

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <b>MW</b>	FIRST <b>James</b>	MI <b>E.</b>
	NICKNAME <b>Jimmy</b>	LAST <b>Calaway</b>	SUFFIX <b>Sr.</b>
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX <b>Rt 4 Box 146</b>	APT / SUITE #	CITY, STATE, ZIP CODE <b>Victoria TX 77904</b>
5 CAMPAIGN TREASURER NAME	TITLE <b>Ms.</b>	FIRST <b>Jamie</b>	MI <b>S.</b>
	NICKNAME	LAST <b>Calaway</b>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY, STATE, ZIP CODE <b>492 Bambi Rt 4 Box 147 Victoria TX 77904</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>573-2281</b>	EXTENSION
8 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)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01/01/96    02/01/96</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>03/12/96</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) <b>-</b>	12 OFFICE SOUGHT (if known) <b>constable pct 2</b>	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box, Apt / Suite #, City, State, Zip Code		

**GO TO PAGE 2**


**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

14 C/OH NAME James E. "Jimmy" Calaway Sr. 15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S) \*\* This listing includes political expenditures 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. \*\*

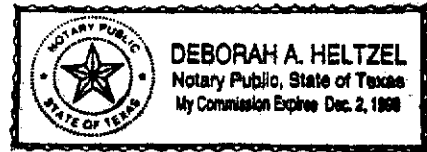
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY  Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). <u>UNLESS ITEMIZED</u> ✓	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. <u>UNLESS ITEMIZED</u>	\$ <del>500.00</del> 252.64
	4. TOTAL POLITICAL EXPENDITURES	\$ 752.64
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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



James Calaway Sr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James E. Calaway Sr. this the 12<sup>th</sup> day of February 19 96, to certify which, witness my hand and seal of office.

Deborah A. Heltzel Deborah A. Heltzel Notary Public  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>James E. Calaway Sr.</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1-15-96</u>	5 Full name of contributor <u>Tom Tyng</u> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <u>\$50</u>	8 In-kind contribution description (if applicable) <u>CSN</u>
6 Contributor address: City: State: Zip Code <u>1001 W. North Victoria TX 77901</u>			
9 Principal occupation		10 Employer (optional)	
Date <u>1-15-96</u>	Full name of contributor <u>Red Top Ranch T.S. Clements</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$200</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>Box 3987 Victoria TX 77903</u>		<u>CR13590</u>	
Principal occupation <u>Ranching</u>		Employer (optional)	
Date <u>1-15-96</u>	Full name of contributor <u>B&amp;B Metal Buildings Mike Bludau</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>Rt 4 Box 148-A Victoria TX 77904</u>		<u>CR9966</u>	
Principal occupation		Employer (optional)	
Date <u>1-16-96</u>	Full name of contributor <u>Ruschhaupt &amp; Son</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$50</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>8971 Lower Mission Valley Rd Victoria TX 77905</u>		<u>CR1717</u>	
Principal occupation		Employer (optional)	
Date <u>1-24-96</u>	Full name of contributor <u>T.S. Clements Jr</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>PO Box 3987 Victoria TX 77903</u>		<u>CR 220</u>	
Principal occupation <u>Ranching</u>		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**
**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>James E. "Jimmy" Calaway Sr.</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1-3-96</u>	5 Payee name <u>Victoria County Election Admin. Office</u> 6 Payee address: City, State Zip Code <u>111 N. Glass Victoria TX 77901</u> 7 Purpose of expenditure <u>maps</u>	8 Amount (\$) <u>\$8.00</u> <u>CR 6539</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>1-11-96</u>	Payee name <u>Anchor Lumber Yard</u> Payee address: City, State Zip Code <u>307 W. Water St. Victoria TX 77901</u> Purpose of expenditure <u>sign stakes</u>	Amount (\$) <u>\$45.22</u> <u>CR 6557</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>1-11-96</u>	Payee name <u>Kids Print Shop</u> Payee address: City, State Zip Code <u>1103 Sam Houston Dr. Victoria TX 77901</u> Purpose of expenditure <u>campaign cards &amp; posters</u>	Amount (\$) <u>\$409.67</u> <u>CR 6558</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>1-15-96</u>	Payee name <u>Signs by Watts / Willie Watts</u> Payee address: City, State Zip Code <u>707 Hiller Victoria TX 77901</u> Purpose of expenditure <u>campaign sign (painted)</u>	Amount (\$) <u>\$200.00</u> <u>CR 6564</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>1-15-96</u>	Payee name <u>Victoria County Election Admin. Office</u> Payee address: City, State Zip Code <u>111 N. Glass Victoria TX 77901</u> Purpose of expenditure <u>lists of pct 2 voters</u>	Amount (\$) <u>\$89.75</u> <u>CR 6565</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

