

**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	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	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 checked="" 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)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
10 ELECTION	ELECTION DATE	ELECTION TYPE	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
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		

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 **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	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)	\$ 350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 119.49
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.

DEBORAH A. HELTZEL
Notary Public, State of Texas
My Commission Expires Dec. 2, 1998

James Calaway Sr.
Signature of Candidate / Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Calaway, this the 15th day of July, 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. Calaway Sr.</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/14/96</i>	5 Full name of contributor <i>CJ McCollum</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable) <i>chk 1294</i>
6 Contributor address: City, State, Zip Code <i>POB 1458 Victoria TX 77902</i>			
9 Principal occupation <i>Retired Physician</i>		10 Employer (optional)	
Date <i>3/10/96</i>	Full name of contributor <i>La Ronda Apts / Robert Pickett</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable) <i>chk</i>
Contributor address: City, State, Zip Code <i>3606 N. Navarro Victoria TX 77901</i>			
Principal occupation		Employer (optional)	
Date <i>4/11/96</i>	Full name of contributor <i>Correctional Maintenance Inc</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable) <i>chk 3981</i>
Contributor address: City, State, Zip Code <i>506 Taos Victoria TX 77904</i>			
Principal occupation <i>Mike Coy</i>		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)	

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F 1
2 FILER NAME James E. Calaway		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/9/96	5 Payee name James E. Calaway	7 Amount (\$) 1764.48
6 Payee address, City, State, Zip Code Rt 4 Box 146 Victoria TX 77904		
8 Purpose of expenditure Reimbursement of expenditures from personal funds		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name James E. Calaway Office sought / held Pct 2 Constable
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
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

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 *James E. Calaway Jr.* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>3/10/96</i>	5 Payee name <i>Victoria Jay Cees</i> 6 Payee address: City, State, Zip Code <i>POB 2255 Victoria TX 77902</i> 7 Purpose of expenditure <i>advertising @ stock show</i>	8 Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
--------------------------	--	---

Date <i>3/18/96</i>	Payee name <i>300-On Office Supply</i> Payee address: City, State, Zip Code <i>4303 N. Navarro St B Victoria TX 77901</i> Purpose of expenditure <i>thank you notes</i>	Amount (\$) <i>7.98</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
------------------------	--	---

Date <i>3/17/96</i>	Payee name <i>Sutherland</i> Payee address: City, State, Zip Code <i>5602 John Stockbauer Victoria TX 77904</i> Purpose of expenditure <i>staples for Regma</i>	Amount (\$) <i>11.51</i> <input type="checkbox"/> Reimbursement from political contributions intended
------------------------	--	---

Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	--	---

Date	Payee name Payee address: City, State, Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
------	--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED