CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLYM
OFFICEHOLDER	MR. JAMES	M	Date Received
NAME	NICKNAME LAST	SUFFIX	JAN 1 5 2014
	MIKE PUSLEY		DIANA T. BARRERA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; 3916 CASTLE VALLEY DRIVE CORPUS CHRISTI, TEXAS 78410	STATE; ZIP CODE	Clerk, County Count, Nueces County, Texas By Deputy Date Hand-dewered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 241-4839	EXTENSION	Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	MR. PAUL		
	NICKNAME LAST	SUFFIX	
	PEELER		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3916 CASTLE VALLEY DRIVE CORPUS CHRISTI, TEXAS 78410	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 242-3171	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 01 2013 THROUGH	Month Day	Year / 2013
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n) . ′
	Nueces County Commissioner, Pct I		
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	IRES MADE BY OTHERS WITHOUT THI ON ONLY IF THEY RECEIVE NOTIFICATI	E CANDIDATE'S PRIOR CONSENT OR APPROVAL. ION OF THE DIRECT CAMPAIGN EXPENDITURE.
EXPENDITURE BY OTHER INDIVIDUALS	Name		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Cox	de	
additional pages			_

GO TO PAGE 2

2014-040

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT	# (Ethics Commission Filers)		
JAMES (MIKE) PUSL	.EY					
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFIC	CEHOLDER'S KNOWLEDGE OR		
COMMITTEES	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		IZED \$	0		
	4. TOTAL POLITICAL EXPENDITURES			1948.14		
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$	1566.00			
OUTSTANDING LOAN TOTALS	LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 BY OF THE REPORTING PERIOD	THE \$	84,250.00		
19 AFFIDAVIT	NIFER DAMPING	I swear, or affirm, under penalty of is true and correct and includes all me under Title 15. Election Code				
AFFIX NOTARY STAM	FTEXAS	Signature of Can	didate of Office	eholder		
AFFIX NOTARY STAM	SEAL ABOVE			→		
Sworn to and subs	scribed before	me, by the saidJAMES (MIKE) PUSLEY		, this the		
day	of JANUARY	, 20 14 , to certify which, witness r	my hand ar	nd seal of office.		
		JENNIFER DRAGOO	NO.	TARY PUBLIC		
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of of	ficer administering oath		

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	•	•		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract La		Loan Repayment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundr	aising Expense	Transportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Comm		
Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to	•	OTHER (enter a category not listed above)		
Total pages Schedule F:	2 FILER NAME	- Complete time to	3 ACCOUNT # (Ethics Commission Filer		
3	JAMES (MIKE) PUSLEY		3 ACCOON # (Ellies Collinission File)		
Date	5 Payee name				
07-12-13	Stop-N-Store				
Amount (\$)	7 Payee address; City; State; Zip Code				
530.00					
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	<u> </u>		for July - November 2013		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	ht Office held		
Date	Payee name				
07-11-13	Credit Union				
Amount (\$)	Payee address; City; State; Zip Code				
3.00					
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Eggs	ees Statement Print Fee			
EXI CITOTIONE	1 1662	Statem	ient Frint Fee		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sough	- -		
Complete ONLY if direct	Candidate / Officeholder name		- -		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH		- -		
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH Payee name		- -		
Complete ONLY if direct expenditure to benefit C/0 Date 07-27-13	Candidate / Officeholder name OH Payee name Constant Contact		- -		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$)	Candidate / Officeholder name OH Payee name Constant Contact	Office sough	- -		
Complete ONLY if direct expenditure to benefit C/t Date 07-27-13 Amount (\$)	Candidate / Officeholder name OH Payee name Constant Contact Payee address; City; State; Zip Code	Office sough	ht Office held (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$) 58.63 PURPOSE OF	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office sough	nt Office held (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/t Date 07-27-13 Amount (\$) 58.63 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office sough	nt Office held (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$) 58.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name	Office sough	nt Office held (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$) 58.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/6 Date	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name CH Payee name	Office sough	nt Office held (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$) 58.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/6 Date 07-29-13	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Rotary Club of CC	Office sough	nt Office held (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$) 58.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/6 Date 07-29-13 Amount (\$) 351.78 PURPOSE	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Rotary Club of CC	Description Newslet Office sough	(If travel outside of Texas, complete Schedule T) tter ht Office held (If travel outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$) 58.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/6 Date 07-29-13 Amount (\$) 351.78	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name CH Payee name Rotary Club of CC Payee address; City; State; Zip Code	Description Newslet Office sough	nt Office held (If travel outside of Texas, complete Schedule T) tter ht Office held		
Complete ONLY if direct expenditure to benefit C/6 Date 07-27-13 Amount (\$) 58.63 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/6 Date 07-29-13 Amount (\$) 351.78 PURPOSE OF	Candidate / Officeholder name Payee name Constant Contact Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Payee name Rotary Club of CC Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name	Description Newslet Office sough	(If travel outside of Texas, complete Schedule T) tter nt Office held (If travel outside of Texas, complete Schedule T) rship Dues		

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITUR	E CATEGORIES	S FOR BOX 8(a	1)		
Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	vards/Memorials Expense Salaries/Wages/Contract Labor Services Solicitation/Fundraising Expense leverage Expense Travel In District Expense Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expe Contributions/Donations Made By Candidate/Officeholder/Political Comm OTHER (enter a category not listed above		
The Instruction Guid	le explains how to	complete this fo	orm.		
	EY		3 ACCC	OUNT # (Ethics Commission Filers)	
	Alumni				
(a) Category (See categories listed at the t	op of this schedule)	(b) Description	n (If travel outside o	f Texas, complete Schedule T)	
Fees Mem		Membe	ership Fees		
Candidate / Officeholder name	e	Office soug	pht	Office held	
Payee name Sheriff's Association	of Texas				
Payee address; City; S	state; Zip Code				
Category (See categories listed at the t	op of this schedule)	Description	า (If travel outside o	f Texas, complete Schedule T)	
Fees		Dues			
Candidate / Officeholder name OH	e	Office soug	ht	Office held	
Payee name				,	
Bucket Works					
Payee address; City; S	tate; Zip Code				
Category (See categories listed at the to	op of this schedule)	Description	(If travel outside o	f Texas, complete Schedule T)	
Category (See categories listed at the to	op of this schedule)	Description Dues	n (If travel outside o	f Texas, complete Schedule T)	
		1 _		f Texas, complete Schedule T) Office held	
Fees Candidate / Officeholder name		Dues			
Fees Candidate / Officeholder name	9	Dues			
Candidate / Officeholder name OH Payee name Nueces County Rec	9	Dues			
Candidate / Officeholder name OH Payee name Nueces County Rec	cord Star	Dues			
Candidate / Officeholder name OH Payee name Nueces County Rec	cord Star	Dues Office soug	ht		
Payee name Nueces County Rec Payee address; City; S	cord Star	Dues Office soug	ht	Office held	
Payee name Nueces County Rec Payee address; City; S Category (See categories listed at the to	cord Star tate; Zip Code	Office soug	n (If travel outside o	Office held	
	Legal Services Food/Beverage Expense Polling Expense The Instruction Guid 2 FILER NAME JAMES (MIKE) PUSLI 5 Payee name	Legal Services Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of Di Office Overhead/ The Instruction Guide explains how to 2 FILER NAME JAMES (MIKE) PUSLEY 5 Payee name CC Police Academy Alumni 7 Payee address; City; State; Zip Code (a) Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name OH Payee name Sheriff's Association of Texas Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name OH Payee name Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name OH Payee name Bucket Works	Legal Services Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form 2 FILER NAME JAMES (MIKE) PUSLEY 5 Payee name CC Police Academy Alumni 7 Payee address; City: State; Zip Code (a) Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name OH Payee name Sheriff's Association of Texas Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name Office sough OH Payee name Sheriff's Association of Texas Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name Office sough OH Payee name Bucket Works	Legal Services Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Office Printing Expense Travel In District Contributions Candidate/ The Instruction Guide explains how to complete this form. 2 FILER NAME JAMES (MIKE) PUSLEY 5 Payee name CC Police Academy Alumni 7 Payee address; City; State; Zip Code (a) Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name Office sought Payee name Sheriff's Association of Texas Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Fees Candidate / Officeholder name Office sought OH Payee name Candidate / Officeholder name Office sought OH Payee name Candidate / Officeholder name Office sought OH Payee name Bucket Works	

www.ethics.state.tx.us

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement				
Accounting/Banking	•			Fransportation Equipment & Relat	
Consulting Expense				Contributions/Donations Made By	•
	• •			Candidate/Officeholder/Politic	
Event Expense	Polling Expense	Office Overhead/F			
Fees	Printing Expense		•	OTHER (enter a category not list	ed above)
	The Instruction Guide	explains how to	complete this form	n.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Com	mission Filers)
· <u>-</u>		,		C ACCOUNT # (Eamos Com	111001011 1 11010)
3	JAMES (MIKE) PUSLEY				
4 Date	5 Payee name				
11-22-13	Jennifer Dragoo				
11-22-13	Jenniner Dragoo				
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			
321.10					
321.10					
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (f travel outside of Texas, complete Sche	dule T)
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EXPENDITURE	OTHER		Christin	nas Cards/Postage	
	04:4-4-4-065-4-4-4		Office courses	Office	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office h	ieia
expenditure to benefit C/C	H				
Qate	Payee name				/
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, complete Sche	dule T)
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EXPENDITURE					
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expenditure to benefit C/C	' ^{''}				
Date	Payee name				
Amount (\$)	Payee address; City: Sta	te; Zip Code			
		\ /			
	Category (See categories listed at the top	of this percentula)	Description (f travel outside of Texas, complete Sche	dule T)
PURPOSE	Category (3ee categories isseed at the top	OI LING SERIOUS)	Boodingson (i	, mare, outside of person, estimption of the	
OF EXPENDITURE					
EXPENDITORE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office h	eld
expenditure to benefit C/O	H /				
					
Date	Payee name				
,					
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
(.,		•			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (f travel outside of Texas, complete Sche	dule T)
OF	, and the same of	,	. ,		
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office if	erq.
expenditure to benefit C/0	ЭН				
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS N	EEDED	
/					\