

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3735

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	TITLE MR	FIRST CLEMENCE	MI M.
	NICKNAME "Bud"	LAST SCHAUERTE	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	8504 CIMA DAKLn, Austin TX 78737		
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST James	MI C.
	NICKNAME	LAST Logan	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #: CITY: STATE: ZIP CODE
	1200 San Antonio TX Austin 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 474-2900 / 476-8049			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15		
	<input type="checkbox"/> 30th day before election		
<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	
<input type="checkbox"/> Runoff		<input type="checkbox"/> Exceeded \$500 limit	
<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		<input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month	Day	Year
1 / 6 / 98		THROUGH	1 / 14 / 98
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
3 / 10 / 98		<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)
	NONE		TRAVIS County Clerk
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 NA		
	Address / PO Box: Apt / Suite #: City: State: Zip Code		

OFFICE USE ONLY

Date Received

FILED

JAN 15 2 03 PM '98

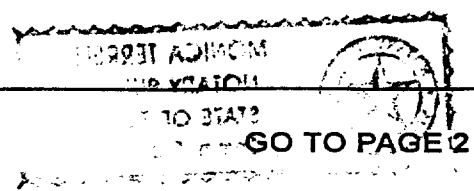
CLERK OF COURT
TRAVIS COUNTY, TEXAS

Receipt #

HD / PM

Date Processed
Jan. 15, 1998

Date Imaged



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

C.M. (Bud) Schauerte

15 ACCOUNT # (Ethics Commission filers)

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

GENERAL

SPECIFIC

COMMITTEE NAME

11A

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

\$

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

OUTSTANDING LOAN TOTALS

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

\$ 1,000.00

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.

C.M. Schauerte

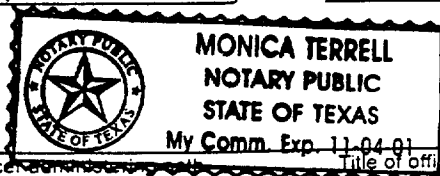
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *CM Schauerte* this the *15th* day of *January*, 19*98*, to certify which, witness my hand and seal of office.

Monica Terrell

Signature of officer administering oath



Print name of officer administering oath

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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation		10 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)	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation	Employer (optional)
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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

C. M. (Bud) SCHAUERTE

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 1000⁰⁰

5 Date of loan

JAN 6, 1999

7 Name of lender

C. M. SCHAUERTE (Candidate) out of state PAC

9 Loan Amount (\$)

1000⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

8501A CIMARRON LN. Austin TX 78759

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
.....		
6 Payee address; City; State; Zip Code		

8 Purpose of expenditure	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
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Date	Payee name	Amount (\$)
.....		
Payee address; City; State; Zip Code		

Purpose of expenditure	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
------------------------	------------------------------------------------------------------------------------------------------------

Date	Payee name	Amount (\$)
.....		
Payee address; City; State; Zip Code		

Purpose of expenditure	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
------------------------	------------------------------------------------------------------------------------------------------------

Date	Payee name	Amount (\$)
.....		
Payee address; City; State; Zip Code		

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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 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
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
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought / held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
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Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
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Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	------------------------------------------------------------------------------------------------	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	------------------------------------------------------------------------------------------------	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
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