

**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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI James E	<b>OFFICE USE ONLY</b> Date Received JUL 14 2020 11:38 LmQ	
	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 Electronic Filing
	Receipt #	Amount	Date Processed 7.14.20
	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS (MRS) / 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; STATE; ZIP CODE 1912 Trafalger Cv Cedar Park TX 78613		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 512 289-0722		
8 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)		
9 PERIOD COVERED	Month Day Year 01/01/2020	THROUGH	Month Day Year 06/30/2020
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" 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 12

13 C / OH NAME Richardson, James

14 Filer ID

15 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.

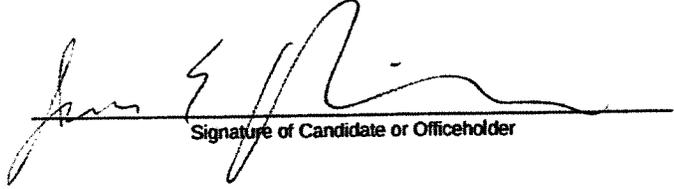
Additional Pages

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

16 CONTRIBUTION TOTALS	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)	\$	6,950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	9,534.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,952.12
OUTSTANDING LOAN TOTALS	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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Richardson, this the 14th day of July, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering

Dominika Hansell  
Printed name of officer administering

Sr Teller  
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	\$ 6,950.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 9,534.54
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	\$ 2.96

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/12
<b>2</b> FILER NAME Richardson, James		<b>3</b> Filer ID
<b>4</b> Date 01/19/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bofferding, Mark (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 2601 Saddle Blanket  Leander, TX 78641	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Hulyne (Mrs.) <hr/> Contributor address; City; State; Zip Code 2520 Peterson Dr.  Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Laurence (Mr.) <hr/> Contributor address; City; State; Zip Code 1205 Rambling Trail  Cedar Park, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fronczek, Paul & Angie <hr/> Contributor address; City; State; Zip Code 16929 Bar Harbor Bend  Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, John (Mr.) <hr/> Contributor address; City; State; Zip Code 1007 Green Meadow Dr.  Round Rock, TX 78664	Amount of Contribution (\$) \$100.00
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 Total pages Schedule A1:</b> Sch: 2/3 Rpt: 5/12
<b>2 FILER NAME</b> Richardson, James		<b>3 Filer ID</b>
<b>4 Date</b> 06/15/2020	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Rodney (Mr.)	<b>7 Amount of Contribution (\$)</b> \$100.00
<b>6 Contributor address; City; State; Zip Code</b> 1386 Riverfront  Bullhead City, AZ 86442		
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>
<b>Date</b> 02/01/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Tim (Mr.)	<b>Amount of Contribution (\$)</b> \$200.00
<b>Contributor address; City; State; Zip Code</b> 1727 Warwick Way  Cedar Park, TX 78613		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/18/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Manly, Walt (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
<b>Contributor address; City; State; Zip Code</b> 16621 Spotted Eagle Dr.  Leander, TX 78641		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 06/20/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Paul (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
<b>Contributor address; City; State; Zip Code</b> 8908 Splitarrow  Austin, TX 78717		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/26/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ordway, Jay (Mr.)	<b>Amount of Contribution (\$)</b> \$1,000.00
<b>Contributor address; City; State; Zip Code</b> 406 Oloms Dr.  Leander, TX 78641		
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
2 FILER NAME Richardson, James		3 Filer ID
4 Date 02/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendley, Michael & Lois  6 Contributor address; City; State; Zip Code 108 Ken Pelland Cv  Liberty Hill, TX 78642	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Stronger PAC  Contributor address; City; State; Zip Code 3550 Lakeline Blvd. Box 1507  Leander, TX 78641	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 7/12		2 FILER NAME Richardson, James		3 Filer ID
4 Date 01/29/2020		5 Payee name Anedot Inc		
6 Amount (\$) \$40.30		7 Payee address; City; State; Zip Code 1340 Poydras St. Suite #1770  New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to process online contribution.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 02/01/2020		Payee name Anedot Inc		
Amount (\$) \$8.30		Payee address; City; State; Zip Code 1340 Poydras St. Suite #1770  New Orleans, LA 70112		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to process online contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 02/18/2020		Payee name Anedot Inc		
Amount (\$) \$4.30		Payee address; City; State; Zip Code 1340 Poydras St. Suite #1770  New Orleans, LA 70112		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for processing online donations.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# 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.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 8/12		2 FILER NAME Richardson, James		3 Filer ID	
4 Date 01/08/2020		5 Payee name Anedot Inc			
6 Amount (\$) \$2.30		7 Payee address; City; State; Zip Code 1340 Poydras St. Suite #1770  New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for processing online contribution.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/06/2020		Payee name Anedot Inc			
Amount (\$) \$2.30		Payee address; City; State; Zip Code 1340 Poydras St. Suite #1770  New Orleans, LA 70112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for processing online contributions.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/10/2020		Payee name Carter, Charles			
Amount (\$) \$1,085.00		Payee address; City; State; Zip Code 234 Old Oaks Dr.  Georgetown, TX 78633			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign placement and installation.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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: 3/4 Rpt: 9/12	<b>2</b> FILER NAME Richardson, James	<b>3</b> Filer ID
<b>4</b> Date 01/31/2020	<b>5</b> Payee name Cornelius, Bob (Mr.)	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 12600 Avery Ranch Blvd #737  Cedar Park, TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Table rental
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 02/19/2020	Payee name Eagle Office Products & Printing	
Amount (\$) \$14.02	Payee address; City; State; Zip Code 221 Texas Ave, 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 Badge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/03/2020	Payee name Eagle Office Products & Printing	
Amount (\$) \$14.02	Payee address; City; State; Zip Code 221 Texas Ave, 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 Name tag
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# 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.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 10/12		2 FILER NAME Richardson, James		3 Filer ID	
4 Date 02/20/2020		5 Payee name Pinpoint Action			
6 Amount (\$) \$4,659.00		7 Payee address; City; State; Zip Code 280 Wekiva Springs Rd  Longwood, FL 98779			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, door hangers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 06/01/2020		Payee name Pinpoint Action			
Amount (\$) \$3,205.00		Payee address; City; State; Zip Code 280 Wekiva Springs Rd.  Longwood, FL 32779			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(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 Related	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule K: Sch: 1/2 Rpt: 11/12
2 FILER NAME Richardson, James		3 Filer ID
4 Date 01/31/2020	5 Name of person from whom amount is received Austin Telco Federal Credit Union	8 Amount (\$) <span style="float: right;">\$0.49</span>
6 Address of person from whom amount is received; City; State; Zip Code 8929 Shoal Creek Blvd  Austin, TX 78757		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Account Dividend		
Date 02/29/2020	Name of person from whom amount is received Austin Telco Federal Credit Union	Amount (\$) <span style="float: right;">\$0.59</span>
Address of person from whom amount is received; City; State; Zip Code 8929 Shoal Creek Blvd  Austin, TX 78757		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Account Dividend		
Date 03/31/2020	Name of person from whom amount is received Austin Telco Federal Credit Union	Amount (\$) <span style="float: right;">\$0.53</span>
Address of person from whom amount is received; City; State; Zip Code 8929 Shoal Creek Blvd  Austin, TX 78757		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Account Dividend		
Date 04/30/2020	Name of person from whom amount is received Austin Telco Federal Credit Union	Amount (\$) <span style="float: right;">\$0.49</span>
Address of person from whom amount is received; City; State; Zip Code 8929 Shoal Creek Blvd  Austin, TX 78757		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Account Dividend		
Date 05/31/2020	Name of person from whom amount is received Austin Telco Federal Credit Union	Amount (\$) <span style="float: right;">\$0.50</span>
Address of person from whom amount is received; City; State; Zip Code 8929 Shoal Creek Blvd  Austin, TX 78757		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Account Dividend		

**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: 2/2 Rpt: 12/12
<b>2</b> FILER NAME Richardson, James		<b>3</b> Filer ID
<b>4</b> Date 06/30/2020	<b>5</b> Name of person from whom amount is received Austin Telco Federal Credit Union	<b>8</b> Amount (\$) \$0.36
	<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 Bank Account Dividend		<input type="checkbox"/> Check if political contribution returned to filer