

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">9</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: JAMES MI: M NICKNAME: MIKE LAST: PUSLEY SUFFIX:	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY FILED FOR RECORD Date Received: AT 11:34 AM <div style="font-size: 24px; font-weight: bold; color: red; margin: 5px 0;">JUL 15 2015</div> KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY: <i>Kara Sands</i> DEPUTY Date Hand-delivered or Postmarked: </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">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 3916 CASTLE VALLEY DRIVE CORPUS CHRISTI, TEXAS 78410								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: (361) 241-4839								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. FIRST: PAUL MI: NICKNAME: LAST: SUFFIX: PEELER								
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: PHONE NUMBER: EXTENSION: (361) 242-3171								
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 checked="" 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	Month Day Year THROUGH Month Day Year 01 / 01 / 2015 06 / 30 / 2015								
11 ELECTION	ELECTION DATE: ELECTION TYPE: Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 08 / 2016								
12 OFFICE	OFFICE HELD (if any) Nueces County Commissioner, Pct I	13 OFFICE SOUGHT (if known)							
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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. Name: Address / PO Box; Apt. / Suite #; City; State; Zip Code:								

GO TO PAGE 2

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

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)	\$ \$22,590.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ --0--
	4. TOTAL POLITICAL EXPENDITURES	\$ \$4650.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$22,068.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 92,050.00

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.

Michael Pusley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Jennifer Dragoo
Signature of officer administering oath

JENNIFER DRAGOO
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
SEE ATTACHED (2 pages)

2 FILER NAME
JAMES (MIKE) PUSLEY

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

see attached spreadsheets of contributions for this reporting period

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

First Name	Last Name	Address	City	Zip	Amount
Edwin	Myers	PO Box 473	Port Aransas	78373	\$ 100.00
David	Massie	PO Box 4074	Corpus Christi	78469	\$ 250.00
Fred & Vanessa	Braselton	6910 Sir Palleas	Corpus Christi	78413	\$ 1,000.00
J. Ted	Oakley	2930 Denver	Corpus Christi	78404	\$ 150.00
H.C.	Weil	500 N. Shoreline #1118	Corpus Christi	78401	\$ 100.00
Cuatro Milpas		500 N. Shoreline #1118	Corpus Christi	78401	\$ 500.00
Ernest	Garza	10201 Leopard Street #A	Corpus Christi	78410	\$ 500.00
Rev. Fr. Joseph	Lopez	4109 Ocean Drive	Corpus Christi	78411	\$ 100.00
Wally	Goodman	5117 Cascade Drive	Corpus Christi	78413	\$ 250.00
Joe	Fulton	48 Lake Shore Drive/PO Box 9486	Corpus Christi	78469	\$ 500.00
Marshall	Wilkerson	802 N Carancahua Suite 1500	Corpus Christi	78401	\$ 100.00
Randy and Suzanne	Acock	4069 Bobwhite	Robstown	78380	\$ 250.00
Sid and Cheryl	Ridlehuber	4025 Castle Ridge	Corpus Christi	78410	\$ 100.00
Wayne	Fagan	1400 Ocean Drive, #902a	Corpus Christi	78401	\$ 500.00
Lou and Bertha	Villagomez	5029 Bromley Drive	Corpus Christi	78413	\$ 100.00
Linebarger, Goggan	Blair & Sampson	PO Box 17428	Austin	78760	\$ 1,500.00
Sam & Fran	Dalton	8002 Villefranche Drive	Corpus Christi	78414	\$ 100.00
Dan	Leyendecker	PO Box 260556	Corpus Christi	78426	\$ 500.00
Robert	Viera	522 Hancock #440	Corpus Christi	78404	\$ 500.00
David and Anne	Coover	921 N. Chaparral	Corpus Christi	78401	\$ 500.00
Danny	Turner	104 Pine Valley	Portland	78374	\$ 500.00
Brent and Ashley	Chesney	250 Cape May Drive	Corpus Christi	78412	\$ 200.00
Bart and Michelle	Braselton	5337 Yorktown Blvd	Corpus Christi	78413	\$ 750.00
Bernard and Margie	Najvar	10606 Atlanta Street	Corpus Christi	78410	\$ 100.00
Charlie & Linda	Zahn	2106 State Hwy 361, #C	Port Aransas	78373	\$ 500.00
Bill	Kelly	1402 N. Chaparral Street	Corpus Christi	78401	\$ 500.00
Ed and Carole	Martin	5814 Oso Parkway	Corpus Christi	78414	\$ 500.00
Susie and John	Sullivan	7434 Lake Superior Drive	Corpus Christi	78413	\$ 500.00
Garry	Camp	7129 Windbrook Lane	Corpus Christi	78414	\$ 100.00
Loyd and Thetis	Neal	PO Box 8347	Corpus Christi	78468	\$ 1,000.00
Theresa	Williams	5942 Crooked Creek Drive	Corpus Christi	78414	\$ 100.00
Mike and Connie	Bergsma	4117 Acushnet Drive	Corpus Christi	78413	\$ 250.00
David	Engel	PO Box 4128	Corpus Christi	78469	\$ 1,000.00
Brad and Sarah	Tindall	445 Peerman	Corpus Christi	78411	\$ 300.00
Rachel	Canales	1374 Sandpiper Drive	Corpus Christi	78412	\$ 500.00
Valero PAC		PO Box 696000	San Antonio	78269	\$ 2,500.00
David and Monika	Page	715 1/2 S. Tanchua	Corpus Christi	78401	\$ 50.00
Rose	Navalta	5525 Wooldridge	Corpus Christi	78413	\$ 100.00
Rocco and Joanne	Montesano	2101 Riata Drive	Corpus Christi	78418	\$ 200.00
Eric and Virginia	Trejo	5334 Timbergate Drive	Corpus Christi	78413	\$ 500.00
Hannah	Chipman				\$ 40.00
Ronnie & Cindy	Watkins	14117 River Rock Drive	Corpus Christi	78410	\$ 100.00
Dick	Bowers	PO Box 673	Corpus Christi	78403	\$ 500.00
Sam L	Susser	800 N. Shoreline Blvd #2200North	Corpus Christi	78401	\$ 500.00
Lillian	Riojas	PO Box 60911	Corpus Christi	78466	\$ 100.00

James Michael Pusley Contributions

January 1, 2015 to June 30, 2015

Paul & Bonnie	Peeler	11649 Leopard Street #3	Corpus Christi	78410	\$ 500.00
Russell & Teresa	Campbell	10209 Turning Leaf	Corpus Christi	78410	\$ 100.00
Nova	Herin	13742 Hillwood Trail	Corpus Christi	78410	\$ 2,000.00
Mike and Connie	Scott	5548 CR 81	Robstown	78380	\$ 1,000.00
			Total		\$ 22,590.00

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

JAMES (MIKE) PUSLEY

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

05/01/15

7 Name of lender

SELF

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

9 Loan Amount (\$)

3500.00

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

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)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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**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:		2 FILER NAME JAMES (MIKE) PUSLEY		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/29/15		5 Payee name Josh Harper Photography			
6 Amount (\$) 487.13		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) NCJLS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/29/15		Payee name Lamar Advertising			
Amount (\$) 1333.30		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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/08/15		Payee name Quantum Kopies			
Amount (\$) 153.72		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Invitations	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/08/15		Payee name USPS			
Amount (\$) 196.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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 05/11/15		5 Payee name Jennifer Drago			
6 Amount (\$) 115.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement - Evelopes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/13/15		Payee name Padre Island Business Association			
Amount (\$) 150.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertisement		Description (If travel outside of Texas, complete Schedule T) August 2015 Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/30/15		Payee name Banking Fees			
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/20/15		Payee name Harbor Parking			
Amount (\$) 150.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Valet Parking	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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 05/28/15	5 Payee name Hogemeyer's BBQ	
6 Amount (\$) 1237.64	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Facilities/Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/08/15	Payee name Jennifer Dragoo	
Amount (\$) 39.60	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Thank you cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/15/15	Payee name Constant Contact	
Amount (\$) 32.04	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) 6 months @ 5.34/mth
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/22/15	Payee name Think Dexter	
Amount (\$) 725.00	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) Website Development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED