

# 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:** 1

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX	
<i>Jimmy</i>	<i>January Sr</i>	Date Received
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
<input type="checkbox"/> Change of Address	<i>112 Rankin Veterans Rd</i>	<i>4/18/08</i>
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount
	<i>(512) 234-3344</i>	Date Processed
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI	Date Imaged
	NICKNAME LAST SUFFIX	
	<i>John</i>	

<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	<i>112 Rankin Veterans Rd Veterans Rd</i>

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION
	<i>(512) 234-3344</i>

<b>9 REPORT TYPE</b>	<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)

<b>10 PERIOD COVERED</b>	Month Day Year THROUGH Month Day Year
	<i>12/10/07 THROUGH 01/15/08</i>

<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE
	Month Day Year	
	<i>02/14/08</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>
	<i>State Representative</i>	<i>State Representative</i>

<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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
<input type="checkbox"/> additional pages	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

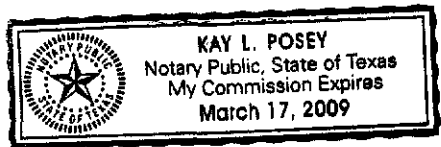
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT # (Ethics Commission Filers)</b>
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of 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. **	
	<b>COMMITTEE TYPE :</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ NA
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ NA
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ NA
	4. TOTAL POLITICAL EXPENDITURES	\$ NA
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ NA
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ NA

**19 AFFIDAVIT**



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.

*James Calaway*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Calaway, this the 18<sup>th</sup> day of January, 2008, to certify which, witness my hand and seal of office.

<u>Kay L. Posey</u> Signature of officer administering oath	<u>Kay L. Posey</u> Printed name of officer administering oath	<u>Notary Public</u> Title of officer administering oath
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages this Schedule B:	
<b>2</b> FILER NAME			<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES:     ⇨   ⇨   ⇨   ⇨   ⇨   ⇨				\$
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>7</b> Pledgor address;            City; State; Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)	
<i>(If travel outside of Texas, complete Schedule T)</i>				
<b>10</b> Principal occupation / Job title (See Instructions)			<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
<i>(If travel outside of Texas, complete Schedule T)</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
<i>(If travel outside of Texas, complete Schedule T)</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
<i>(If travel outside of Texas, complete Schedule T)</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;            City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
<i>(If travel outside of Texas, complete Schedule T)</i>				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

<i>The Instruction Guide explains how to complete this form.</i>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y           N	<b>8</b> Lender address;   City;   State;   Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;   City;   State;   Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  ..... 6 Payee address;                      City;    State;    Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9            .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
Date	Payee name  ..... Payee address;                      City;    State;    Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held

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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 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name ..... 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name ..... Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  ..... 6 Payee address;           City; State; Zip Code  7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name  ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name  ..... Payee address;           City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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**CREDITS (optional)**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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