

**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	2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received 20 JAN 15 PM 1:21 LMQ
		James		
	NICKNAME	LAST	SUFFIX	
		Richardson		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
	1912 Trafalger Cove			
	Cedar Park, TX 78613-6819		Date Hand-delivered or Date Postmarked Hand-delivered	
			Receipt #	Amount
		Date Processed 1.15.20		
		Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST	MI	
		Ann	M	
	NICKNAME	LAST	SUFFIX	
		Richardson		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
	1912 Trafalger Cove			Cedar Park TX 78613
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	512	289-0722		
8 REPORT TYPE	<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)
9 PERIOD COVERED	Month Day Year	THROUGH		Month Day Year
	11/21/2019			12/31/2019
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	05/02/2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
			Mayor	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

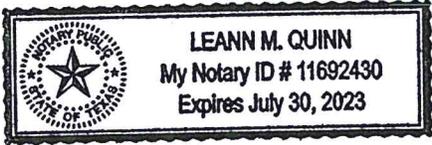
2 of 8

<b>13 C / OH NAME</b> Richardson, James	<b>14 Filer ID</b>
---	--------------------

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,247.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$	62.91
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,492.66
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Richardson, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i> _____ Signature of officer administering	LeAnn M. Quinn _____ Printed name of officer administering	City Sec _____ Title of officer administering oath
---	--	--

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Richardson, James		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,580.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 667.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 62.91
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.57

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Richardson, James		3 Filer ID
4 Date 12/01/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, David (Mr.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code P.O. Box 1302  Cedar Park, TX 78630		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jewett, Jon (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 402 Ridgetop Bend  Cedar Park, TX 78613-7479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tim (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1727 Warwick Way  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lira, April (Mrs.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code 701 Starwood Dr  Cedar Park, TX 78613-9009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrick, Susan (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1715 Cattle Dr.  Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
<b>2</b> FILER NAME Richardson, James		<b>3</b> Filer ID
<b>4</b> Date 11/21/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, Andy (Mr.)	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>6</b> Contributor address; City; State; Zip Code 1754 Bagdad Rd. Building 100A Cedar Park, TX 78613-6819		
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Self Employed
Date 12/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Natalie (Mrs.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 512 Tyree Rd Cedar Park, TX 78613-7454		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Ann (Mrs.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1912 Trafalger Cove Cedar Park, TX 78613-6819		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiple, Phyllis (Mrs.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1704 Hill Country Dr Cedar Park, TX 78613-6955		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Donald (Mr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 13492 Research Blvd STE 120-141 Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/8	
2 FILER NAME Richardson, James		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/17/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, David (Mr.)	8 Amount of contribution (\$) \$667.00	9 In-kind contribution description Campaign event expense including food, beverages and staff
	7 Contributor address; City; State; Zip Code P.O. Box 1302  Cedar Park, TX 78630	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 7/8		<b>2</b> FILER NAME Richardson, James		<b>3</b> Filer ID	
<b>4</b> Date 12/03/2019		<b>5</b> Payee name Deluxe Check Co.			
<b>6</b> Amount (\$) \$9.95		<b>7</b> Payee address; City; State; Zip Code 3680 Victoria Street North  Shoreview, MN 55126			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Check Printing Expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/09/2019		Payee name Eagle Office Products & Printing			
Amount (\$) \$14.02		Payee address; City; State; Zip Code 221 Texas Ave Ste B  Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Printed Badge	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/06/2019		Payee name Vistaprint (Cimpres USA Inc)			
Amount (\$) \$38.94		Payee address; City; State; Zip Code 275 Wyman Street  Waltham, MA 02451			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Business Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 8/8
<b>2</b> FILER NAME Richardson, James		<b>3</b> Filer ID
<b>4</b> Date 11/30/2019	<b>5</b> Name of person from whom amount is received Austin Telco Federal Credit Union	<b>8</b> Amount (\$) \$0.11
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code 8929 Shoal Creek Blvd  Austin, TX 78757	
	<b>7</b> Purpose for which amount is received Campaign account interest dividend <input type="checkbox"/> Check if political contribution returned to filer	
<b>Date</b> 12/31/2019	<b>Name of person from whom amount is received</b> Austin Telco Federal Credit Union	<b>Amount (\$)</b> \$0.46
	<b>Address of person from whom amount is received; City; State; Zip Code</b> 8929 Shoal Creek Blvd  Austin, TX 78757	
	<b>Purpose for which amount is received</b> Campaign Bank Account Interest Dividend <input type="checkbox"/> Check if political contribution returned to filer	