

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 filers)	2 Total pages filed 2
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mr	FIRST James	MI E
	NICKNAME Jimmy	LAST Cataway	SUFFIX Sr.
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX Rt 4 Box 146	APT / SUITE #	CITY, STATE, ZIP CODE Victoria TX 77904
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE M135	FIRST Jamie	MI S
	NICKNAME	LAST Cataway	SUFFIX
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE Rt 4 Box 147 492 Bambi Victoria TX 77904		
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 573-2281	EXTENSION 575-5512
8 REPORT TYPE	<input 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 checked="" 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 2 / 2 / 96 3 / 31 / 96		
10 ELECTION	ELECTION DATE Month Day Year 3 / 12 / 96	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)	12 OFFICE SOUGHT (if known) Constable Pct 2	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>-- 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. --</p> <p>Name</p> <p>Address / PO Box, Apt / Suite #, City, State, Zip Code</p>		
<input type="checkbox"/> additional pages			

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

additional pages

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) UNLESS ITEMIZED \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *859.00*

EXPENDITURE
TOTALS

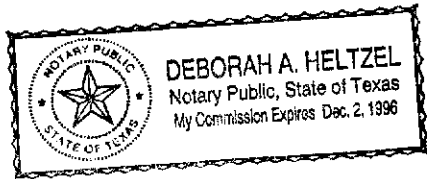
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ *1313.27*

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
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *James Calaway*, this the *4th* day of *March*, 19 *96*, to certify which, witness my hand and seal of office.

Deborah A. Heltzel
Signature of officer administering oath

Deborah A. Heltzel
Print name of officer administering oath

Notary Public
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:	
2 FILER NAME <i>James E. "Jimmy" Calaway, Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/8/96</i>	5 Full name of contributor <i>Steve McManus</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$500</i> <i>CR 1742</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>PO Drawer 510 Victoria TX 77902</i>			
9 Principal occupation <i>Attorney</i>		10 Employer (optional) <i>SELF</i>	
Date <i>2/14/96</i>	Full name of contributor <i>Bette Noble</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>6009 J Country Club Victoria TX 77904 CR 4302</i>			
Principal occupation <i>—</i>		Employer (optional) <i>—</i>	
Date <i>2/23/96</i>	Full name of contributor <i>James M. Mori</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$25</i> <i>CR 1615</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>1005 Northgate Rd. Victoria TX 77904</i>			
Principal occupation <i>Plumbing</i>		Employer (optional) <i>SELF</i>	
Date <i>3/1/96</i>	Full name of contributor <i>Darrell Hester</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$49</i> <i>CR 10311</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>341 Hester Rd Victoria TX 77905</i>			
Principal occupation		Employer (optional) <i>Self</i>	
Date <i>3/1/96</i>	Full name of contributor <i>B.J. Means</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$160</i> <i>CR 2530</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>242 Reimann Victoria TX 77904</i>			
Principal occupation		Employer (optional) <i>Self</i>	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME James E. "Jimmy" Calaway		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/29/96	5 Full name of contributor Tom Piwetz <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 1017 Northgate Rd Victoria TX 77901 CK 15714			
9 Principal occupation Self		10 Employer (optional) Self	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code			
Principal occupation		Employer (optional)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME James E. "Jimmy" Calaway, Sr.		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/9/96	5 Payee name Kids Print Shop	8 Amount (\$) 170.95
	6 Payee address: City, State Zip Code 1103 Sam Houston Dr. Victoria Tx 77901	<input checked="" type="checkbox"/> Reimbursement from political contributions intended OK 6617
	7 Purpose of expenditure Campaign mailers (1500)	
Date 2/13/96	Payee name Victoria Jaycees	Amount (\$) \$10.00
	Payee address: City, State, Zip Code POB 2255 Victoria TX 77902	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure Parade entry	
Date 2/11/96	Payee name Sutherland Lumber	Amount (\$) \$23.60
	Payee address: City, State, Zip Code 5602 John Stockbauer Dr. Victoria TX 77904	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure T-posts for signs	
Date 2/9/96	Payee name Professional Signs & Graphics	Amount (\$) 355.57
	Payee address: City, State, Zip Code 1407 Alma Victoria TX 77901	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure 6 - 4x4 signs	
Date 2/15/96	Payee name Professional Signs & Graphics	Amount (\$) 64.65
	Payee address: City, State, Zip Code 1407 Alma Victoria TX 77901	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure 2 - 2x8 signs	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			SCHEDULE G
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:	
2 FILER NAME <i>James E. "Jimmy" Calaway Jr.</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>2/26/96</i>	5 Payee name <i>US Post Office</i>	8 Amount (\$) <i>242.07</i>	
6 Payee address: City, State, Zip Code <i>MAN ST. Victoria TX 77902</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
7 Purpose of expenditure <i>Bulk mailing</i>			
Date <i>2/14/96</i>	Payee name <i>Anchor Lumber Yard</i>	Amount (\$) <i>15.07</i>	
Payee address: City, State, Zip Code <i>307 W. Water Victoria TX 77901</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Purpose of expenditure <i>48" pointed lathe (signage)</i>			
Date <i>3/29/96</i>	Payee name <i>Victoria Advocate</i>	Amount (\$) <i>347.00</i>	
Payee address: City, State, Zip Code <i>POB 1581 Victoria TX 77904</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Purpose of expenditure <i>advertising - display</i>			
Date <i>3/21/96</i>	Payee name <i>Victoria Advocate</i>	Amount (\$) <i>84.36</i>	
Payee address: City, State, Zip Code <i>POB 1581 Victoria TX 77902</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended	
Purpose of expenditure <i>Advertising - Classified</i>			
Date	Payee name	Amount (\$)	
Payee address: City, State, Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended	
Purpose of expenditure			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			