

**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
3 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>MR.</i>	FIRST <i>JAMES</i>	MI <i>E</i>
	NICKNAME <i>Jimmy</i>	LAST <i>CALAWAY</i>	SUFFIX <i>SR</i>
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
<input type="checkbox"/> Change of Address	<i>Rt 4 Box 146 Victoria TX 77904</i>		<i>Rec. 1-16-96 10:35 A.M C.F.</i>
5 CAMPAIGN TREASURER NAME	TITLE <i>MISS</i>	FIRST <i>JAMIE</i>	MI <i>S</i>
	NICKNAME	LAST <i>CALAWAY</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		
(Residence or business)	<i>492 Bambi RT 4 BOX 146 VICTORIA TX 77904</i>		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(512)</i>	<i>573-2281</i>	<i>575-5512 (work)</i>
8 REPORT TYPE	<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)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<i>12 / 06 / 95</i>		<i>12 / 31 / 95</i>
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <i>3 / 12 / 96</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	<i>N/A</i>	<i>Constable Prec 2 Victoria</i>	
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		
<i>N/A</i>	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

14 C/OH NAME

Mr James E. "Jimmy" 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 **

N/A

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

\$ *300⁰⁰*

OUTSTANDING
LOAN TOTALS

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

\$ *0*

19 AFFIDAVIT

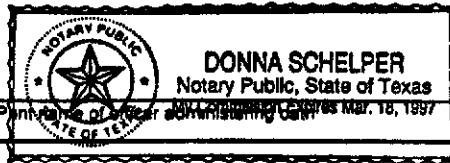
I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 16 day of JANUARY, 19 96, to certify which, witness my hand and seal of office.

Donna Schelper
Signature of officer administering oath



Notary Public
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: 1

2 FILER NAME:

James E. Calaway Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/6/95

5 Payee name

Victoria County Republican Party

8 Amount (\$)

\$300.00

6 Payee address: City: State Zip Code

1507 N. Ben Jordan Victoria TX 77901

7 Purpose of expenditure

Filing fee, constable pct 2 CRUC # 6485

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

