

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX JAMES O GAROWER	OFFICE USE ONLY Date Received FILED FOR RECORD AT 2:30 PM OCT 31 2016 ASHA SANDS CLERK, COUNTY CLERK, TARRANT COUNTY, TEXAS DEPUTY Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 81393 Corpus Christi TX 78468 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 774.0359		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX CHRISTOPHER LAWRENCE		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1743 3rd Street Corpus Christi TX 78404 P.O. Box 3085 Corpus Christi TX 78463-3085		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 552.9803		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 29 / 16 THROUGH 10 / 29 / 16		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 16	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) NUECES COUNTY DISTRICT ATTORNEY	

2016-161

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JAMES O GARDNER 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
---	--

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,300. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,262.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 769.42
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

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES O. GARDNER, this the 31st day of October, 2016, to certify which, witness my hand and seal of office.

Yolanda Guajardo
Signature of officer administering oath

Yolanda Guajardo
Printed name of officer administering oath

NOTARY
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

JAMES O. GARDNER

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

DEBBIE GREEN

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

11 E BAR-LE-DOU COZENS
COUNTY TX 78414

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

Date

10/10/16

Full name of contributor

out-of-state PAC (ID#: _____)

CYNDEE MARIE LEAFER

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2006 SEXTON DR CORON COUNTY TX 78416

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

Date

10/10/16

Full name of contributor

out-of-state PAC (ID#: _____)

ANNE LORENTZEN

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

3002 QUAIL SPRING RONS, CORON COUNTY TX 78414
ES

Principal occupation / Job title (See Instructions)

DISTRICT CLERK

Employer (See Instructions)

Date

10/13/16

Full name of contributor

out-of-state PAC (ID#: _____)

KENNETH CURRITH, JR

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

230 INDIANA AVE CORON COUNTY TX 78404

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

JAMES O. GARDNER

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/14

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

TIMOTHY KEETON

7 Amount of contribution (\$)

\$200.-

6 Contributor address; City; State; Zip Code

112 MELODY LAKE SW VIENNA, VA 22180

8 Principal occupation / Job title (See Instructions)

Gov

9 Employer (See Instructions)

U.S. NAVY

Date

10/24/14

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

RICHARD AVILA II

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

7601 LAKE BOLSBWA COHASSETT, TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/14

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

DOUGLAS MAW

Amount of contribution (\$)

\$500.-

Contributor address; City; State; Zip Code

4817 WOODBRIDGE RD COHASSETT TX 78413

Principal occupation / Job title (See Instructions)

ATTY

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">James O. Gardner</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">10/04/16</p>	5 Payee name <p style="text-align:center">Gulf Coast Mailbox & Printing</p>	
6 Amount (\$) <p style="text-align:center">2,184.24</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">P.O. Box 9312 Corpus Christi TX 78469</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Printing</p>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <p style="text-align:center">10/12/14</p>	Payee name <p style="text-align:center">Gulf Coast Mailbox & Printing</p>	
Amount (\$) <p style="text-align:center">1,130.25</p>	Payee address; City; State; Zip Code <p style="text-align:center">P.O. Box 9312 Corpus Christi TX 78469</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Printing</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <p style="text-align:center">10/19/14</p>	Payee name <p style="text-align:center">Gaudett Co.</p>	
Amount (\$) <p style="text-align:center">8786.25</p>	Payee address; City; State; Zip Code <p style="text-align:center">5002 Spid Corpus Christi TX 78411</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <p style="text-align:center">James O. Gardner</p> Office sought: <p style="text-align:center">HCTDA</p> Office held: _____	

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

4 Date 10/19/16	5 Payee name ENTRAUSID
---------------------------	----------------------------------

6 Amount (\$) \$1,181.50	7 Payee address; City; State; Zip Code 102 MESQUITE CORNER CHARL TX 78401
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JAMES O GARZA	Office sought HC DA	Office held
--	---	-------------------------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED