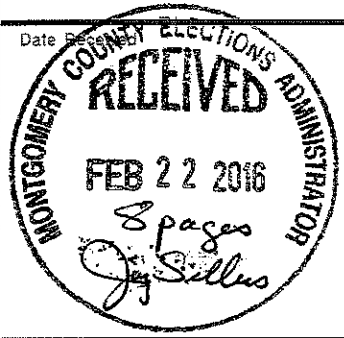


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>MR. JAMES E.</i>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <i>Jimmy Cox</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1819 PINOAK DR CONROE TX 77301</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 672-9832</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>MRS. CHRISTIE M.</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) 203-5285</i>		Receipt # Amount \$ Date Processed Date Imaged
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     Month Day Year <i>01 / 16 / 2016</i> THROUGH <i>02 / 20 / 2016</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 02 / 2016</i>	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) <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  
*MR. JAMES E "JIMMY" COX*

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

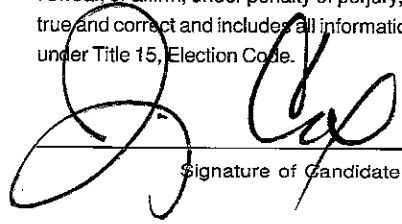
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 265.49
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2570.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 340.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 265.49

18 AFFIDAVIT

ANNA MARIE MEDINA  
Notary ID #1001792-9  
My Commission Expires  
December 12, 2018

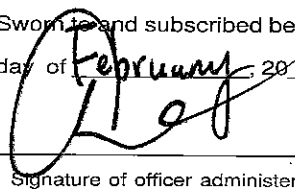
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James E. "Jimmy" Cox, this the 22nd day of February, 2016, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Anna Marie Medina

Printed name of officer administering oath

Notary State of Texas

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 75 <sup>00</sup>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 265.49
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2570 <sup>00</sup>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 265.49
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
1

2 FILER NAME 3 Filer ID (Ethics Commission Filers)  
*JAMES E. "JIMMY" COX*

4 Date <i>02/18/2016</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRI NICOL HUFF</i>	7 Amount of contribution (\$)  <i>75<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>Montgomery Texas 77316</i>		

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

Date	Full name of contributor <input type="checkbox"/> 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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

JAMES E "Jimmy" Cox

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 265.49

5 Date of loan

01/31/16

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

JAMES E. "Jimmy" Cox

9 Loan Amount (\$)

265.49

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

1819 PIN OAK DR CONROE TX 77301

10 Interest rate

- 0 -

11 Maturity date

DNA

12 Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

13 Employer (See Instructions)

MONTGOMERY COUNTY TEXAS

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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 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>2</b>	2 FILER NAME <b>JAMES E. Jimmy Cox</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>02 04 2016</b>	5 Payee name <b>THE CONROE COURIER</b>	
6 Amount (\$) <b>880<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>P.O. Box 609 CONROE TEXAS 77301</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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 Jimmy Cox</b> Office sought: <b>Montgomery County Constable</b> Office held: <b>Constable Precinct 2</b>	
Date <b>02 19 2016</b>	Payee name <b>KSTAR Country Radio</b>	
Amount (\$) <b>990<sup>00</sup></b>	Payee address; City; State; Zip Code <b>West 14887 TX-105 #101 Montgomery, Texas 77356</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 Jimmy Cox</b> Office sought: <b>Montgomery County Constable</b> Office held: <b>Constable Precinct 2</b>	
Date <b>02 15 2016</b>	Payee name <b>Montgomery County Police Reporter</b>	
Amount (\$) <b>450<sup>00</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 8116 Conroe, TEXAS 77302</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 Jimmy Cox</b> Office sought: <b>Montgomery County Constable</b> Office held: <b>Constable Precinct 2</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.

<b>1</b> Total pages Schedule F1: <p style="text-align:center">2</p>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center">02 01 2016</p>	<b>5</b> Payee name <p style="text-align:center">Montgomery County Life Style "MC LEAP" Magazine</p>	
<b>6</b> Amount (\$) <p style="text-align:center">250<sup>00</sup></p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center">28 Silver Creek Conroe Texas 77301</p>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p>	
	<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 <p style="text-align:center">JAMES E "Jimmy"</p>	Office sought <p style="text-align:center">Montgomery County Constable</p>
	Office held <p style="text-align:center">Precinct 2</p>	

<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	
	<b>Description</b> <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	

<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	
	<b>Description</b> <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	

**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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>JAMES E "Jimmy" Cox</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01-31-16</b>	5 Payee name <b>JAMES E "Jimmy" Cox</b>	
6 Amount (\$) <b>265.49</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1819 PIN OAK DR COROE TX 77301</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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 "Jimmy" Cox</b>	Office sought <b>Montgomery County Constable 2</b>
		Office held <b>Montgomery Co Constable Prec 2</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED