

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Mike</i>	MI
	NICKNAME	LAST <i>Magee</i>	SUFFIX
OFFICE USE ONLY			
Date Received			
JAN 11 2016			
Date Hand-delivered or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<i>1001 Log Cabin Trail San Angelo, TX 76905</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(325)</i>	<i>234-1243</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Dean</i>	MI
	NICKNAME	LAST <i>McIntyre</i>	SUFFIX
Receipt # Amount \$			
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<i>13301 Door Key Rd San Angelo, TX 76904</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(325)</i>	<i>234-7711</i>	
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
	<i>07 / 01 / 2015</i>		<i>12 / 31 / 2015</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<i>03 / 01 / 2016</i>			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Mike Magee **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.

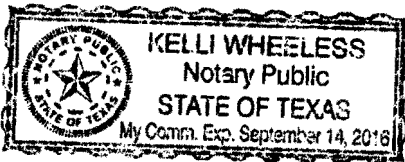
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 955.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,605.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 2.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,268.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 334.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Mike Magee
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Magee, this the 11th day of Jan, 20 16, to certify which, witness my hand and seal of office.

Kelli Wheelless Kelli Wheelless Notary Public
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>Mike Magee</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>2,650.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,268.94</i>
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	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Mike Magee		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Beverly Dendel 6 Contributor address; City; State; Zip Code 5417 Bluegrass San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce Burrows Contributor address; City; State; Zip Code 76 E 40th San Angelo, TX 76903	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Haltmann Contributor address; City; State; Zip Code PO Box 53, Vancourt, TX 76955	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/3/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Gully Contributor address; City; State; Zip Code 2904 Phinney Rd, Mereta, TX 76940	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Mike Magee**

3 Filer ID (Ethics Commission Filers)

4 Date
11/3/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Jesse Higgins
6 Contributor address; City; State; Zip Code
6421 Sykes Circle, San Angelo, TX 76905

7 Amount of contribution (\$)
300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/3/2015

Full name of contributor out-of-state PAC (ID#: _____)
Douglas Wilde
Contributor address; City; State; Zip Code
3134 Old Eola Rd, San Angelo, TX 76905

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/3/2015

Full name of contributor out-of-state PAC (ID#: _____)
Calvin & Deborah Boatright
Contributor address; City; State; Zip Code
11354 Pate Farm Rd, San Angelo, TX 76905

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/3/2015

Full name of contributor out-of-state PAC (ID#: _____)
D.K. McIntyre
Contributor address; City; State; Zip Code
7345 S. Rattlett Rd, San Angelo, TX 76904

Amount of contribution (\$)
100.00

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: **5**

2 FILER NAME **Mike Magee**

3 Filer ID (Ethics Commission Filers)

4 Date
11/3/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Randy Gully
6 Contributor address; City; State; Zip Code
6318 FM 380, San Angelo, TX 76905

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/3/2015

Full name of contributor out-of-state PAC (ID#: _____)
Jeffrey Schwartz
Contributor address; City; State; Zip Code
1750 Blackwood Rd, San Angelo, TX 76905

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/3/2015

Full name of contributor out-of-state PAC (ID#: _____)
Charles Mikeska
Contributor address; City; State; Zip Code
PO Box 651, San Angelo, TX 76902

Amount of contribution (\$)
150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/3/2015

Full name of contributor out-of-state PAC (ID#: _____)
Dale & Jacqueline Droll
Contributor address; City; State; Zip Code
1026 Abernathy, San Angelo, TX 76905

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Mike Magee**

3 Filer ID (Ethics Commission Filers)

4 Date **11/3/2015**

5 Full name of contributor out-of-state PAC (ID#: _____)
Travis Dusek
 6 Contributor address; City; State; Zip Code
7189 FM 2334, San Angelo, TX 76905

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **11/3/2015**

Full name of contributor out-of-state PAC (ID#: _____)
Sally & Ralph Keller Meador
 Contributor address; City; State; Zip Code
5002 N. Helwig Rd, Miles, TX 76861

Amount of contribution (\$)
150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/2/2015**

Full name of contributor out-of-state PAC (ID#: _____)
Earl & Mosty Chapman
 Contributor address; City; State; Zip Code
1413 US87 South, San Angelo, TX 76904

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/13/2015**

Full name of contributor out-of-state PAC (ID#: _____)
Danny & Karla Kiser
 Contributor address; City; State; Zip Code
3605 Country Club Rd, San Angelo, TX 76904

Amount of contribution (\$)
500.00

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: **5**

2 FILER NAME **Mike Magee**

3 Filer ID (Ethics Commission Filers)

4 Date **12/22/2015**

5 Full name of contributor out-of-state PAC (ID#: _____)
Doug Phillips

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
PO Box 950, San Angelo, TX 76902

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **12/22/2015**

Full name of contributor out-of-state PAC (ID#: _____)
Mr. & Mrs Clayton Friend

Amount of contribution (\$)

Contributor address; City; State; Zip Code
PO Box 50, Meneta, TX 76940

100.00

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)

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

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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: <i>2</i>	2 FILER NAME <i>Mike Magee</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-2-2015</i>	5 Payee name <i>Company Printing</i>	
6 Amount (\$) <i>106.08</i>	7 Payee address; City; State; Zip Code <i>3419 Knickerbocker Rd, San Angelo, TX 76904</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(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: _____ Office sought: _____ Office held: _____	
Date <i>11-12-2015</i>	Payee name <i>Republican Party</i>	
Amount (\$) <i>375.00</i>	Payee address; City; State; Zip Code <i>215 S. Koenigheim St., San Angelo, TX 76903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	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: _____ Office sought: _____ Office held: _____	
Date <i>11-25-2015</i>	Payee name <i>Lone Star Media</i>	
Amount (\$) <i>986.31</i>	Payee address; City; State; Zip Code <i>1011 N. Frio Street, San Antonio, TX 78207</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	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: _____ 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 | 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: <i>2</i>	2 FILER NAME <i>Mike Magee</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-09-2015</i>	5 Payee name <i>Company Printing</i>	
6 Amount (\$) <i>702.49</i>	7 Payee address; City; State; Zip Code <i>3419 Knickerbocker Rd, San Angelo, TX 76904</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(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 Office sought Office held	

Date <i>12-09-2015</i>	Payee name <i>Lone Star Media</i>		
Amount (\$) <i>1,099.06</i>	Payee address; City; State; Zip Code <i>1011 N. Frio Street, San Antonio, TX 78207</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	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 Office sought 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	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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