT# (Ethics Commission flers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS , MR OFFICE USE ONLY
NAME	Mr. James NICKNAME LAST SUFFIX Data Received
	Mike McNamara
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE * CITY; STATE. ZIP CODE 3501 Carla Dr Austin, TX 78754 Sale Happ-delivered of Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION TO RECEIPE A TOTAL TO
6 ÇAMPAIGN	WS MRS MR FIRST MI
TREASURER NAME	MRS. Julia SUFFIX
	1- MENamara
7 CAMPAIGN TREASURER ADDRESS (Residence of business)	STREET ADORESS IND POBOXPLEASE: APTISUTED CITY, STATE ZIP CODE 3501 Carlo Dr Austin. TX 787.54
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 926-1186
9 REPORTTYPE	January 15 30th day before election Rusoff 15th day after campaign treasurer appointment (officehoxier only)
	July 15 Bih day before election Exceeded \$500 timit Final report (Attach C/OH - FR:
10 PERIOD COVERED	Month Day Year THROUGH
	12 09 09 12 31 09
11 ELECTION	Month Dey Year O 3 O 2 10 Primary Runoff General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Travis County Judge
14 NOTICE OF DIRECT CAMPAIGN	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.
EXPENDITURE BY OTHER INDIVIDUALS	Name
addinional pages	Address / PO Box Apt / Surte # City; State; Zip Code
	GO TO PAGE 2

P.O. Box 12070 Texas Ethics Commission Austin, Texas 78711-2070 (512) 453-5800 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS COVER SHEET PG 2 15 C/OH NAME 16 ACCOUNT # (Ethics Commission Filers) James M. Mc Namara 17 NOTICE - This box is for notice of political contributions accepted or political expenditures made by political committees to support the FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. POLITICAL Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECKIC COMMITTEE CAMPAIGN TREASURER NAME segaci snodibos COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 18 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 100 EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 19 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. AMRITA SINGH Notary Public STATE OF TEXAS My Comm. Exp. 01-14-2012 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Tames Wike Halamore</u> this the <u>13</u>

of January, 20 10 to certify which, witness my hand and seal of office.

Signature of officer administening path

AMPITA SINGH PNOTARY PUBLIC Printed name of officer administering oath Title of officer administering oath

Texas Ethics Commission

_	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	łS		SCHEDULE A
The Instructi	on Guide explains how to complete this form.		1 Total pages Sched	tule A.
2 FILER NAM	Lames M. Mc Namara		3 ACCOUNT# (Eth	cs Commesion livers,
4 Date	5 Full name of contributor Journal PAC (10#	,,I	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
121,2/09	6 Contributor address; City; State; Zip Code 13005 Esplanade	stin, TX 78727	\$ 100	
o Principal occ		/8 /27 10 Employer (See		f Texas, complete Schedule T)
Gene	i AA	TriSta	Auto	
Date	Full name of contributorout-of-#### PAC NO#		Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address: Cxy; State: Zip Code			
			(If trave) outside o	f Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code	, , , , , , , , , , , , , , , , , , ,		
			! (if travel outside o	of Texas, complete Schedule 1)
Principal occ	upation / Job title (See Instructions)	Employer (See	<u></u> 4	
<u>Date</u>	Full name of contributor out-of-state PAC in De	-	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code	- · . · · - · ·		
Principal occ	upation / Job title (See instructions)	Employer (See	W 2	of Texas, complete Schedule T
		· · · · · · · · · · · · · · · · · · ·	· -	
Date	Full name of contributor	I	Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		
‡ ŧ	ATTACH ADDITIONAL COPIES contributor is out-of-atele PAC, please see instri			řequirements.

PLED	GED CONTRIBUTIONS			SCHEDULE B
The Instri	uction Guide explains how to complete this form.		Total pages tres	Schedule B
FILER NA	_	3	ACCOUNT# (E	thics Commission file(s).
	James M. McNamara		<u>_</u>	
	TAL OF UNITEMIZED PLEDGES: 4 =	⇔ =	⇒	. \$
Date	6 Full name of pledgorout-of-state PAC (ID#	3	Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State. Zip Code			
			(if travel outside	of Texas, complete Schedule T
) Principal occ	cupation / Job title (See Instructions) 11 Er	mployer (See Inst	ructions)	
Date	Full name of pledgor		Amount of	in-kind description
]]	pledge (\$)	(d applicable)
	Pledgor address: City; State: Zip Code			
			(if travel outside	of Texas, complete Schedule T)
Pancipal acc tions)	cupation / Job title (See Instruc-	nployer (See Inst		
Data	Full mame of pledgor	······································	Ameunt of	in-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code			
	! 		(if travel outside	i of Texes, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	nployer (See Instr		
Date	Full name of pledgor	<u> </u>	Amount of	in-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City: State. Zip Code	; :		
			(if trave) outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions) En	nployer (See Instr	uctions)	
 Deta	Full name of pledgorout-pt-ptake PAC (10#		Amount of	in-kind description
			pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside :	of Texas, complete Schedule T)
	upation / Job title (See Instructions)			

1 Total pages Schen	
3 ACCOUNT # IETA	ecs Commission filers:
ರ ರ	\$
}	9 Loan Amount (\$)
	10 Interest rate
	11 Maturity date
tructions)	
	18 Amount Gueranteed (\$)
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<u> </u>	
	Loan Amount (\$)
7 T - , , .	interest rate
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Ons)	
	Amount Guaranteed (\$)
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1	ME To the second of		T # (Ethics Commission flexs)
	aves M. McNamara		
Date	5 Payee name		7 Amount (\$)
	6 Payee address; City, State; Zip Code	· · · · · · · · · · · · · · · · · · ·	•
Purpose of parequired.)	syment (See instructions regarding type of information	9 - Complete if direct expenditur	e to benefit C/OH +-
, contractions,		Candidate / Officeholder name	Office soughs Office had
(If travel outs	kte of Texas, complete Schedule T)		
Date	Payeename		Amount (S)
	Payee address. City. State. Zip Code	•	- [
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required.)	syment (See instructions regarding type of information	 Complete if direct expenditure Candidate / Officeholder name 	Office sought Office held
(if travel outside	de of Texas, complete Schedule T)		
Date	Payee name		Amount
	Peyee address City State: Zip Code		· (\$)
Purpose of par required.)	yment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Cffice heid
(if trave) outs	side of Texas, complete Schedule T)		
(if travel outs Date	side of Texas, complete Schedule T) Payee name		Amount
	Payee name		Amount (\$)
	Payse name		İ
	Payee name		İ
Cate	Payee name		(\$)
Purpose of pay	Payee name Payee address; City, State; Zip Code	Complete if direct expenditure	to benefit C/OH
Purpose of pay	Payee name Payee address; City, State; Zip Code yment (See instructions regarding type of information de of Texas, complete Schedule T)	Complete if direct expenditure	to benefit C/OH

P.O. Box 12070

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruct	ion Guide explains how to complete this form.	1 Total pages Sched	ute G:
2 FILER NAM	James M. Mc Namera	3 ACCOUNT # (Eth	cs Commission filers)
4 Date	W.S. Postal Service		8 Amount (\$) 45866
	Purpose of expenditure (See instructions regarding type of information required for the Box Rental (12 Mos.) + Rey Deposit for (If travel outside of Texas, complete Schedule T)	,	Reimbursement from political contributions intended
Date 12/17/09	Payee name Mike Mc Namara Campaign Feard Payee address; City; State: Zip Code PO Box 141446 Austin, TY 78714-1446		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required to the purpose of the purpose o	from political contributions intended	
Date	Travis County Republicen Primary Payoe address: City, State: Zip Gode 7901 Cameron Road Austin, TX 7875	- · · · · · · · · · · · · · · · · · · ·	Amount (\$) \$ 1250
	Purpose of expenditure (See Instructions regarding type of information req Primary Ballot Filing Fee (If travel patside of Texas, complete Senedule T)	uired.)	Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code		Алюцпt (\$)
	Purpose of expenditure (See instructions regarding type of information red (If travel outside of Texas, complete Schedule T)	quired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City: State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information rec	uired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	

	NT FROM POLITICAL CONTI USINESS OF C/OH	RIBUTIONS	SCHEDULE H
The Instruct	ion Guide explains how to complete this form.	† Total pages Borns	dulle H1.
2 FILER NAME	James M. Mc Warna	3 ACCOUNT * (En	cs Commission feers:
4 Date	5 Business name		7 Amount (\$)
	6 Business address: City: State, Zip Code		
required.)	ment (See instructions regarding type of information	9 Complete if direct expenditure in Candidate / Officeholder name	to benefit C/OH •• Office sought Office neid
	of Texas, complete Schedule T)		
Oate	Business name		Amount (\$)
	Business address; City State; Zip Code		
required.)	ment (See instructions regarding type of information of Texas, complete Schedule T)	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held
Date	Business name	<u> </u>	Amount (\$)
	Business address, City, State, Zip Code		
Purpose of pay required.)	ment (See instructions regarding type of information	Candidate / Officeholder name	to benefit C/OH Office sought Office seid
(If travel outside	of Texas, complete Schedule T)		
Date	Business name		Armount (\$)
	Business address: City; State, Zip Code		
Purpose of pay required.)	ment (See instructions regarding type of information	·· Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ↔ Office sought Office held
(If travel outside	of Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

xplains how to complete this form. 3 ACCOUNT # (Env.) 1 Total pages School 4 Total pages School 5 ACCOUNT # (Env.) 1 Total pages School 3 ACCOUNT # (Env.) 1 Total pages School 3 ACCOUNT # (Env.) 1 Total pages School 4 Total pages School 5 ACCOUNT # (Env.) 1 Total pages School 4 Total pages School 5 ACCOUNT # (Env.) 1 Total pages School 5 ACCOUNT # (Env.) 1 Total pages School 5 ACCOUNT # (Env.) 1 Total pages School 5 ACCOUNT # (Env.) 1 Total pages School 6 ACCOUNT # (Env.) 1 Total pages School 6 ACCOUNT # (Env.) 1 Total pages School 2 Total pages School 2 Total pages School 2 Total pages School 3 ACCOUNT # (Env.) 4 Total pages School 5 ACCOUNT # (Env.) 5 ACCOUNT # (Env.) 6 AC	
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	ress, City; State, Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

SCHEDULE T

The Instruction (Suide explains how to complete this form.
2 FILER NAME	mes M. Mc Namara 3 ACCOUNT # (Ethics Commission flors)
	Corporation or Labor Organization / Pledgor / Payee
5 Contribution / Expende	ure reported on:
	edule A Schedule B Schedule C Schedule D Schedule F Schedule G
····	edule 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 transportstic	n 11 Purpose of travel (including name of conference, seminar, or other event)
Name of Contributor / C	orporation or Labor Organization / Pledgor / Payee
Contribution / Expenditu	re reported on;
	edule A Schedule B Schedule C Schedule D Schedule F Schedule G
	edule 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 / C	orporation or Labor Organization / Pledgor / Payee
Contribution / Expendet	ere reported on:
	edule A Schedule B Schedule C Schedule D Schedule F Schedule G
Sch	edule 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

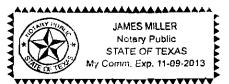
1	OFFICEHOLDER INANCE REPORT	7407	FORM C/OH Cover Sheet pg 1
The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00007207	2 PAGE # 1 of 26
3 CANDIDATE / OFFICEHOLDER NAME	Mr. FIRST JANK Mr. Jame NICKNAME LAST McNamara	Suffix	OFFICE USE ONLY Date Received COUNTY AVIS COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 3501 Carla Drive Austin, TX 78754	CITY; STATE; ZIP CODE	Date Hand-du Mared or Determination CONTROL POSITION Date Hand-du Mared or Determination CONTROL POSITION Receipt # Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Julia NICKNAME LAST MCNamara	MI SUFFIX	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU 3501 Carla Drive Austin, TX 78754	ITE#; CITY; STATE:	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 926-1186	EXTENSION	
8 REPORT TYPE	January 15 30th day before elect X July 15 8th day before elect		15th day after campaign treasurer appointment (officeholder only) Final report (Atlach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRC 01/01/2010	Month Day 00GH 06/30/20	Year 10
10 ELECTION	Month Day Year ELECTION TO Primar	y Runoff X	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 are required to disclose this information Name		
additional pages	Address/PO Box; Apt. / Strite #; City; State;	Zip Code	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME McNa	amara, Mike (Mr.)		15 ACCOUNT # 00007207	(Ethics Commission filers)
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca tout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	NERAL COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,824.76
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL F	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 periury, that the	accompanying report



is true and correct and includes all information required to be reported by me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Vames McNamoro, this the 15

to certify which, witness my hand and seal of office.

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE #	13 Report: 3/26
2 FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT # 00007207	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/26/2010	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 occup Team Memb	pation / Job title (See Instructions) er	10 Employer (See In Target	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/17/2010	Contributor address: City; State; Zip Code 9502 Stonebridge Drive Austin, TX 78758		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Executive Ma	pation / Job title (See Instructions) anagement	Employer (See in State of Texas	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/05/2010	Contributor address; City; State; Zip Code 124 Lido St Austin, TX 78764		\$100.00 	
			l '	Texas, complete Schedule T)
Principal occup VP Sales	pation / Job title (See Instructions)	Employer (See In Key Track	structions)	
Date	Full name of contributor Out-of-state PAC (ID# Bellsnyder, Suzanne (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Postage for event
06/15/2010	Contributor address; City; State; Zip Code 5800 Republic of Texas Blvd Austin, TX 78735		\$196.00 I	
			(If travel outside of	Texas, complete Schedulc T)
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See In The Bellsnyder		
Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/2010	Contributor address; City; State; Zip Code 4001 Far West Blvd		\$25.00 	
	Auslin, TX 78731			_
Principal occur	pation / Job title (See Instructions)	Employer (See In:	•	Texas, complete Schedule T)
Retired		Retired	,	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 2/	13 Report: 4/26
2	FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT# 00007207	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/26/2010	6 Contributor address; City; State; Zip Code 2 Green Lanes Austin, TX 78703		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In: Setf	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/08/2010	Contributor address; City; State; Zip Code 8212 State Creed Trail Austin, TX 78717		\$100.00	{
		Addition of the second		06 turnink mitraido -6	Tours complete Schodule Ti
	Principal occur	ation / Job title (See Instructions)	Employer (See In:	,	Texas, complete Schedule T)
	Software Eng		IBM	Januario, i	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/08/2010	Contributor address; City; State; Zip Code 4403 Osby Houston, TX 77096		\$1,000.00	f
				(If travel outside of	Texas, complete Schedule 1)
	Principal occup Accountant	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2010	Contributor address; City; State; Zip Code 2016 Main St #1601		\$500.00	<u> </u>
		Houston, TX 77002-8844			
	Drinning to a serve	-ti-a / Joh Ch- (C bad- stiege)	Franksyn (Coolin	<u> </u>	Texas, complete Schedule T)
	Accountant	ation / Job title (See Instructions)	Employer (See Ins Christus Health	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2010	Contributor address; City; State; Zip Code 10900 A Crown Colony Drive Austin, TX 78747		\$25.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ins Retired	structions)	

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS					
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/1	13 Report: 5/26	
2 FILER NAMÉ	McNamara, Mike (Mr.)		3 ACCOUNT # 00007207	(Ethics Commission filers)	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/23/2010	6 Contributor address; City; State; Zip Code P.O. Box 161962 Austin, TX 78716-1962		\$50.00	! !	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu Attorney	pation / Job title (See Instructions)	10 Employer (See In Self	structions)		
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/12/2010	Contributor address; City; State; Zip Code 610 Cen-Tex Sportsman Rd Belton, TX 76513		\$100.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/26/2010	Contributor address; City; State; Zip Code 5407 Bull Run Circle Austin, TX 78727		\$200.00		
			_	Texas, complete Schedule T)	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In: Retired	structions)		
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/06/2010	Contributor address; City; State; Zip Code 3012 Hunt Trail Austin, TX 78757		\$100.00 		
				Texas, complete Schedule T)	
Principal occur Retired	pation / Job title (See Instructions)	Employer (See Ins Retired	structions)		
Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/02/2010	Contributor address; Cily; State; Zip Code 600 Sabine St Ste 200 Austin, TX 78701		\$200.00 		
			-	Texas, complete Schedule T)	
Principal occup Realtor	pation / Job title (See Instructions)	Employer (See Ins Self	structions)		

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OR LOAMS

	OTHER	THAN PLEDGES ON LOAD	13		
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 4/1	13 Report: 6/26
2	FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT # 00007207	(Ethics Commission filers)
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/08/2010	6 Contributor address; City; State; Zip Code 9108 Happy Trail Austin, TX 78754		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Manager	vation / Job title (See Instructions)	10 Employer (See In Pine Street Milk		
	Date .	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/09/2010	Contributor address; City; State; Zip Code 6700 Langston Drive		\$50.00	
		Austin, TX 78723	-		
				_	Texas, complete Schedule 7)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Edwards, Dick	<u>t)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2010	Contributor address; City; State; Zip Code 6528 Heron Austin, TX 78759		\$25.00	t 1 1
				•	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/22/2010	Contributor address; City; State; Zip Code 9908 China Garden Cv Austin, TX 78730		\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2010	Contributor address; City; State; Zip Code 1902 Oakridge Drive Round Rock, TX 78681		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Realtor	ation / Job title (See Instructions)	Employer (See In: Self	structions)	

	OTHER THAIR FEEDGES OR EDAINS						
	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 5/	13 Report: 7/26		
2	FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT # 00007207	(Ethics Commission filers)		
4	Date	5 Full name of contributor	<u>+</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	06/26/2010	6 Contributor address; City; State; Zip Code 141 Quarterhorse Ct Liberty Hill, TX 78764		\$100.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Technology E	pation / Job title (See Instructions) Executive	10 Employer (See In State of Texas	structions)			
	Date	Full name of contributor	<u>t)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2010	Contributor address; City; State; Zip Code 9417 Great Hills Trail #3032		\$25.00	l		
}		Austin, TX 78759			1		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Consultant	pation / Job title (See Instructions)	Employer (See In BancVue	structions)			
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2010	Contributor address; City; State; Zip Code 12008 Saxony Lane Austin, TX 78727		\$25.00	} } {		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Mediation Lia	ation / Job title (See Instructions) sion	Employer (See In: Minacs	structions)			
	D at e	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	06/26/2010	Contributor address; City; State; Zip Code 9442 N. Capital of Texas Highway		\$25.00	 		
		Austin, TX 78759		(If travel outside of	Texas, complete Schedule T)		
	Principal occup Financial Adv	ation / Job title (See Instructions)	Employer (See In Ameriprise	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	02/11/2010	Contributor address; City; State; Zip Code 1612 Ashberry Dr Austin, TX 78723-1106		\$100.00	! []		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See Ins Retired	structions)			

L	OTTILIN	THAN I ELDOEG ON EGA		_	
	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE # Schedule: 6/	13 Report: 8/26
2	FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT# - 00007207	(Ethics Commission filers)
4	Date	5 Full name of contributor	<u>*</u>)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
}	06/06/2010	6 Contributor address; City: State; Zip Code 1612 Ashberry Dr Austin, TX 78723-1106		\$50.00	↓ -
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/01/2010	Contributor address; City; State; Zip Code 3600 Quiette Dr Austin, TX 78754		\$100.00	[
{		Austri, 17 / 0/34			
_	<u> </u>		5 to 10 to 1		Texas, complete Schedule T)
L	Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/18/2010	Contributor address; City; State; Zip Code 10012 Brighting Lane Austin, TX 78750		\$50.00	! [
				(If travel outside of	Texas, complete Schedule (1)
}	Principal occup Software Eng	ation / Job title (See Instructions) ineer	Employer (See In IBM	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/08/2010	Contributor address; City; State; Zip Code 3601 E K Lane		\$25.00	} !
		Austin, TX 78754			_
<u> </u>				,	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See in Retired	structions)	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/04/2010	Contributor address; City; State; Zip Code 1708 Barbara Austin, TX 78757		\$50.00	{ } !
_	Dainelead	ntion / lab (the /Con lastructions)	Employee (Car Ia		Texas, complete Schedule T)
	Retired	ation / Job title (See Instructions)	Employer (See In Retired	au ucuons)	

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/	13 Report: 9/26		
2 FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT # 00007207	(Ethics Commission filers)		
4 Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/26/2010	6 Contributor address; City; State; Zip Code 1305 Ridgehaven Austin, TX 78723		\$25.00] 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occu Sales	pation / Job title (See Instructions)	10 Employer (See In Trendsetter Ele				
Date	Full name of contributor ut-of-state PAC (ID# Lasher, Myron (Mr.)	<u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/28/2010	Contributor address; City; State; Zip Code 1716 Camino Viejo Austin, TX 78758		\$100.00	1		
			,	Texas, complete Schedule T)		
	pation / Job title (See Instructions)	Employer (See In	,	(
Systems En	gineer	Camber Corpor	ation	(
	I - " . " . "	, ,	A	La tradicional de la constante de la constante de la constante de la constante de la constante de la constante		
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable) Food for fundraising		
06/26/2010	Contributor address; City; State; Zip Code 9505 Altona Way Austin, TX 78717		\$238.96	l event		
21.11			<u>'</u>	Texas, complete Schedule T)		
Owner	pation / Job title (See Instructions)	Employer (See In Capitol Cleaner				
Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution		
	Ledesma, Eddie (Mr.)	,	contribution (\$)	description (if applicable) Supplies for fundraising event		
06/26/2010	Contributor address; City; State; Zip Code 9505 Altona Way Austin, TX 78717		\$39.80	1		
			(If travel outside of	Texas, complete Schedule T)		
Principal occu Owner	pation / Job title (See Instructions)	Employer (See In: Capitol Cleaner	,			
Date	Full name of contributor ut-of-state PAC (ID# MacEwan, David (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
06/26/2010	Contributor address; City; State; Zip Code 13403 Perthshire Street Austin, TX 78729		\$25.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occu Owner	pation / Job title (See Instructions)	Employer (See In: DML Paralegal	structions)	Todas, complete screenie i		

The In	STRUCTI	ON GUIDE explains how to complete this form.		1 PAGE#	13 Report: 10/26
2 FILER	NAME	McNamara, Mike (Mr.)		3 ACCOUNT# 00007207	(Ethics Commission filers)
4 Date	;	5 Full name of contributor	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
06/26/	2010	6 Contributor address; City; State; Zip Code 6701 Edgefield Austin, TX 78731		\$50.00	† †
1				(If travel outside of	Texas, complete Schedule T)
9 Principa Retired		oation / Job title (See Instructions)	10 Employer (See In Retired	estructions)	
Date	;	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/26/2	2010	Contributor address; City; State; Zip Code 1101 B Vargas Road Austin, TX 78741	***************************************	\$35.00	! }
<u>{</u>		Addin. 17.70741		(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In	structions)	
Campa	aign		Campaign		
Date	*	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/20/	2010	Contributor address; City; State; Zip Code 9310 Old Lampasas Trail Austin, TX 78750		\$100.00) [[
				(If travel outside of	Texas, complete Schedule T)
Principa Engine		 pation / Job title (See Instructions)	Employer (See In Freescale	-	years, complete constants ()
Date		Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
) 02/28/2	2010	Contributor address; City; State; Zip Code 10920-C Crown Colony Dr Austin, TX 78747-1636		\$250.00	1
				(If travel outside of	Texas, complete Schedule T)
Principa Market		ation / Job title (See Instructions) anager	Employer (See In Triple S Petrole		
Date		Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/2	2010	Contributor address; City; State; Zip Code 10920-C Crown Colony Dr Austin, TX 78747-1636		\$75.00	[[]
				(If travel enteids of	Texas, complete Schedule T)
Principa	al occur	eation / Job title (See Instructions)	Employer (See In	_ ·	Texas, complete schedule ()
Market			Triple S Petrole		

