

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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Constable James E
NICKNAME LAST SUFFIX
Jimmy Calaway Sr.

OFFICE USE ONLY
Date Received
FEB 18 2000
Receipt #
HD / PM Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
513 Bambi Victoria TX 77904

Cy. 1:30 p.m.

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mrs Jamie S
NICKNAME LAST SUFFIX
Calaway-McElroy

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
401 Waterford Dr Victoria TX 77901

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 573-2281

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 16 / 00 THROUGH 02 / 14 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
03 / 14 / 00

11 OFFICE

OFFICE HELD (if any)
Constable Pct 2

12 OFFICE SOUGHT (if known)
same

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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
 additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME James E. Calaway Sr.

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

n/a

 additional pages

** 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

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.)

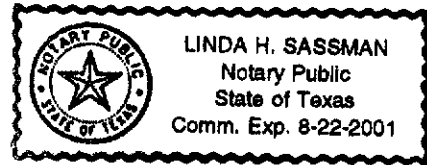
18 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>895.00</u>
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
4. TOTAL POLITICAL EXPENDITURES	\$ <u>259.16</u>
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Sr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Calaway Sr., this the 17th day of February, 2000, to certify which, witness my hand and seal of office.

Linda H. Sassman LINDA H. SASSMAN 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 A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME James E. Calaway, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/28/00	5 Full name of contributor Law Office of McManus & Crane <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 200 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 2206 Victoria, TX 201 W. Juan Linn 77902			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/28/00	Full name of contributor Jack Milam <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 45 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6605B N. Navarro Victoria TX 77904			
Principal occupation (Optional)		Employer (Optional)	
Date 1/28/00	Full name of contributor Ann Mary Vaughn Williams <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 319 HKR Ranch Rd Victoria TX 77904			
Principal occupation (Optional)		Employer (Optional)	
Date 1/28/00	Full name of contributor Robert Moncrief <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 106 Lamarak Victoria TX 77904			
Principal occupation (Optional)		Employer (Optional)	
Date 1/28/00	Full name of contributor J.R. Montag <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 215 Kirkwall Victoria TX 77904			
Principal occupation (Optional)		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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME James E. Calaway, Sr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/28/00	5 Full name of contributor J.S. Clements, Sr. <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Box 3987 Victoria TX 77903			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/28/00	Full name of contributor Kuschhaupt & Son <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8971 Lower Mission Valley Rd. Victoria TX 77905			
Principal occupation (Optional)		Employer (Optional)	
Date 2/1/00	Full name of contributor Linda & Avril Gassman <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 115 Lancelot #1 Victoria TX 77904			
Principal occupation (Optional)		Employer (Optional)	
Date 2/1/00	Full name of contributor Cole, Cole & Easley Investment Co. <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 200 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 302 W. Forrest St. Victoria TX 77901			
Principal occupation (Optional)		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 (Optional)		Employer (Optional)	

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POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Constable James E. Calaway Sr.</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>2/4/00</u>	5 Payee name <u>Victoria Livestock Show Parade</u> 6 Payee address; City; State; Zip Code <u>PO Box 5146 Victoria TX 77903</u>	7 Amount (\$) <u>10.00</u>
8 Purpose of expenditure <u>parade entry fee</u>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>Constable Pct 2</u> Office sought / held
Date	Payee name <u>Anderson Wilson Ward</u> Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / 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 Constable James E Calaway Sr		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/9/00	5 Payee name Lowes	8 Amount (\$) 25.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
6 Payee address; City; State; Zip Code 8602 N. Navarro Victoria TX 77904		
7 Purpose of expenditure staples & gun for yard signs		
Date 01/15/00	Payee name Lowes	Amount (\$) 22.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee address; City; State; Zip Code 8602 N. Navarro Victoria TX 77904		
Purpose of expenditure stakes		
Date 01/15/00	Payee name Lowes	Amount (\$) 36.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee address; City; State; Zip Code 8602 N. Navarro Victoria TX 77904		
Purpose of expenditure sign supplies		
Date 01/16/00	Payee name Lowes	Amount (\$) 27.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee address; City; State; Zip Code 8602 N. Navarro Victoria TX 77904		
Purpose of expenditure stakes		
Date 01/22/00	Payee name Dierrams	Amount (\$) 104.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Payee address; City; State; Zip Code 914 NE Water Victoria TX 77901		
Purpose of expenditure stakes		
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>Constable James Calaway</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/17/00</i>	5 Payee name <i>Anchor Lumber Yard</i>	8 Amount (\$) <i>32.76</i>
6 Payee address; City; State; Zip Code <i>307 W. Water Victoria TX 77901</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure <i>stakes</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

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