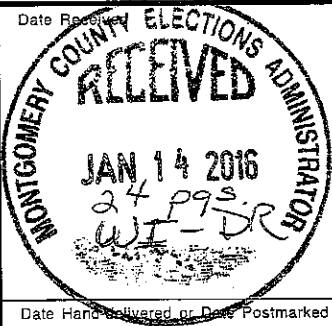


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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>24</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr. James E.</b>		
	NICKNAME LAST SUFFIX <b>Jimmy Cox Jr.</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1819 Pin Oak Drive Conroe, TX 77301</b>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(936) 672-9832</b>	Date Hand-Delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs. Christie M.</b>	Receipt #	Amount \$
	NICKNAME LAST SUFFIX <b>Cassidy</b>	Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1602 Woodhull Drive Spring, TX 77386</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(936) 203-5285</b>		
9 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01 / 01 / 2015</b> THROUGH <b>12 / 31 / 2015</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 1 / 2016</b>	ELECTION TYPE <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) <b>Montgomery County Precinct 2 (Constable Office)</b>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Cox, James E. Jr.

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

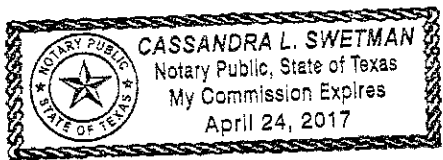
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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	\$ 1152.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14898.24
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 708.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 11505.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3392.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 E. Cox Jr.  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James E. Cox, Jr., this the 14 day of January, 2016, to certify which, witness my hand and seal of office.

Cassandra L. Swetman      Cassandra L. Swetman      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>James E. Cowan</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12611.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1134.89</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <del>0</del>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <del>0</del>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>11505.26</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <del>0</del>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <del>0</del>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <del>0</del>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <del>0</del>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <del>0</del>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

James E. Cox Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/15

5 Full name of contributor

Carolyn Packard

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

7 Amount of contribution (\$)

214.00

6 Contributor address;

City; State; Zip Code

1303 W. Semards Conroe, TX 77301

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/15

Full name of contributor

Felix Lewandowski

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

Amount of contribution (\$)

65.00

Contributor address;

City; State; Zip Code

16546 Edgefield Ln. Conroe, TX 77302

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor

Mark Watson

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

Amount of contribution (\$)

60.00

Contributor address;

City; State; Zip Code

3518 Woods Estates Dr. Conroe, TX 77304

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: 8

2 FILER NAME

*James E. Cox Jr.*

3 Filer ID (Ethics Commission Filers)

4 Date

*9/12/15*

5 Full name of contributor

*Jodi Ruonavaara*

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

6 Contributor address; City; State; Zip Code

*210210 Briar Timber Porter, TX 77365*

7 Amount of contribution (\$)

*300.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*9/12/15*

Full name of contributor

*Jennifer McCain*

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

Contributor address; City; State; Zip Code

*24317 Reed Rd Montgomery, TX 73106*

Amount of contribution (\$)

*420.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/12/15*

Full name of contributor

*Nick Weiss*

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

Contributor address; City; State; Zip Code

*16889 Aceolade Way Conroe, TX 77385*

Amount of contribution (\$)

*325.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*9/12/15*

Full name of contributor

*Kenneth Schelstecker*

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

Contributor address; City; State; Zip Code

*1303 W Semands Conroe, TX 77301*

Amount of contribution (\$)

*345.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: **8**

2 FILER NAME

**James E. Cox Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/12/15**

5 Full name of contributor

**Kim Michel**

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

7 Amount of contribution (\$)

**150.00**

6 Contributor address;

City; State; Zip Code

**2015 N. Thompson Court, TX 77301**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**9/12/15**

Full name of contributor

**Judd Carter**

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

Amount of contribution (\$)

**120.00**

Contributor address;

City; State; Zip Code

**17050 Stearns Rd Grangerland, TX 77306**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/12/15**

Full name of contributor

**Gene Stanley**

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

Amount of contribution (\$)

**60.00**

Contributor address;

City; State; Zip Code

**8827 Black Horse Rd Baytown, TX 77523**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/12/15**

Full name of contributor

**Brittany Knight**

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

Amount of contribution (\$)

**80.00**

Contributor address;

City; State; Zip Code

**9878 Wing St. Court, TX 77385**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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:

8

2 FILER NAME

James E. Cox Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/15

5 Full name of contributor

James Burgess

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

7 Amount of contribution (\$)

435.00

6 Contributor address; City; State; Zip Code

345 Ridgelake Scenic Dr. Montgomery, TX 77116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/15

Full name of contributor

Henry Lovelady

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

Amount of contribution (\$)

825.00

Contributor address; City; State; Zip Code

853 Zedoreek Rd Lufkin, TX 75904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor

Bryan Foster

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

Amount of contribution (\$)

240.00

Contributor address; City; State; Zip Code

622 Fountain Lilly Dr. Humble, TX 77346

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor

Cody Thomas

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

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

111 Sunset Trail College Station, TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: 8

2 FILER NAME

James E. Cox Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

8/11/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Martha Goswell

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

10018 Knobcok Dr. #8 Houston, TX 77080

8 Principal occupation / Job title (See Instructions)

Housewife

9 Employer (See Instructions)

Date

8/14/15

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

John Striednig

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

14415 Sandalfoot St. Houston, TX 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/13/15

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

Jamie Dowling

Amount of contribution (\$)

2000.00

Contributor address; City; State; Zip Code

2056 Sundance Pkwy  
#7103 New Braunfels TX 78130

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Date

9/12/15

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

Duane Ham

Amount of contribution (\$)

75.00

Contributor address; City; State; Zip Code

168 Lake Point Blvd Montgomery, TX 73556

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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: **8**

2 FILER NAME **James E. Cox Jr.** 3 Filer ID (Ethics Commission Filers)

4 Date <b>9/12/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Mills</b>	7 Amount of contribution (\$) <b>380.00</b>
6 Contributor address; City; State; Zip Code <b>13137 Massey Rd Conroe, TX 77306</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>9/12/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tanya Cox</b>	Amount of contribution (\$) <b>400.00</b>
Contributor address; City; State; Zip Code <b>2056 Sundance Pkwy #7103 New Braunfels, TX 78130</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>9/12/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Dowling</b>	Amount of contribution (\$) <b>4030.00</b>
Contributor address; City; State; Zip Code <b>2056 Sundance Pkwy #7103 New Braunfels, TX 78130</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>9/12/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Danny Walker</b>	Amount of contribution (\$) <b>340.00</b>
Contributor address; City; State; Zip Code <b>1820 Pin Oak Dr. Conroe, TX 77301</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**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:

8

2 FILER NAME

James E. Cox Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/15

5 Full name of contributor

Thurman Miles

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

7 Amount of contribution (\$)

125.00

6 Contributor address;

City; State; Zip Code

4665 Marshall Place Beaumont, TX 77706

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/15

Full name of contributor

Randy Robb

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

Amount of contribution (\$)

225.00

Contributor address;

City; State; Zip Code

PO Box 1085 Kemah, TX 77565

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor

Johnny Lawless

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

Amount of contribution (\$)

65.00

Contributor address;

City; State; Zip Code

160 PR 7281 DeBerry, TX 75639

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor

Brad Curtis

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

Amount of contribution (\$)

130.00

Contributor address;

City; State; Zip Code

13231 Stillwater Ct. Montgomery, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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:

8

2 FILER NAME

James E. Cox Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/15

5 Full name of contributor

Lyn Dix

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

7 Amount of contribution (\$)

60.00

6 Contributor address; City; State; Zip Code

15539 Arrowhead Loop Willis, TX 77378

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/12/15

Full name of contributor

Ashley Lawless

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

Amount of contribution (\$)

65.00

Contributor address; City; State; Zip Code

16985 Scenic Knoll Court, TX 77385

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor

Misty Nedrow

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

Amount of contribution (\$)

112.00

Contributor address; City; State; Zip Code

PO Box 204 Cource, TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/15

Full name of contributor

Floyd Stewart

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

Amount of contribution (\$)

65.00

Contributor address; City; State; Zip Code

1913 Ed Harbot Dr. Cource, TX 77301

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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>5</b>	
2 FILER NAME <b>James E. Cox Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>11/14/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	8 Amount of Contribution \$ <b>49.15</b>	9 In-kind contribution description <b>Advertising Expense</b>
7 Contributor address; City; State; Zip Code <b>1819 Pin Oak Dr. Conroe, TX 77301</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Law Enforcement</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Precinct 4 Constable</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>9/18/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	Amount of Contribution \$ <b>73.00</b>	In-kind contribution description <b>Food expense</b>
Contributor address; City; State; Zip Code <b>1819 Pin Oak Dr. Conroe, TX 77301</b>		<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>Precinct 4 Constable</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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5</b>	
2 FILER NAME <b>James E. Cox Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>12/11/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	8 Amount of Contribution \$ <b>25.81</b>	9 In-kind contribution description <b>Event Expense</b>
7 Contributor address; City; State; Zip Code <b>1819 PinOak Dr. Conroe, TX 77301</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Law Enforcement</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Precinct 4 Constable</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>12/11/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	Amount of Contribution \$ <b>99.50</b>	In-kind contribution description <b>Event Expense</b>
Contributor address; City; State; Zip Code <b>1819 PinOak Dr Conroe, TX 77301</b>		<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>Precinct 4 Constable</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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5</b>	
2 FILER NAME <b>James E. Cox Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>12/11/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	8 Amount of Contribution \$ <b>15.16</b>	9 In-kind contribution description <b>Event Expense</b>
7 Contributor address; City; State; Zip Code <b>1819 Pin Oak Dr. Conroe, TX 77301</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Law Enforcement</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Precinct 4 Constable</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>12/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	Amount of Contribution \$ <b>41.89</b>	In-kind contribution description <b>Advertising Expense</b>
Contributor address; City; State; Zip Code <b>1819 Pin Oak Dr. Conroe, TX 77301</b>		<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>Precinct 4 Constable</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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5</b>	
2 FILER NAME <b>James E. Cox Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>9/12/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anna Jessica Thompkins</b>	8 Amount of Contribution \$ <b>56.24</b>	9 In-kind contribution description <b>Fundraiser event supplies</b>
7 Contributor address; City; State; Zip Code <b>182 CR 3698 Springtown, TX 76082</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Housewife</b>		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)			
Date <b>7/21/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	Amount of Contribution \$ <b>64.95</b>	In-kind contribution description <b>Business cards</b>
Contributor address; City; State; Zip Code <b>1819 Pin Oak Dr. Conroe, TX 77301</b>		<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>Precinct 4 constable</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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>5</b>	
2 FILER NAME <b>James E. Cox Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>7/9/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Stratton</b>	8 Amount of Contribution \$ <b>145.00</b>	9 In-kind contribution description <b>Flyers</b>
7 Contributor address; City; State; Zip Code <b>10963 Collier Cemetery Rd Montgomery TX 77316</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Director</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Help 4 Timeshare Owners</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>9/16/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James E. Cox Jr.</b>	Amount of Contribution \$ <b>21.65</b>	In-kind contribution description <b>Name Tags</b>
Contributor address; City; State; Zip Code <b>1819 Pin Oak Drive Conroe, TX 77301</b>		<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>Precinct 4 Constable</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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>5</b>	
2 FILER NAME <b>James E. Cox Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>9/12/15</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlie Bertani</b>	8 Amount of Contribution \$ <b>512.51</b>	9 In-kind contribution description <b>food for fundraiser</b>
7 Contributor address; City; State; Zip Code <b>2400 FM 19600 Houston, TX 77073</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>owner</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 8	<b>2</b> FILER NAME James E. Cox Jr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/29/15	<b>5</b> Payee name Wrap Stars	
<b>6</b> Amount (\$) 395.00	<b>7</b> Payee address; City; State; Zip Code 1603 Rayford Rd Spring, TX 77380	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: James E. Cox Jr. Office sought: Montgomery city Pet 2 Constable Office held: None	
Date 10/1/15	Payee name TX GOP State	
Amount (\$) 3358.46	Payee address; City; State; Zip Code 404 145 South Huntsville, TX 77340	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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: James E. Cox Jr. Office sought: Montgomery City Pet 2 Constable Office held: None	
Date 12/3/15	Payee name Montgomery County LEAP Magazine	
Amount (\$) 225.00	Payee address; City; State; Zip Code 28 Silver Creek Conroe, TX 77301	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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: James E. Cox Jr. Office sought: Montgomery city Pet 2 Constable Office held: None	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>James E. Cox Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7/15/15</b>	5 Payee name <b>TicketPrinting.com</b>	
6 Amount (\$) <b>94.20</b>	7 Payee address; City; State; Zip Code <b>275 Central Avenue Harlowton, MT 59036</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Event Expense</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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>7/27/15</b>	Payee name <b>Christin Duhon</b>	
Amount (\$) <b>90.00</b>	Payee address; City; State; Zip Code <b>3300 N. Loop 336 W. #736 Conroe, Tx 77304</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>8/10/15</b>	Payee name <b>Deluxe Small Business</b>	
Amount (\$) <b>48.45</b>	Payee address; City; State; Zip Code <b>3680 Victoria St. N. Shoreview, MN 55126</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Office Supply</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: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	

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# POLITICAL EXPENDITURES MADE 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>James E. Cox Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/12/15</b>	5 Payee name <b>Vince Ross</b>	
6 Amount (\$) <b>450.00</b>	7 Payee address; City; State; Zip Code <b>210 Springs Edge Dr. Montgomery, TX 77356</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Event Expense</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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pat 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>8/18/15</b>	Payee name <b>Conroe Shooting Center &amp; Gun Emporium</b>	
Amount (\$) <b>3563.00</b>	Payee address; City; State; Zip Code <b>11400 FM 2854 Conroe, TX 77304</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fundraising Event 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pat 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>7/9/15</b>	Payee name <b>Deluxe Small Business</b>	
Amount (\$) <b>160.65</b>	Payee address; City; State; Zip Code <b>3280 Victoria St. W. Shoreview, MN 55126</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>office supply</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: <b>James E. Cox Jr. Montgomery City Pat 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	

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# POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME James E. Cox Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 8/14/15	5 Payee name TX GDP Store	
6 Amount (\$) 527.72	7 Payee address; City; State; Zip Code 404 145 South Huntsville TX 77340	
8 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: James E. Cox Jr. Office sought: Montgomery City Pet 2 Constable Office held: None	
Date 9/10/15	Payee name Michael Pagel	
Amount (\$) 197.68	Payee address; City; State; Zip Code 1727 Bombridge Springs TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	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: James E. Cox Jr. Office sought: Montgomery City Pet 2 Constable Office held: None	
Date 9/17/15	Payee name Uline	
Amount (\$) 79.07	Payee address; City; State; Zip Code 12575 Uline Drive Pleasant Prairie, WI 53158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Event Expense	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: James E. Cox Jr. Office sought: Montgomery City Pet 2 Constable Office held: None	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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: 8	<b>2</b> FILER NAME James E. Cochr.	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/17/15	<b>5</b> Payee name Vista print	
<b>6</b> Amount (\$) 198.99	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: James E. Cochr. Office sought: Montgomery Cty Pct 2 Constable Office held: None	
Date 9/18/15	Payee name Amazon	
Amount (\$) 29.66	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising Event Expense	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: James E. Cochr. Office sought: Montgomery Cty Pct 2 Constable Office held: None	
Date 11/18/15	Payee name Montgomery County Republican Party	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 310 Metcalf St. Conroe, TX 77301	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Filing Fees	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: James E. Cochr. Office sought: Montgomery Cty Pct 2 Constable Office held: None	

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# POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>James E. Cox Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/7/15</b>	5 Payee name <b>Hobby Lobby</b>	
6 Amount (\$) <b>58.23</b>	7 Payee address City; State; Zip Code <b>501 Sawdust Rd Spring, Tx 77386</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Event Expense</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>9/11/15</b>	Payee name <b>CNS</b>	
Amount (\$) <b>12.17</b>	Payee address; City; State; Zip Code <b>Rayford Rd Spring, Tx 77386</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>fundraising event 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>9/11/15</b>	Payee name <b>Arne's</b>	
Amount (\$) <b>74.79</b>	Payee address; City; State; Zip Code <b>2830 Hicks St. Houston, Tx 77007</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fundraising Event 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>James E. Cox Jr.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/7/15</b>	5 Payee name <b>Arne's</b>	
6 Amount (\$) <b>495.21</b>	7 Payee address; City; State; Zip Code <b>2830 Hicks St. Houston, TX 77007</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Event Expense</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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>9/12/15</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>53.02</b>	Payee address; City; State; Zip Code <b>1319 W. Davis St. Conroe, TX 77304</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	
Date <b>10/17/15</b>	Payee name <b>Wal Mart</b>	
Amount (\$) <b>38.45</b>	Payee address; City; State; Zip Code <b>1025 Sawdust Rd Spring, TX 77380</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Storage boxes 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>James E. Cox Jr. Montgomery City Pet 2 Constable</b> Office sought: <b>None</b> Office held: <b>None</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8      2 FILER NAME: James E. Cochr.      3 Filer ID (Ethics Commission Filers):

4 Date: 12/22/15      5 Payee name: Montgomery County Police Reporter

6 Amount (\$): 225.00      7 Payee address; City; State; Zip Code: PO Box 8116 Conroe, TX 77302

8 PURPOSE OF EXPENDITURE: Advertising Expense

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description:  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: James E. Cochr. Montgomery City Pet 2 Constable None

Candidate / Officeholder name: James E. Cochr. Montgomery City Pet 2 Constable      Office sought: None      Office held: None

Date: 12/7/15      Payee name: Home Depot

Amount (\$): 55.84      Payee address; City; State; Zip Code: Spring, TX

PURPOSE OF EXPENDITURE: Advertising Supplies

Category (See Categories listed at the top of this schedule): Advertising Supplies

Description:  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: James E. Cochr. Montgomery City Pet 2 Constable None

Candidate / Officeholder name: James E. Cochr. Montgomery City Pet 2 Constable      Office sought: None      Office held: None

Date: 11/30/15      Payee name: Office Depot

Amount (\$): 74.67      Payee address; City; State; Zip Code: Spring, TX

PURPOSE OF EXPENDITURE: Printing expense

Category (See Categories listed at the top of this schedule): Printing expense

Description:  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: James E. Cochr. Montgomery City Pet 2 Constable None

Candidate / Officeholder name: James E. Cochr. Montgomery City Pet 2 Constable      Office sought: None      Office held: None

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED