

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 / OFFICEHOLDER NAME		MS / MRS / MR MR.		FIRST JAMES	
		NICKNAME MIKE		LAST PUSLEY	
		MI M		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE	
<input type="checkbox"/> change of address		3916 CASTLE VALLEY DRIVE		CORPUS CHRISTI, TEXAS 78410	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (361)		PHONE NUMBER 241-4839	
				EXTENSION	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MR.		FIRST PAUL	
		NICKNAME		LAST PEELER	
				SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE	
		3916 CASTLE VALLEY DRIVE		CORPUS CHRISTI, TEXAS 78410	
8 CAMPAIGN TREASURER PHONE		AREA CODE (361)		PHONE NUMBER 242-3171	
				EXTENSION	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	
		<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	
				<input type="checkbox"/> Runoff	
				<input type="checkbox"/> Exceeded \$500 limit	
				<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
				<input type="checkbox"/> Final report (Attach C/OH - FR)	
10 PERIOD COVERED		Month Day Year 07 / 01 / 2013		THROUGH Month Day Year 12 / 31 / 2013	
11 ELECTION		ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		OFFICE HELD (if any) Nueces County Commissioner, Pct 1		13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		<p>DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>			
<input type="checkbox"/> additional pages					

**FILED FOR RECORD
OFFICE USE ONLY**

Date Received

JAN 15 2014

DIANA T. BARRERA

Clerk, County Court, Nueces County, Texas
By *[Signature]* Deputy

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

GO TO PAGE 2

2014-040

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME
JAMES (MIKE) PUSLEY

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	--0--
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	--0--
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	--0--
4. TOTAL POLITICAL EXPENDITURES	\$	1948.14
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1566.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	84,250.00

19 AFFIDAVIT



AFFIX NOTARY STAMP SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JAMES (MIKE) PUSLEY, this the 15TH day of JANUARY, 20 14, to certify which, witness my hand and seal of office.

JENNIFER DRAGOO

NOTARY PUBLIC

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME JAMES (MIKE) PUSLEY	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07-12-13	5 Payee name Stop-N-Store
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6 Amount (\$) 530.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Rent for July - November 2013
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-11-13	Payee name Credit Union
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Amount (\$) 3.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Statement Print Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-27-13	Payee name Constant Contact
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Amount (\$) 58.63	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Newsletter
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-29-13	Payee name Rotary Club of CC
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Amount (\$) 351.78	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Membership Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME JAMES (MIKE) PUSLEY	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08-15-13	5 Payee name CC Police Academy Alumni	
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Membership Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08-15-13	Payee name Sheriff's Association of Texas	
Amount (\$) 25.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08-05-13	Payee name Bucket Works	
Amount (\$) 54.12	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09-30-13	Payee name Nueces County Record Star	
Amount (\$) 525.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F: 3	2 FILER NAME JAMES (MIKE) PUSLEY	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-22-13	5 Payee name Jennifer Drago
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6 Amount (\$) 321.10	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) Christmas Cards/Postage
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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