

CANDIDATE / OFFICEHOLDER DAILY PRE-ELECTION REPORT

FORM DAILY-C C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	Date Received			
	MR.	JAMES	M.	<p>FILED FOR RECORD AT 3:05 P M NOV 02 2016 KARA SANDS CLERK COUNTY CLERK NUECES COUNTY, TEXAS BY _____ DEPUTY</p>			
NICKNAME	LAST	SUFFIX					
	"MIKE"	PUSLEY		Date Hand-delivered on _____ Date Postmarked _____			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	3916 Castle Valley Dr. Corpus Christi TX 78410						
5 OFFICE SOUGHT	Nueces County Commissioner, Pct. 1					Receipt #	Amount \$
						Date Processed	
						Date Imaged	

2016-168

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME
JAMES "MIKE" PUSLEY

3 Filer ID (Ethics Commission Filers)

4 Date
11/2/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Rebecca Bradford

7 Amount of contribution (\$) **\$500.00**

6 Contributor address; City; State; Zip Code
5701 Oso Parkway / Corpus Christi / TX / 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/2/2016

Full name of contributor out-of-state PAC (ID#: _____)
Robert Corrigan

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code
318 Chenoweth Dr. / Corpus Christi / TX / 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/2/2016

Full name of contributor out-of-state PAC (ID#: _____)
William Utter

Amount of contribution (\$) **\$100.00**

Contributor address; City; State; Zip Code
5513 Sarazen Dr. / Corpus Christi / TX / 78413

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.