

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |   |
|---|---|---|---|
| The C/OH Instruction Guide explains how to complete this form.                                      |   | <b>1</b> Filer ID (Ethics Commission Filers)<br><div style="font-size: 1.2em; font-family: monospace;">12345678</div> | <b>2</b> Total pages filed:<br><div style="font-size: 1.2em; font-family: monospace;">6</div>   |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br><div style="font-size: 1.2em; font-family: monospace;">Mr. Parnell</div>  |   | <div style="border: 2px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b><br/><br/>           Date Received      Filed<br/> <div style="font-size: 1.2em; font-family: monospace;">4</div> Day of <div style="font-size: 1.2em; font-family: monospace;">Jan</div> 20 <div style="font-size: 1.2em; font-family: monospace;">19</div><br/>           Time <div style="font-size: 1.2em; font-family: monospace;">7:50</div> AM<br/> <b>KATHY E. VAN WOLFE</b><br/>           Elections Administrator<br/>           McLennan County, Texas<br/>           By <div style="font-size: 1.2em; font-family: monospace;">Knapch</div><br/>           Deputy         </div> |
|   | NICKNAME      LAST      SUFFIX<br><div style="font-size: 1.2em; font-family: monospace;">McNamara</div>   |   |   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><div style="font-size: 1.2em; font-family: monospace;">6401 Rock Creek Rd<br/>Waco, Tx 76708</div>  |   |   |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em; font-family: monospace;">(254) 717-5393</div>   |   |   |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br><div style="font-size: 1.2em; font-family: monospace;">Mr. David</div>  |   | Receipt #      Amount \$  |
|   | NICKNAME      LAST      SUFFIX<br><div style="font-size: 1.2em; font-family: monospace;">Dickson</div>  |   | Date Processed  |
|   |   |   | Date Imaged   |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><div style="font-size: 1.2em; font-family: monospace;">220 South Fourth Street<br/>Waco, Tx 76701</div>  |   |   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><div style="font-size: 1.2em; font-family: monospace;">(254) 776-5550</div>   |   |   |
| <b>9</b> REPORT TYPE  | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> |   |   |
| <b>10</b> PERIOD COVERED  | Month      Day      Year           Month      Day      Year<br><div style="font-size: 1.2em; font-family: monospace;">07 / 01 / 18      THROUGH      12 / 31 / 18</div>   |   |   |
| <b>11</b> ELECTION  | <div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE<br/>           Month      Day      Year<br/> <div style="font-size: 1.2em; font-family: monospace;">11 / 01 / 2016</div> </div> <div style="flex: 2;">           ELECTION TYPE<br/> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary<br/><input checked="" type="checkbox"/> General             </div> <div> <input type="checkbox"/> Runoff<br/><input type="checkbox"/> Special             </div> <div> <input type="checkbox"/> Other Description             </div> </div> </div> </div>   |   |   |
| <b>12</b> OFFICE  | OFFICE HELD (if any) <b>13</b> OFFICE SOUGHT (if known)<br><br><div style="font-size: 1.2em; font-family: monospace;">Sheriff, McLennan County</div>  |   |   |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Parnell McNamara (Mr.)*

15 Filer ID (Ethics Commission Filers)

*12345678*

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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

\$

*40.00%*

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*0.00*

EXPENDITURE  
TOTALS

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

\$

*0.00*

4. TOTAL POLITICAL EXPENDITURES

\$

*1,501.96*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

*-2.41*

OUTSTANDING  
LOAN TOTALS

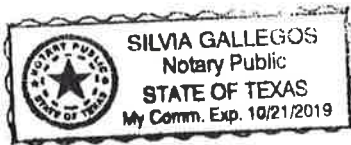
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

*11,000.00*

18 AFFIDAVIT

X



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.

X

*Parnell McNamara*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Parnell McNamara*, this the *4* day of *January*, 20 *19*, to certify which, witness my hand and seal of office.

*Silvia Gallegos*  
Signature of officer administering oath

*Silvia Gallegos*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Parnell McNamara (Mr.)

20 Filer ID (Ethics Commission Filers)

12345678

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |              |
|-----|---|--------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 40.00     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ —         |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ —         |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 11,000.00 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 1,501.96  |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ —         |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ —         |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ —         |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ —         |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ —         |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ —         |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ —         |

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Parnell McNamara (Mr.)

3 Filer ID (Ethics Commission Filers)

12345678

4 TOTAL OF UNITEMIZED LOANS

\$ 11,000.00%

5 Date of loan

6-17-16

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Parnell McNamara

9 Loan Amount (\$)

11,000.00%

6 Is lender a financial Institution?

Y N

8 Lender address;

City; State; Zip Code

9031 Rock Creek Rd, Waco, TX 76708

10 Interest rate

0.00

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Sheriff

13 Employer (See Instructions)

McLennan County

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 (\$)

☒ not applicable

18 Guarantor address;

City; State; Zip Code

0.00

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 (\$)

☐ not applicable

Guarantor address;

City; State; Zip Code

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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br><b>2</b>                       | 2 FILER NAME<br><b>Parnell McNamara (Mr.)</b>   | 3 Filer ID (Ethics Commission Filers)<br><b>12345678</b>  |
| 4 Date<br><b>7-6-2018</b>                                    | 5 Payee name<br><b>EA Photography</b>   |   |
| 6 Amount (\$)<br><b>920.95//</b>                             | 7 Payee address; City; State; Zip Code<br><b>Universal Photographic Services, LLC<br/>3186 E. La Palma Ave.<br/>Anaheim, CA 92806</b> |   |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9-10-2018</b>                                   | Payee name<br><b>Republican Club of McLennan County</b>                                      |   |
| Amount (\$)<br><b>\$45.00//</b>                            | Payee address; City; State; Zip Code<br><b>P.O. Box 24238, Waco, Tx 76702</b>                |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                      | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>9-11-2018</b>                                   | Payee name<br><b>SLEAMC</b>   |   |
| Amount (\$)<br><b>\$500.00//</b>                           | Payee address; City; State; Zip Code<br><b>P.O. Box 23475<br/>Waco, Tx 76702</b>  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                      | Category (See Categories listed at the top of this schedule)<br><b>Contribution/Donations<br/>(Scholarship Program)</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1: <b>2</b>        | 2 FILER NAME<br><b>Parnell McNamara (Mr.)</b>   | 3 Filer ID (Ethics Commission Filers)<br><b>12345678</b>  |
| 4 Date <b>7-1-18</b><br><b>to 12-31-18</b> | 5 Payee name<br><b>Community Bank &amp; Trust</b>   |   |
| 6 Amount (\$)<br><b>\$36.01//</b>          | 7 Payee address; City; State; Zip Code<br><b>P.O. Box 2303</b><br><b>Waco, Texas 76703</b>  |   |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Banking Expenses</b>   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |   |
| Date                                       | Payee name  |   |
| Amount (\$)                                | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>      | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____   |   |
| Date                                       | Payee name  |   |
| Amount (\$)                                | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>      | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____   |   |
| Date                                       | Payee name  |   |
| Amount (\$)                                | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>      | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____   |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**