

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 (Ethics Commission Filers) N/A | 2 Total pages filed: 6. Six |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR _____ FIRST James MI Joel NICKNAME _____ LAST Newland SUFFIX _____ | OFFICE USE ONLY Date Received 2016 OCT 11 PM 2:59 RECEIVED Date Hand-delivered or Date Postmarked | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 416 Victoria st. Laredo, TX. 78040 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (956) 286-7937 _____ | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR _____ FIRST James MI Joel NICKNAME _____ LAST Newland SUFFIX _____ | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | Date Processed | |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 416 Victoria st. Laredo. TX. 78040 | | Date Imaged | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (956) 286-7937 _____ | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 08/19/2016 THROUGH 10/11/2016 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11/08/2016 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) N/A | 13 OFFICE SOUGHT (if known) Laredo City Council 8 District | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME James Joel Newland

15 Filer ID (Ethics Commission Filers)
N/A

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

Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ N/A

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ N/A

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ N/A

4. TOTAL POLITICAL EXPENDITURES \$ 355⁵⁰

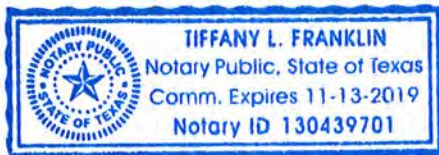
**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ N/A

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ N/A

18 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.

James Joel Newland
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Joel Newland, this the 11th day of October, 20 16, to certify which, witness my hand and seal of office.

Tiffany L. Franklin Tiffany L. Franklin Deputy City Secretary IV
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule G: 3. THREE | 2 FILER NAME James Joel Newland | 3 Filer ID (Ethics Commission Filers) N/A |
| 4 Date 09-06-16 | 5 Payee name webb County Elections Administration | |
| 6 Amount (\$) \$ 35.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1110 Washington St. suite 103 P.O. BOX 29. Laredo, TX. 78042 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|---|
| Date 09-20-16 | Payee name Rapid print | |
| Amount (\$) \$ 93.10 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 820 San Bernardo, Laredo, TX. 78040 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expenses | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|---|
| Date 09-26-16 | Payee name Rapid print | |
| Amount (\$) \$ 15.70 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 820 San Bernardo, Laredo, TX. 78040 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expenses | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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| | | |
|--|--|--|
| 1 Total pages Schedule G: 3. THREE | 2 FILER NAME James Joel Newland | 3 Filer ID (Ethics Commission Filers) N/A |
| 4 Date 09-29-16 | 5 Payee name Rapidprint | |
| 6 Amount (\$) \$50 ⁰⁷ <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 820 San Bernardo Laredo, TX. 78040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|---|
| Date 09-29-16 | Payee name Hobby Lobby | |
| Amount (\$) \$35 ⁷⁹ <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2450 monarch Drive - Suite 101 Laredo, TX. 78045 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other OFFICE SUPPLIES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|---|
| Date 10-07-16 | Payee name Rapidprint | |
| Amount (\$) \$47 ³⁶ <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 820 San Bernardo Laredo, TX. 78040 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING SERVICES | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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| | | |
|--|--|--|
| 1 Total pages Schedule G: 3 THREE | 2 FILER NAME James Joel Newland | 3 Filer ID (Ethics Commission Filers) N/A |
| 4 Date 10-10-16 | 5 Payee name Rapid print | |
| 6 Amount (\$) \$ 78 48 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 820 San Bernardo. Laredo, TX. 7840 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expenses | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|--|
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|--|
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | Candidate / Officeholder name | Office sought Office held |

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME James Joel Newland 20 Filer ID (Ethics Commission Filers) N/A

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <u>0</u> |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <u>0</u> |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <u>0</u> |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ <u>0</u> |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <u>0</u> |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <u>0</u> |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <u>0</u> |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <u>0</u> |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <u>355.50</u> |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <u>0</u> |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <u>0</u> |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <u>0</u> |