	The Instruction	סא Guide explains how to complete this form.		1 PAGE # Schedule: 9/	13 Report: 11/26
2	FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT# 00007207	(Ethics Commission filers) .
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID McNamara, Jerry (Mr.))#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	06/19/2010	6 Contributor address; City; State; Zip Code 2704 Burnwood Ct. Arlington, TX 76016		\$250.00]
9		ation / Job title (See Instructions)	10 Employer (See In	structions)	Texas, complete Schedule T)
	Facilities Mar	ager	Champion Che	er Allstars	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
))	06/26/2010	Contributor address; City; State; Zip Code 10731 Casper Street Kensington, MD 20895		\$100.00	1 1
		2000		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		
	VP Governme	ent Relations	Occidental Petr	oleum	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2010	Contributor address; City; State; Zip Code 701 Rogart Drive Briar Cliff, TX 78669		\$100.00	
ì				(If travel outside of	Texas, complete Schedule T)
i		ation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxas, complete contacts ()
	Retired		Retired		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2010	Contributor address; City; State; Zip Code 8205 Silver Ridge Austin, TX 78759		\$25.00	ł
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired Military	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/19/2010	Contributor address; City; State; Zip Code 10304 Old San Antonio Austin, TX 78748		\$200.00)
	51.1.		T = 1 :2 :	l .	Texas, complete Schedule T)
		ation / Job title (See Instructions) Irketing and Sales	Employer (See In PMG	structions)	

The Instru	стіом Guide explains how to complete this form.		1 PAGE# Schedule: 10)/13 Report: 12/26
2 FILER NAM	McNamara, Mike (Mr.)		3 ACCOUNT# 00007207	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/26/201	0 6 Contributor address; City; State; Zip Code 10304 Old San Antonio Austin, TX 78748		\$100.00	
	7.46un, 17.76746		(If travel outside of	Texas, complete Schedule T)
	cupation / Job title (See Instructions) Marketing and Sales	10 Employer (See in PMG	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/201	Contributor address; City; State; Zip Code 6402 Haney Dr. Austin, TX 78723		\$100.00	{
			(If travel outside of	Texas, complete Schedule T)
Principal od State of Te	cupation / Job title (See Instructions) exas	Employer (See In Relired	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/10/201	O Contributor address; City; State; Zip Code 9000 Happy Trail Austin, TX 78745		\$50.00	<u> </u>
	Tradain (X) 6746		(If travel outside of	Texas, complete Schedule T)
Principal oc Retired	cupation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/06/201	Contributor address; City; State; Zip Code 3505 Carla Drive Austin, TX 78754		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal oc Retired	cupation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/201	Contributor address; City; State; Zip Code 7211 Easy Wind Dr. Unit 1334 Austin, TX 78752	• • • • • • • • • • • • • • • • • • • •	\$25.00	
			(If travel outside of	Texas, complete Schedule T)
	cupation / Job title (See Instructions) evelopment	Employer (See In: SCCI	_ ·	

The INSTRUCT	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 11	/13 Report: 13/26
2 FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT # 00007207	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Sawyer, Donald J. (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/03/2010	6 Contributor address; City; State; Zip Code 809 E. 49th St Austin, TX 78751		\$300.00)
	The same of the sa		(If travel outside of	Texas, complete Schedule 7)
<u> </u>		T = 1 /0 1	<u> </u>	· · · · · · · · · · · · · · · · · · ·
9 Principal occu Pastor	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/2010	Contributor address; City; State; Zip Code 809 E. 49th St		\$25.00	<u> </u>
	Austin, TX 78751		///	
			<u> </u>	Texas, complete Schedule T)
Principal occu Pastor	pation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/2010	Contributor address; City; State; Zip Code 9223 Independence Loop Austin, TX 78749		\$75.00	†
	Ausuri, 17 19749		(If travel outside of	Texas, complete Schedule T)
Principal occu Customer Se	pation / Job title (See Instructions) ervice	Employer (See In Activant	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/2010	Contributor address; City; State; Zip Code 4011 Ave D Austin, TX 78752		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Campaign	pation / Job title (See Instructions)	Employer (See In Campaign	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/26/2010	Contributor address; City; State; Zip Code 18022 Newgrange Drive Pflugerville, TX 78660		\$50.00	
	Triagerville, 1/2 70000		(If travel outside of	Texas, complete Schedule T)
Deimaia et e e	notion / Joh title (Can Instructions)	Employer (See In:	<u> </u>	
Retired	pation / Job title (See Instructions)	Relired	suructions)	

L	OTHER	THAN FLEDGES OR LOAI	13		
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	2/13 Report: 14/26
2	FILER NAME	McNamara, Mike (Mr.)		3 ACCOUNT# 00007207	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID♯ Suhanin, Bill (Mr.)	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/19/2010	6 Contributor address; City; State; Zip Code 2300 Pine Valley Drive Austin, TX 78747		\$50.00	[
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In Retired	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1	06/26/2010	Contributor address; City; State; Zip Code 4025 Tealwood Austin, TX 78731		\$25.00	<u> </u>
		Austin, 12 76731			1
					Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2010	Contributor address; City; State; Zip Code 6602 Three Oaks Circle Austin, TX 78759		\$25.00] !
				//f #mm a#a:df	Tours or and state Sabadula Ti
	Principal occur	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
	Chiropractor	GROWTH GOOD WAR (GOOD WORKSHIE)	Self		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2010	Contributor address; City; State; Zip Code 10820 Olympa Fields Loop Austin, TX 78747		\$25.00	,
		Ausun, 17 70747		Marrie A second	· · · · · · · · · · · · · · · · · · ·
	Principal occur	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
	Retired	and 17 300 the (See Managhoria)	Retired	5,146,167,137	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/26/2010	Contributor address; City; State; Zip Code 5902 Mountain Villa Dr Austin, TX 78731		\$250.00	i i
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,,
	Sales		Self		

	OTTER THAN I ELDOES OR LOANS					
Th	ie Instructi	อพ Guide explains how to complete this form.		1 PAGE# Schedule: 13	/13 Report: 15/26	
2 FIL	ER NAME	McNamara, Mike (Mr.)		3 ACCOUNT# 00007207	(Ethics Commission filers)	
4	Date 5 Full name of contributor □ out-of-state PAC (ID#) Whatley, Keith		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
06/	/26/2010	6 Contributor address; City; State; Zip Code 4203 Edgemont Austin, TX 78731		\$40.00	} { 	
				(If travel outside of	Texas, complete Schedule T)	
	ncipal occup restment A	pation / Job title (See Instructions) dvisor	10 Employer (See In Robert Harrel In			
·	Date	Full name of contributor ☐ out-of-state PAC (ID# Whatley, R.T. (Mr.)	+)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/	29/2010	Contributor address; City; State; Zip Code 3920 Coopers Hawk Cv Austin, TX 78738		\$100.00	} 	
			<u> </u>	`	Texas, complete Schedule T)	
	ncipal occup tired	nation / Job title (See Instructions)	Employer (See In Retired	structions)		
1	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/	26/2010	Contributor address; City; State; Zip Code 3920 Coopers Hawk Cv Austin, TX 78738		\$50.00	l 	
		<u> </u>		(if travel outside of	Texas, complete Schedule T)	
	ncipal occup tired	ation / Job title (See Instructions)	Employer (See in Relired	structions)		
Ţ	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/	08/2010	Contributor address; City; State; Zip Code 9700 Springdale Rd Austin, TX 78754		\$100.00	} t }	
				(If travel outside of	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired			Employer (See In Retired	structions)		
ſ	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
06/	08/2010	Contributor address; City: State; Zip Code 6813 De Paul Cove Austin, TX 78723		\$100.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
	ncipal occup tired	ation / Job title (See Instructions)	Employer (See In: Retired	structions)		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Event Expense Fees	Polling Expense Printing Expense The Instruction	Travel Out Of Dist Office Overhead/F N Guide explains how		e/Officeholder/Political Committee ler a category not listed above)
1 PAGE#	2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (TEC filers)
Schedule: 1/5 Re	- M-Al Miles	(Mr.)		00007207
4 Date	5 Payee name			
06/26/2010	American Legion Post 76 7 Payee address City; Stat	te; Zip Code		
6 Amount (\$) \$600.00	2201 Veteran's Drive Austin, TX 78703	ie. Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Event Expense	op of this schedule)	(b) Description (If travel outsi Facility Rental Fee	de of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
03/26/2010	Austin Republican Women			
Amount (\$)		te; Zip Code		
\$25.00	6820 Cypress Point North Austin, TX 78759			
	Category (See Categories listed at the to	op of this schedule)	1	de of Texas, complete Schedule T)
PURPOSE OF	Event Expense		Luncheon Attendance F	ee
EXPENDITURE				Ì
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
04/06/2010	Austin Republican Women			
Amount (\$)	Payee address City; Stat	te; Zip Code		
\$25.00	6820 Cypress Point North Austin, TX 78759			
	Category (See Categories listed at the to	op of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE OF	Event Expense		Luncheon Attendance F	ee
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
01/20/2010	Donna Davidson Attorney			
Amount (\$)	Payee address City; Stat	te; Zip Code		
\$300.00	P.O. Box 12131 Austin, TX 78711			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to Legal Services	op of (his schedule)	Description (If travel outsi Ethics consulting	de of Texas, complete Schudule T)
Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gitts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how		legory not listed above)	
1 PAGE#	2 FILER NAME	3	ACCOUNT # (TEC filers)	
Schedule: 2/5 Re	eport: 17/26 McNamara, Mike (Mr.)		00007207	
4 Date	5 Payee name			
03/26/2010	Eternallife Production			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$350.00	339 Cottletown Road Smithville, TX 78957			
			•	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Te	exas, complete Schedule T)	
PURPOSE OF	Advertising Expense	Website Design and developr	nent	
EXPENDITURE				
9 Complete ONLY if direct expanditure				
to benefit C/OH				
Date	Payee name			
06/05/2010	Eternallife Production			
Amount (\$)	Payee address City; State; Zip Code			
\$325.00	339 Cottletown Road Smithville, TX 78957		i	
DUBBOOK	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
PURPOSE OF	Advertising Expense	Website Design and Developr	nent	
EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:	
direct expenditure to benefit C/OH				
Date	Payee name			
01/07/2010	GoDaddy.com		Į.	
Amount (\$)	Payee address City; State; Zip Code			
\$10.81	14455 N. Hayden Rd, Suite 219 Scottsdale, AZ 85260		Ì	
•	0001130410, 742 00200		ľ	
	Category (See Calegories listed at the top of this schedule)	Description (If travel outside of Te	exas, complete Schedule T)	
PURPOSE OF	Advertising Expense	Purchase of Website Domain		
EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held;	
direct expenditure to benefit C/OH		-		
Date	Payee name	<u> </u>		
04/24/2010	Hill Country Republican Women			
Amount (\$)	Payee address City; State; Zip Code			
\$50.00	1108 Lavaca, Suite 505 Austin, TX 78701			
	Austin, 1/10/01		l	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Te	exas, complete Schedule T)	
PURPOSE OF	Event Expense	Style Show attendance fee		
EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:	
direct expenditure	Candidate / Childenolider name	Omce sought.	Omice Held.	
to benefit C/OH				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES 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 Oistrict Office Overhead/Rental Expense

rees	The Instruction Guide explains hor	,	a category normated doorer	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)	
Schedule: 3/5 Re	eport: 18/26 McNamara, Mike (Mr.)		00007207	
4 Date	5 Payee name			
05/13/2010	Jerry Patterson Campaign			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$75.00	P.O. Box 40218			
1	Austin, TX 78704			
)				
8	(a) Category (See Categories listed at the top of this schedule)	1	e of Texas, complete Schedule 7)	
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Politica! Committee	Donation		
EXPENDITURE	Candidate/Onicenoide//Folitica/Committee			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:	
direct expenditure	Obligate / Officerolds/ Harris	Smoo doagni.	Smoo nord.	
to benefit C/OH				
Date	Payee name			
04/25/2010	Lulac Dist VII			
Amount (\$)	Payee address City; State; Zip Code			
\$50.00	111 Cesar Chavez			
	Austin, TX 78701			
}	0.42-2-19 0.42-1-15-1-15-1-15-1-15-1-15-1-15-1-15-1-	Description (Keep of Louisia		
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule 7) Convention Participation Fee		
OF	Event Expense	Convention Farticipation	1 66	
EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:	
direct expenditure to benefit C/QH		-		
Date	Payee name			
02/16/2010	LunarPages City States 7in Onda			
Amount (\$)	Payee address City: State; Zip Code			
\$107.40	1360 N. Hancock Street Anaheim, CA 92807			
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)	
PURPOSE	Advertising Expense	Website Hosting		
OF EXPENDITURE				
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:	
direct expenditure to benefit C/QH				
Date	Payee name			
05/24/2010	Office Depot			
Amount (\$)	Payee address City; State; Zip Code			
\$66.95	816 Tirado Street			
Ψ00.00	Austin, TX 78752			
DUDEAGE	Category (See Categories listed at the top of this schedule)	•	e of Texas, complete Schedule T)	
PURPOSE OF	Office Overhead/Rental Expense	office Supplies		
EXPENDITURE				
_ ,,	Condition / Office Indiana con-	Office county	Office hold:	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:	
to benefit C/OH				

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES 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

The Instruction Guide explains how to complete this form.						
1 PAGE# 2 FILER NAME				3 ACCOUNT # (TEC filers)		
Schedule: 4/5 Re	eport: 19/26	McNamara, Mike (Mr.)		00007207		
4 Date	5 Payee name					
06/21/2010						
6 Amount (\$)	7 Payee addres					
\$17.60	Northeast St Austin, TX	ation				
(, adding the					
(a) Category (See Categories listed at the top of this schedule) (b) Description (II travel outsi				e of Texas, complete Schedule T)		
PURPOSE OF	Advertising E	Expense	Postage	_		
EXPENDITURE	L					
O Consolate ONLY if	Condidate / O	ffinah aldar nama	Office couldn't	Office held:		
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office neid:		
to benefit C/OH						
Date	Payee name					
06/30/2010	Postmaster					
Amount (\$)	Payee addres					
\$224.00	Northeast St Auslin, TX	ation				
	, 1001117, 771					
	Category (See	Categories listed at the lop of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)		
PURPOSE	Advertising E	Expense	Postage for Event Mailing	· ,		
OF EXPENDITURE						
Complete ONLY if direct expenditure	Candidate / O	ficeholder name	Office sought:	Office held:		
to benefit C/OH						
Date	Payee name					
03/19/2010		y Republican Party				
Amount (\$)	Payee address	Payee address City; State; Zip Code 7901 Cameron Rd. #3-202				
\$25.00	7901 Camero Austin, TX 7					
	Category (See	Categories listed at the lop of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)		
PURPOSE OF	Event Expen	se	County Convention	_ ;		
EXPENDITURE						
0	04:4-1-10	E	OFF	Office held.		
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office sought:	Office held:		
to benefit C/OH						
Date	Payee name					
05/15/2010		y Republican Party				
Amount (\$)	Payee address			(
\$25.00 7901 Cameron Rd. #3-202 Austin, TX 78754						
	,			Į.		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)		
PURPOSE	Event Expen		Reagan Day Luncheon	. , ,		
OF EXPENDITURE						
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office sought:	Office held:		
to benefit C/OH				{		

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

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repaymenl/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

(512)463-5800

The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) McNamara, Mike (Mr.) 00007207 Schedule: 5/5 Report: 20/26 4 Date 5 Payee name Vista Print 06/30/2010 6 Amount (\$) Payee address City; State; Zip Code 95 Hayden Avenue \$240.41 Lexington, MA 02421 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Invitations for Event OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Exp	ense Office Overhead The Instruction Guioe explains he		a calegory not listed above)
1 PAGE# Schedule: 1/5 Re	eport: 21/26	FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207
4 Date 02/18/2010	5 Payee name 823 Congress (Sarage		
6 Amount (\$) \$11.00 Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca Event Expense	legories listed at the top of this schedule)	(b) Description (If travel outside Parking Fee for event atte	of Texas, complete Schedule T)
Date 03/15/2010	Payee name Bells Int'l			
Amount (\$) \$198.54 Reimbursement from political contributions intended	Payee address 109 Denson Dr. Austin, TX 787			
PURPOSE OF EXPENDITURE	Calegory (See Ca Printing Expens	legories listed at the lop of Ihis schedule) e	Description (If travel outside Campaign Materials	of Texas, complete Schedule T)
Date 03/23/2010	Payee name City of Austin			
Amount (\$) \$1.75 Reimbursement from political contributions intended	Payee address P.O. Box 1088 Austin, TX 7870	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Ca Event Expense	legories listed at the top of this schedule)	Description (If travel outside Parking Fee for campaign	of Texas, complete Schedule T) event
Date 06/25/2010	Payee name Costco			
Amount (\$) \$52.52 Reimbursement from political contributions intended	Payee address			
PURPOSE OF EXPENDITURE	Category (See Ca Event Expense	legories listed at the top of this schedule)	Description (If travel outside Event Supplies for Recept	of Texas, complete Schedule T) 🔲

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

) rees	Phhiling	The Instruction Guide explains ho	•	a category not listed above)
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/5 Re	eport: 22/26	McNamara, Mike (Mr.)		00007207
4 Date	5 Payee name	· '		00001201
01/28/2010	Dobie Parkir	ng Garage		
6 Amount (\$)	7 Payee addres		-	
\$6.00 2005 Whilis Avenue				
Reimbursement from political contributions intended				
8		e Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE Event Expense Parking Fee				
EXPENDITURE				
Date	Payee name			
05/04/2010	Doubletree F	lotel		
Amount (\$)	Payee addres:	s City; State; Zip Code		
\$30.00	6505 N. IH 3			
Reimbursement from political	Austin, TX 7	8/52		
contributions intended				
PURPOSE		e Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF	Event Expen	se	attend prayer breakfast	
EXPENDITURE				
			1	1
,				
.				
Date	Payee name			,
03/18/2010	Fedex Kinko:	·		
Amount (\$)	Payee address	·		i
\$25.42	9222 Burnet Austin, TX 7	Road Ste 101		
Reimbursement from political contributions intended	Au3011, 17.7	0,30		+
contributions intended	Catogory (See	Categories listed at the top of this schedule)	Description (If travel outside	of Toyan, annualota Cahadula T)
PURPOSE	Printing Expe		Campaign Handouts for C	of Texas, complete Schedule T)
OF	r mang Expe	31100	Campaign Flanded S 161 C	on verillon
EXPENDITURE				
Date	Daves see			
Date	Payee name Jack Lot Parl	kina		
03/06/2010 Amount (\$)		<u> </u>		
	Payee address			(
\$7.00	Austin, TX 7	arch Blvd #2095 8759		•
Reimbursement from political contributions intended				
contributions intended	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Event Expen		Parking Fee for meeting	
OF EXPENDITURE	,			
_A LITOTI OIL				
				}
				(

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Travel Out Of District

Office Overhead/Rental Expense
e INSTRUCTION GUIDE explains how to complete this fo

l.	THE INSTRUCTION COIDS EXPIRITS HOW	A to complete and form,		
1 PAGE # Schedule: 3/5 Re	2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207	
4 Date	5 Payee name		1 00007207	
03/30/2010	JCPenney Portraits			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$140.07	9500 S I H 35			
Reimbursement from political contributions intended				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)	
OF	Advertising Expense	Pictures for materials		
EXPENDITURE				
1				
Date	Payee name			
01/19/2010	Office Depot			
Amount (\$)	Payee address City, State, Zip Code			
\$69.25	816 Tirado Street			
Reimbursement trom political contributions intended				
contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF	Printing Expense	campaign materials		
EXPENDITURE				
)				
Date	Payee name	_		
06/08/2010	Office Depot			
Amount (\$)	Payee address City; State; Zip Code			
\$7.88	816 Tirado Street			
Reimbursement from political	Austin, TX 78752			
contributions intended	Cologon, (Con Cologonian listed at the top of this askedula)	Description (If travel outside	of Taylor and John School (15 T)	
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Event Supplies	of Texas, complete Schedule T)	
OF EXPENDITURE		Z, GIN COPPIIG		
EXI ENDITORE				
}				
Date	Рауее пате			
06/08/2010	Office Depot			
Amount (\$)	Payee address City; State; Zip Code			
\$2.15	816 Tirado Street			
Reimbursement from political	Austin, TX 78752			
contributions intended	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Tayer, complete School, le 7)	
PURPOSE	Event Expense	Event Supplies	of Texas, complete Schedule T)	
OF EXPENDITURE			1	
LAI ENDITORE			•	
	1	1	•	

1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 Out Of District
Travel Out Of District
Office Overhead/Rental Expense The Instruction Guide explains how to complete this form.

		The mornion color explane no	, in the description to the second	
1 PAGE# Schedule: 4/5 Re	eport: 24/26	2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers) 00007207
4 Date	5 Payee name			
06/21/2010	Postmaster			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$17.60	Northeast St			
Reimbursement	Austin, TX			
from political contributions intended				
8		e Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Advertising E	Expense	Postage for campaign ma	iling
EXPENDITURE				
Date	Payee name		-	_
02/13/2010	Walgreens			1
Amount (\$)	Payee addres	s City: State; Zip Code		
\$7.77	11742 Rese	7,		4
•	Austin, TX 7			
Reimbursement from political contributions intended	i			
COMPOSITORS INTERIORS		e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE		ead/Rental Expense	Office Supplies	
OF EXPENDITURE		·		'
EXI ENDITORE				
Date	Payee name			
02/19/2010	Walgreens			
Amount (\$)	Payee addres	s City; State; Zip Code		
	11742 Resea	• • • • • • • • • • • • • • • • • • • •		
\$11.68	Austin, TX 7			
Reimbursement from political contributions intended				
Contributions interided	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Advertising E		Campaign Photos	
OF EXPENDITURE	J -			
EXPENDITURE				
Data	Dawasasas			
Date	Payee name			
02/25/2010	Walgreens	Oit is Chatai Tie Code		
Amount (\$)	Payee addres			
\$11.68	11742 Resea			
Reimbursement from political contributions intended	, Austin, IA /	0703		ı
contributions intended	Cotogon, (See	Cotonside Noted of the ten of this askedule)	Description (If travel autoids	of Towns annual state Cabodula T)
PURPOSE	Advertising E	c Categories listed at the top of this schedule)	Description (If travel outside Campaign Photos	of Texas, complete Schedule T)
OF '	Advertising E	zpense	Campaign Frictos	•
EXPENDITURE				•

1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Texas Ethics Commission

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

		The Instruction Guide explains ho	w to complete this form.	
1 PAGE#		2 FILER NAME McNamara, Mike (Mr.)		3 ACCOUNT # (TEC filers)
Schedule: 5/5 Report: 25/26		McNamara, Mike (Mr.)		00007207
4 Date	5 Payee name			
06/01/2010	Walgreens	- Charles Ch. 17. Ch. 1		
6 Amount (\$)	7 Payee addres	• • • •		
\$19.26	11742 Research			
Reimbursement from political contributions intended	Austin, IX	6735		
8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Office Overh	ead/Rental Expense	Campaign Photos printing	,
OF EXPENDITURE				
Date	Payee name			
06/07/2010	Walgreens			
Amount (\$)	Payee addres			
\$10.27	11 7 42 Resear Austin, TX 7			
Reimbursement from political	Auguii, IA	0.03		
contributions intended	Catagon: (C-	Cotogorion listed at the tax of this pake dide.	Description ((family a faile)	of Toyon complete Cabadala TV Find
PURPOSE	Advertising E	e Categories listed at the top of this schedule)	Description (If travel outside Campaign Photos	of Texas, complete Schedule T)
OF	Advertising L	Expense	Campaignt notes	
EXPENDITURE				
Date	Payee name			
06/07/2010	Walgreens			
Amount (\$)	Payee address	s City; State; Zip Code		
\$17.60	11742 Resea	**		
	Austin, TX 7			
Reimbursement from political contributions intended				
DUBBOSE		Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Office Overh	ead/Rental Expense	Campaign Supplies	}
EXPENDITURE				}
i				
Date	Payee name			
06/15/2010	Walgreens			
Amount (\$)	Payee addres:	City: State; Zip Code		
\$ 7.88	11742 Resea			
Reimbursement from political	Austin, TX 7	8759		
contributions intended				
PURPOSE		Categories listed at the top of this schedule)		of Texas, complete Schedule T)
OF OF	Advertising E	xpense	Campaign Photos	
EXPENDITURE)
				}

TEXT ANNOTATION McNamara, Mike (Mr.)

Page 26 of 26 ACCOUNT # 00007207

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 contribution 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.