

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">JAMES O</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">GARDNER</p>	OFFICE USE ONLY <hr/> Date Received <p style="text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD AT 2:20 PM</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JAN 13 2016</p> <p style="text-align: center; color: blue; font-weight: bold;">KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS BY: <i>[Signature]</i> DEPUTY</p> <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged									
Receipt #	Amount \$																
Date Processed																	
Date Imaged																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">PO BOX 81393 CORPUS CHRISTI TX 78468</p>																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(361) 774-0359</p>																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center; font-size: 1.2em;">CHRISTOPHER</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">LAWRENCE</p>	Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">1743 3RD STREET CORPUS CHRISTI TX 78404-1808 (PHYSICAL)</p> <p style="text-align: center; font-size: 1.2em;">PO BOX 3085 CORPUS CHRISTI TX 78463-3085 (MAILING)</p>																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(202) 552-9803</p>																
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)														
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">09</td> <td style="text-align: center; font-size: 1.2em;">15</td> <td style="text-align: center; font-size: 1.2em;">15</td> <td></td> <td style="text-align: center; font-size: 1.2em;">12</td> <td style="text-align: center; font-size: 1.2em;">31</td> <td style="text-align: center; font-size: 1.2em;">15</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	09	15	15		12	31	15
Month	Day	Year	THROUGH	Month	Day	Year											
09	15	15		12	31	15											
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align: center; font-size: 1.2em;">11 / 08 / 16</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special															
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <p style="text-align: center; font-size: 1.2em;">NUECES COUNTY DISTRICT ATTORNEY</p>															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **JAMES GARDNER**

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

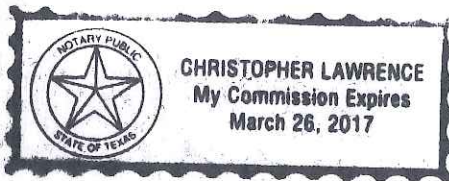
Additional Pages

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	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	JAMES O GARDNER CAMPAIGN ACCOUNT
COMMITTEE ADDRESS	PO BOX 81393 CORPUS CHRISTI TX 78468
COMMITTEE CAMPAIGN TREASURER NAME	CHRISTOPHER LAWRENCE
COMMITTEE CAMPAIGN TREASURER ADDRESS	1743 3RD STREET CORPUS CHRISTI TX 78404-1808

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 42.22
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,793.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 370.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,500.00

18 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 O Gardner
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **JAMES O GARDNER**, this the **13TH** day of **JANUARY**, 20 **16**, to certify which, witness my hand and seal of office.

Christopher Lawrence
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

JAMES GARDNER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 370.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 7,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,793.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,021.62
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME
JAMES GARDNER

3 Filer ID (Ethics Commission Filers)

4 Date
09/20/15

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

RACHEL CANALES

6 Contributor address; City; State; Zip Code
1374 SANPIPER DRIVE CORPUS CHRISTI TX 78412

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
SELF

Date

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

Amount of contribution (\$)

09/25/15

NATALIE OLSSON

Contributor address; City; State; Zip Code
4518 HOGAN DRIVE CORPUS CHRISTI TX 78413-2134

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/18/15

TIMOTHY KEETON

Contributor address; City; State; Zip Code
112 MELODY LANE SW VIENNA VA 22180

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
US NAVY

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <p style="text-align: right;">1</p>	
2 FILER NAME <p style="text-align: center;">JAMES GARDNER</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <p style="text-align: center;">11/20/15</p>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">GABI CANALES</p> 7 Contributor address; City; State; Zip Code <p style="text-align: center;">14134 PALO SECO CORPUS CHRISTI TX 78418</p>	8 Amount of Contribution \$ <p style="text-align: center;">200.00</p>	9 In-kind contribution description <p style="text-align: center;">LITTLE LEAGUE UNIFORMS</p>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <p style="text-align: center;">ATTORNEY</p>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <p style="text-align: center;">SELF</p>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <p style="text-align: center;">12/15/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">GABI CANALES</p> Contributor address; City; State; Zip Code <p style="text-align: center;">14134 PALO SECO CORPUS CHRISTI TX 78418</p>	Amount of Contribution \$ <p style="text-align: center;">1,625.00</p>	In-kind contribution description <p style="text-align: center;">COMMERCIALS</p>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <p style="text-align: center;">ATTORNEY</p>		Employer (FOR NON-JUDICIAL)(See Instructions) <p style="text-align: center;">SELF</p>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME JAMES GARDNER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 09/15/15	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES GARDNER / SELF	9 Loan Amount (\$) 2,500.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO BOX 81393 CORPUS CHRISTI TX 78468-1393	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 11/10/15	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES GARDNER / SELF	Loan Amount (\$) 2,500
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO BOX 81393 CORPUS CHRISTI TX 7846801393	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: 2
2 FILER NAME JAMES GARDNER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/21/15	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GABI CANALES	9 Loan Amount (\$) 2,500.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 14134 PALO SECO CORPUS CHRISTI TX 78418	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor JAMES GARDNER 18 Guarantor address; City; State; Zip Code PO BOX 81393 CORPUS CHRISTI TX 78468-1393	19 Amount Guaranteed (\$) 2,500.00
20 Principal Occupation (See Instructions) ATTORNEY		21 Employer (See Instructions) SELF
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)		
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JAMES GARDNER	3 Filer ID (Ethics Commission Filers)
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4 Date 09/28/15	5 Payee name CHRISTOPHER LAWRENCE
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6 Amount (\$) 188.65	7 Payee address; City; State; Zip Code PO BOX 3085 CORPUS CHRISTI TX 78463-3085
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA	Office held
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Date 09/28/15	Payee name ARTCRAFT PRINTING
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Amount (\$) 596.44	Payee address; City; State; Zip Code 1520 SO STAPLES STREET CORPUS CHRISTI TX 78404
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA	Office held
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Date 10/02/15	Payee name AUTHORIZE.NET - AUTHHNET GATEWAY BILLING
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Amount (\$) 75.67	Payee address; City; State; Zip Code PO BOX 947 AMERICAN FORK UT 84003-0947
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JAMES GARDNER	3 Filer ID (Ethics Commission Filers)
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4 Date 11/03/15	5 Payee name DULCE PHOTOGRAPHY
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6 Amount (\$) 172.11	7 Payee address; City; State; Zip Code 5337 YORKTOWN BLVD. CORPUS CHRISTI TX 78413
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA	Office held
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Date 11/03/15	Payee name ZUBIE WEAR
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Amount (\$) 418.51	Payee address; City; State; Zip Code 1516 UNIVERSAL CITY BLVD. UNIVERSAL CITY TX 78148
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA	Office held
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Date 11/03/15	Payee name AUTHORIZE.NET - AUTHHNET GATEWAY BILLING
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Amount (\$) 25.00	Payee address; City; State; Zip Code PO BOX 947 AMERICAN FORK UT 84003-0947
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2** FILER NAME **JAMES GARDNER** **3** Filer ID (Ethics Commission Filers)

4 Date **11/14/15** **5** Payee name **NUECES COUNTY REPUBLICAN PARTY**

6 Amount (\$) **1,250.00** **7** Payee address; City; State; Zip Code **4639 CORONA DRIVE CORPUS CHRISTI TX 78411**

8 **PURPOSE OF EXPENDITURE** **(a) Category (See Categories listed at the top of this schedule)** **FEES** **(b) Description**
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **JAMES GARDNER** Office sought **NUECES COUNTY DA** Office held

Date **12/02/15** Payee name **AUTHORIZE.NET - AUTHHNET GATEWAY BILLING**

Amount (\$) **25.00** Payee address; City; State; Zip Code **PO BOX 947 AMERICAN FORK UT 84003-0947**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ACCOUNTING/BANKING** Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **JAMES GARDNER** Office sought **NUECES COUNTY DA** Office held

Date **12/11/15** Payee name **ARTCRAFT PRINTING**

Amount (\$) **42.22** Payee address; City; State; Zip Code **1520 SO STAPLES STREET CORPUS CHRISTI TX 78404**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **JAMES GARDNER** Office sought **NUECES COUNTY DA** Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME JAMES GARDNER	3 Filer ID (Ethics Commission Filers)
4 Date 09/24/15	5 Payee name BREWSTER STREET ICE HOUSE	
6 Amount (\$) 50.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1724 NO. TANCAHUA STREET CORPUS CHRISTI TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA Office held

Date 09/24/15	Payee name BREWSTER STREET ICE HOUSE	
Amount (\$) 971.62 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1724 NO. TANCAHUA STREET CORPUS CHRISTI TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES GARDNER	Office sought NUECES COUNTY DA Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED