

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Constable James E. Calaway Sr.

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

N/A

** 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1604.52

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 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.

James Calaway
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES E. CALAWAY SR. on the 15th day of JAN. 2000, to certify which, witness my hand and seal of office.

Frances Young
Signature of officer administering oath

Frances Young
Print name of officer administering oath

Title of officer administering oath

**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

Constable James E. Calaway

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12/21/99</u>	5 Payee name <u>Kirk's Print shop</u>	8 Amount (\$) <u>CR 2643</u> <u>341.15</u>
	6 Payee address; City; State; Zip Code <u>1103 Seum Houston Victoria TX 77901</u>	
7 Purpose of expenditure <u>push cards (5000) & (500) posters</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>12/27/99</u>	Payee name <u>Elections Admin. Office</u>	Amount (\$) <u>CR 2648</u> <u>112.74</u>
	Payee address; City; State; Zip Code <u>111 N. Glass Victoria TX 77901</u>	
Purpose of expenditure <u>List of Pct 2 registered voters</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/11/00</u>	Payee name <u>Office Max</u>	Amount (\$) <u>CR 2684</u> <u>123.99</u>
	Payee address; City; State; Zip Code <u>7708 NE Zac Lentz Pkway Victoria TX 77904</u>	
Purpose of expenditure <u>paper & mailing labels</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/14/00</u>	Payee name <u>Anchor Lumber Yard</u>	Amount (\$) <u>CR 2689</u> <u>32.76</u>
	Payee address; City; State; Zip Code <u>307 W. Water Victoria TX 77901</u>	
Purpose of expenditure <u>sign stakes</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>1/14/00</u>	Payee name <u>Republican Campaign</u>	Amount (\$) <u>CR 2644</u> <u>50.00</u>
	Payee address; City; State; Zip Code <u>40 Don Truman Victoria TX</u>	
Purpose of expenditure <u>Victoria Livestock Show Booth</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/30/99	Election Admin. Office 111 N. Glass Victoria TX 77901	Labels list	32.88
1/14/00	Graphic Masters 1701 N. Ben Jordan Victoria TX 77901	Signs	611.00 CR 2693
12/16/00	Election Admin Republican Campaign 90 Don Truman Victoria TX 77901	Filing Fee	300.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED