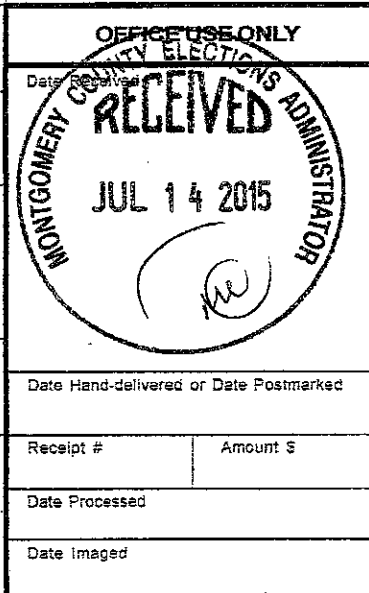


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>9</b> ✓
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
	<i>MR. James E.</i>		
	<i>Jimmy</i>	<i>Cox</i>	<i>JR.</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #.	CITY STATE; ZIP CODE
	<i>1819 Pin Oak Corne, Texas 77301</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(936)</i>	<i>672-9832</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
	<i>MRS.</i>	<i>Christie</i>	<i>M.</i>
	<i>Cassidy</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #.	CITY, STATE; ZIP CODE
	<i>1602 Woodhue Dr. Spring, Texas 77386</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(936)</i>	<i>203 - 5285</i>	
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
	<i>01</i>	<i>26</i>	<i>2015</i>
	THROUGH	Month	Day
		<i>06</i>	<i>30</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<i>3</i>	<i>1</i>	<i>2016</i>
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<i>Montgomery County Constable Precinct 2</i>	



GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Rep. James E. 15 Filer ID (Ethics Commission Filers)

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 145.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 654.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James E. Cox, Jr., this the 14th day of July, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Debbie EVERHART

Printed name of officer administering oath

Vote Registration Manager

Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Col. James E.*

20 Filer ID (Ethics Commission Filers)

*JK*

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>800<sup>00</sup></i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>482.78</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-0-</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>800<sup>00</sup></i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <i>145<sup>95</sup></i>
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 G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

COA, JAMES E. JR.

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/2015

5 Full name of contributor

CYNTHIA RICHARDSON

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

19211 CASPER DR. Spring, Texas 77373

8 Principal occupation / Job title (See Instructions)

OFFICE MANAGER

9 Employer (See Instructions)

Bingo Wonderland

Date

4/16/2015

Full name of contributor

Charles Richardson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

19211 CASPER DR. Spring, Texas 77373

Principal occupation / Job title (See Instructions)

ELECTRICIAN

Employer (See Instructions)

Self-Employed

Date

4/16/2015

Full name of contributor

Stephanie Bland

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1207 Carolyn Ct. Humble, Texas 77338

Principal occupation / Job title (See Instructions)

SECRETARY

Employer (See Instructions)

Bingo Wonderland

Date

4/16/2015

Full name of contributor

Francis Bland

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

914 E. Main Humble, Texas 77338

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Cox, James E. Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/10/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK WILLIAMS</b> 6 Contributor address; City; State; Zip Code <b>18853 Forest Lane Cir. New Caney, TX 77357</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Real Estate</b>		9 Employer (See Instructions) <b>SELF-EMPLOYED</b>
Date <b>5/11/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carla Hatfield</b> Contributor address; City; State; Zip Code <b>1307 Allendale Ludkin, TX 75904</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>5/11/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert Hatfield</b> Contributor address; City; State; Zip Code <b>1307 Allendale Ludkin, TX 75904</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>5/18/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Felix J and Ethel E. Williams</b> Contributor address; City; State; Zip Code <b>24538 Creek Bend Rd. Hockley, TX 77447-5179</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>
2 FILER NAME <i>Cox, James E. JR</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>-0-</b>
5 Date <b>3/18/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THURMAN MITES</i>	8 Amount of Contribution \$ <b>248.78</b> 9 In-kind contribution description <b>DINNER</b>
7 Contributor address; City; State; Zip Code <i>4665 Marshall Place Dr. Beaumont, TX 77706</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>RETIRED</b>
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)		

Date <b>4/9/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul R. Cassidy</i>	Amount of Contribution \$ <b>129.00</b>	In-kind contribution description <b>Clothing</b>
Contributor address; City; State; Zip Code <i>1602 Woodhue Dr Spring, TX 77386</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>LAW ENFORCEMENT</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>Montgomery County Texas</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <i>Con. James E. Sr.</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>-0-</b>	
5 Date <b>6/1/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN LAWLESS</i>	8 Amount of Contribution \$ <b>50<sup>00</sup></b>	9 In-kind contribution description <i>Business Cards</i>
7 Contributor address; City; State; Zip Code <i>16985 Scenic Knoll Dr. Conroe, TX 77385</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>LAW Enforcement</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Montgomery County Texas</i>	
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)			

Date <b>7/2/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul R. Cassidy</i>	Amount of Contribution \$ <b>55<sup>00</sup></b>	In-kind contribution description <i>Campaign Flyers</i>
Contributor address; City; State; Zip Code <i>1602 Woodhull Dr Springs, TX 77386</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>LAW Enforcement</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Montgomery County Texas</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>1</i>
2 FILER NAME <i>Cox, James E. Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>800<sup>00</sup></i>
5 Date of loan <i>4/29/15</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <i>JAMES E. COX JR.</i>	9 Loan Amount (\$) <i>800<sup>00</sup></i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code  <i>1819 PINDAK CONDOE, TX 77301</i>	10 Interest rate <i>-0-</i>
		11 Maturity date <i>00/00/0000</i>
12 Principal occupation / Job title (See Instructions) <i>LAW ENFORCEMENT</i>		13 Employer (See Instructions) <i>Montgomery County Texas</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>CON. James E. Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/4/15</i>	<b>5</b> Payee name <i>Amelia Weber</i>	
<b>6</b> Amount (\$) <i>100<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>6210 Cotton Spring Way Spring, TX 77379</i>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Photography (other)</i>	<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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CON. James E. Jr</i> Office sought: <i>Montgomery County Constable Precinct 2</i> Office held:	
Date <i>6/11/15</i>	Payee name <i>Verizon Wireless</i>	
Amount (\$) <i>45.95</i>	Payee address; City; State; Zip Code <i>P.O. Box 5029 Wallingford, Ct. 06942</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>other (Telephone)</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>CON. James E. Jr</i> Office sought: <i>Montgomery County Constable Precinct 2</i> Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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