

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 <i>Constable James E.</i>	FIRST <i>James</i>	MI <i>E.</i>
	NICKNAME <i>Jimmy Calaway Sr.</i>	LAST <i>Calaway</i>	SUFFIX <i>Sr.</i>
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>513 Bambi Victoria TX 77904</i>	APT / SUITE #:	CITY: <i>Victoria TX</i>
	STATE: <i>TX</i>	ZIP CODE <i>77904</i>	Date Received <i>3/6/2000</i>
5 CAMPAIGN TREASURER NAME	TITLE	FIRST <i>Mrs Jamie S Calaway</i>	MI
	NICKNAME <i>McElroy</i>	LAST <i>Calaway</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>401 Waterford Victoria TX 77901</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE <i>(361)</i>	PHONE NUMBER <i>573-2281</i>	EXTENSION
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 <i>2</i>	Day <i>15</i>	Year <i>00</i>
	THROUGH		Month <i>3</i>
			Day <i>6</i>
			Year <i>00</i>
10 ELECTION	ELECTION DATE Month <i>3</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary
	Day <i>14</i>		<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
Year <i>00</i>			
11 OFFICE	OFFICE HELD (if any) <i>Constable Pct 2</i>	12 OFFICE SOUGHT (if known) <i>same</i>	
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. 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 \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 525.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 633.70

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

19 AFFIDAVIT

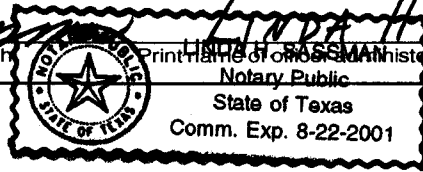
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

James Calaway Sr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES CALAWAY, this the 31 day of March, 2000, to certify which, witness my hand and seal of office.

Linda H. SASSMAN Signature of officer administering oath
Linda H. SASSMAN Print Name of Officer Administering Oath
NOTARY 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 <i>James Calaway Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/18/00</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>Tom Pinetz / Tom's Taxidermy</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1017 Northgate Victoria Tx 77904</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>2/16/00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Naruto Small Animal Clinic</i>	Amount of contribution (\$) <i>25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5009 Country Club Dr Victoria Tx 77904</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>2/28/00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Thurman & Hally Clements</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 3987 Victoria Tx 77903</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>2/27/00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Malcolm & Mary Sumbera</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>603 Levi Sloan Victoria Tx 77904</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>2/15/00</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>Dennis O'Connor Hewitt</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>One O'Connor Plaza, Ste 1100 Victoria, Tx 77901</i>			
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 EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

James Calaway Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11/00

5 Payee name

U.S. Postal Service

6 Payee address; City; State; Zip Code

Victoria TX 77901

8 Amount (\$)

406.22

7 Purpose of expenditure

bulk mailing

Reimbursement from political contributions intended

Date

2/24/00

Payee name

Walmart

Payee address; City; State; Zip Code

9002 N. Navarro Victoria TX 77904

Amount (\$)

9.24

Purpose of expenditure

paper items

Reimbursement from political contributions intended

Date

2/19/00

Payee name

Lowe's

Payee address; City; State; Zip Code

8602 N. Navarro Victoria TX 77904

Amount (\$)

6.29

Purpose of expenditure

staples for signs

Reimbursement from political contributions intended

Date

2/24/00

Payee name

Kid's Print Shop

Payee address; City; State; Zip Code

1103 Sam Houston Victoria TX 77901

Amount (\$)

211.95

Purpose of expenditure

promo fliers

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED