CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	OUNT# s Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST James	M E	OFFICE USE ONLY
NAME	NICKNAME CALAWAY	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS /PO BOX; APT / SUITE #; CITY; 513 Band: OL. L:ctoh.	STATE; ZIP CODE Z Tapes 77904	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 573-3327	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS MRS/MR FIRST Jamie MCE Iroy NICKNAME NICKNAME	MI S	Date Imaged
7 CAMPAIGN TREASURER : ADDRESS (Residence or business)	street address (no po box please); apt/suite#; 1402 Northside Rd. Vict	foria TX.	ZIP CODE 77904
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 573-2281	EXTENSION	-
9 REPORTTYPE	January 15 30th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 ELECTION	ELECTION DATE Month Day Year Primary Primary] Runoff	Seneral Special
12 OFFICE	Constable Precinct 2	3 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures Candidates are required to disclose this information only if t Name		
	Address / PO Box; Apt. / Sulte #; City; State; Zip Code		
additionat pages	ş.		
	GO TO PAGE 2	2	·

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jo	ames E.	Calaway	16 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of 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 N A				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 💍			
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM!	\$ <u></u>			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E ORTING PERIOD	\$ O			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* S			
AFFIX NOTARY STAME	P/SEAL ABOVE		perjury, that the accompanying report information required to be reported by didate of Officeholder			
Sworn to and subscrit	~ a	the saidtify which, witness my hand and seal of office.	this the day			
Signature of officer ad	the Hill	Margetta Hill	Notzry Title of officer administering oath			
Signatura provincal ad	manatering ozur		THE STORIGE COMMISSIONS COM			

		CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A	
	The Instruction	on Guide explains how to complete this form.		1 Total pages Schedule A:		
2	FILER NAM	James E. Calaw	ay	3 ACCOUNT # (Ett	nics Commission filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
		6 Contributor address; City; State; Zip Code			 	
	•			(If travel outside	of Texas, complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See	instructions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code				
				distance and accept de-	S. Tarrasa a consistente de Carbondolo Ti	
	Principal occu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)	
•	Date	Full name of contributor out-of-state PAC (#D#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code				
					of Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See I			
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code		 	·	
	,			(if travel outside o	f Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See II			
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code		 		
	Principal occu	pation / Job title (See Instructions)	(If travel outside on instructions)	f Texas, complete Schedule T)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.						

The Instruction Guide explains how to complete this form.			1 lotal pages this Schedule B:		
2 FILER NAM	James E. Calaway	/	3 ACCOUNT # (Ethics	s Commission filers)	
4 тоти	AL OF UNITEMIZED PLEDGES: ⇔	\$ \$ \$	\$	\$ _	
5 Date	6 Full name of pledgorout-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
			(if travel outside of	Texas, complete Schedule T)	
10 Principal occu	oation / Job title (See Instructions)	11 Employer (See li	nstructions)		
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code	•		Towns assumble Schools T	
Principal occur	pation / Job title (See Instruc-	Employer (See II	,	Texas, complete Schedule T)	
tions)					
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code	3	 (If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)		
Date	Full name of pledgorout-of-state PAC(ID#		Amount of pledge (\$)	In-kind description (if applicable)	
				Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See li	nstructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code	•]		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See is	nstructions)	:	
łf c	ATTACH ADDITIONAL COPIE ontributor is out-of-state PAC, please see instr			equirements.	

LOANS				SCHEDULE E	
The Instruction	Guide explains how to complete this fo	erm.	1 Total pages Scho	edule E:	
2 FILER NAME	James E. Cala	way	3 ACCOUNT # (Etf	hics Commission filers)	
4		+ + + +		\$ ()	
5 Date of loan)	9 Loan Amount (\$)			
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest rate	
Y N		4		11 Maturity date	
12 Principal occupatio	on / Job title (See Instructions)	13 Employer (See In	structions)		
14 Description of Collateral					
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)	
not applicable 17 Guarantor address; City; State; Zip Code					
19 Principal Occupation		20 Employer			
Date of loan	Name of lender	Out-of-state PAC (IO#:)	Loan Amount (\$)	
is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate	
Y . N				Maturity date	
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	ions)		
Description of Collate	əral				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City; State;	Zip Code			
Principal Occupation		Employer			
, If lend	ATTACH ADDITIONAL CO	•		quirements.	

	POLITIC	CAL EXPENDITURES			SCHEDU	ILE F
	The Instruct	tion Guide explains how to complete this form.		1 Total pages	s Schedule F:	
2	FILER NAME	James E. Calawo	ty	3 ACCOUNT	# (Ethics Commission fil	ers)
4	Date	5 Payee name	/		7 Amoui (\$)	nt.
		6 Payee address; City; State; Zip Code				
8	required.)	ment (See instructions regarding type of information a of Texas, complete Schedule T)	9 Complete if di Candidate / Officeholder d		to benefit C/OH •• Office sought	Office held
	Date	Payee name			Amour (\$)	nt
		Payee address; City; State; Zip Code				·
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di		to benefit C/OH •• Office sought	Office held
		a of Texas, complete Schedule T)	Canadate / Cincerords (aire	Cince sough	Onice Head
	Date	Payee name			Amour	ıt
		Payee address; City; State; Zip Code				
,	Purpose of pay required.)	ment (See instructions regarding type of information	Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
	(if travel outsi	de of Texas, complete Schedule T)				
	Date	Payee name			Amour (\$)	ŧ
		Payee address; City; State; Zip Code	, . ,		<u> </u>	
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder r		to benefit C/OH Office sought	Office held
	(If travel outside	e of Texas, complete Schedule T)	granda analas ang	٠ -		
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N	EEDED		

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G			
The Instruc	tion Guide explains how to complete this form.	1 Total pages Sche	dule G:			
2 FILER NAM	James E. Calaway 3 ACCOUNT#(E					
4 Date	5 Payee name 6 Payee address; City; State; Zip Code		8 Amount (\$)			
	Reimbursement from political contributions intended					
Date	Date Payee name Payee address; City; State; Zip Code					
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)					
Date	Payee name		Amount : (\$)			
	Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended			
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)			
	Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	Jired.)	Reimbursement from political contributions intended			
Date	Payee name Payee address; City; State; Zip Code	,	Amount (\$)			
	Purpose of expenditure (See instructions regarding type of information requi	ired.)	Reimbursement from politicat contributions intended			
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	S NEEDED .	ing state the engine y			

	PAYME! TO A BU		SCHEDULE H				
	The Instruct	on Guide explains how to complete this form.		1 Total pages Sche	edule H:		
2	FILER NAME	James E. Calaway	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ett	nics Commission filers)		
4	Date	5 Business name			7 Amount (\$)		
		6 Business address; City; State; Zip Code					
8	required.)	nent (See instructions regarding type of information 9	→ Complete Candidate / Officeho	s If direct expenditure Ider name	to benefit C/OH ** Office sought Office held		
	(If travel outside	of Texas, complete Schedule T)					
	Date	Business name			Amount (\$)		
		Business address; City; State; Zip Code					
	·						
	Pumaea of ania	nent (See instructions regarding type of information		. 10	4- h6t-C/OU -		
	required.)	nent (see instructions regarding type of information	Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held		
	(If travel outside	of Texas, complete Schedule T)					
	Date	Business name			Amount (\$)		
		Business address; City; State; Zip Code					
	Purpose of pay required.)	ment (See instructions regarding type of Information	•• Complete Candidate / Officeho	e if direct expenditure lder name	to benefit C/OH •• Office sought Office held		
	(If travel outside	of Texas, complete Schedule T)					
	Date	Business name			Amount (\$)		
		Business address; City; State; Zip Code					
	Purpose of pay required.)	ment (See instructions regarding type of information	Complete Candidate / Officeho	e if direct expenditure older name	to benefit C/OH ** Office sought Office held		
	(if travel outside of Texas, complete Schedule T)						
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

8 Amount (\$) ed.) Amount (\$)
ed.) Amount
ed.)
Amaunt (\$)
Amount (\$)
Amount (\$)

Texas Ethics Commission

CREDI	TS (optional)	· ·	SCHEDULE K
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedu	lle K:
2 FILER NAM	James E. Calaway	3 ACCOUNT # (Ethics	s Commission filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code	8	Amount (\$)
	7 Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
.'Date	Payor name : Payor address; City; State; Zip Code		Amount ː (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF THIS FOR	M AS NEEDED	

IN-KIND CON FOR TRAVEL		 -		EXPEND	ITURE	SCHEDULE T
The Instruction (Guide expla	ins how to comp	olete this form.		1 Total pages Schedule T	
2 FILER NAME J	ame:	5 E.C	'alaway		3 ACCOUNT # (Ethics	Commission filers)
4 Name of Contributor / 0	Corporation	or Labor Organiza	tion / Pledgor / Payer	3	, ,	
5 Contribution / Expendit	ture reported	on: Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Sche	edule H [Schedule N	Сон-пс	Сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name of	person(s) travelin	ng			
	8 Departur	e city or name of d	leparture location			
	9 Destination	on city or name of	destination location			
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Co	orporation or	Labor Organizatio	on / Pledgor / Payee			
Contribution / Expenditur	_	n:				
=	edule Å [edule H [Schedule B	Schedule C	Schedule		Schedule G
Dates of travel		erson(s) traveling	COH-UC	СОН-Т	PAC-C	PAC-E
	Departure c	ity or name of dep	arture location			
	Destination	city or name of de	stination location			****
Means of transportation		Purpose of travel	(including name of c	conference, semir	nar, or other event)	
	L					
Name of Contributor / Co	orporation or	Labor Organizatio	n / Pledgor / Payee			
Contribution / Expenditure		n: ==			·	
_	đule A	Schedule B Schedule N	Schedule C COH-UC	Schedule [Schedule F	Schedule G
		rson(s) traveling			L PAC-C	
1	Departure cit	ty or name of depa	arture location	- 1 1-	erya. +-	
	Destination o	ity or name of des	tination location	· · · · · · · · · · · · · · · · · · ·		
Means of transportation		Purpose of travel	(including name of c	onference, semin	ar, or other event)	
			;			
:	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

(512) 463-5800

	DES	IGNATION OF FINAL REPORT					
	The Ins	struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	AME	2 ACCOUNT # (Ethics Commission filers)				
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signature	of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER lete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	only one:					
		i do not have unexpended contributions or unexpended interest or income earner	d from political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Check	only one:					
		I do not retain assets purchased with political contributions or interest or oth contributions.	er income from political				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
L		Sig	nature of Candidate				
5		EHOLDER blete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder witreasurer on file. I am also aware that I will be required to file reports of unexpende I cease holding office, I retain assets purchased with political contributions or in political contributions.	ed contributions if, at the time				
		Sigr	nature of Officeholder				