

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3759

## 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: <b>3</b>
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Date Received	JAN 15 4 46 PM '98 JARA... COUNTY CLERK TRAVIS COUNTY, TEXAS

NAN  
 NORA CLAYTON  
 N

4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
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2909 Oak Lane Austin, TX 78704

5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	MD / PM

NAN  
 NORA CLAYTON  
 N

Amount  
 Date Processed: Jan 15, 1998  
 Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
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2909 Oak Lane, Austin, TX, 78704

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(512) 442-7103

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
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12 / 15 / 97 THROUGH 12 / 31 / 97

10 ELECTION	ELECTION DATE	ELECTION TYPE
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3 / 10 / 98  
 Primary  Runoff  General  Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
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NA TRAVIS COUNTY COMMISSIONER Pct 3

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	

NONE

additional pages

**GO TO PAGE 2**

FILED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

NAN CLAYTON

15 ACCOUNT # (Ethics Commission Bars)

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

additional pages

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)

\$ -

EXPENDITURE TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 1000<sup>00</sup>

OUTSTANDING LOAN TOTALS

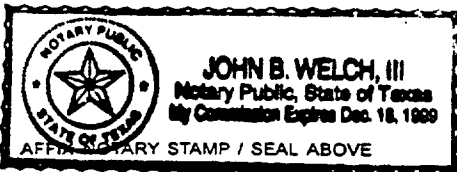
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4000<sup>00</sup>

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.

Nan Clayton  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said NAN CLAYTON this the 15 day of JAN 19 98, to certify which, witness my hand and seal of office.

John B. Welch III  
Signature of officer administering oath

John B Welch III  
Print name of officer administering oath

NOTARY  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

NAN CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/30/97

TRAVIS COUNTY DEMOCRATIC PARTY

6 Payee address; City: State; Zip Code

P.O. Box 684263, AUSTIN, TX 78768-4263

1000<sup>00</sup>

8 Purpose of expenditure

Filing FEE

9 -- 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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <span style="font-size: 2em; margin-left: 100px;">1</span>
2 FILER NAME <span style="font-size: 1.2em;">NAN CLAYTON (NORA N.)</span>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: <span style="margin-left: 100px;">⇨ ⇨ ⇨ ⇨ ⇨ ⇨</span>		\$ <span style="font-size: 1.2em;">4000<sup>00</sup></span>
5 Date of loan <span style="font-size: 1.2em;">12/30/97</span>	7 Name of lender <input type="checkbox"/> out of state PAC <span style="font-size: 1.2em;">BILLY M. CLAYTON</span>	9 Loan Amount (\$) <span style="font-size: 1.2em;">4000<sup>00</sup></span>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City: State: Zip Code <span style="font-size: 1.2em;">2909 CAK LANE, AUSTIN, TX 78704</span>	10 Interest rate <span style="font-size: 1.2em;">3.5%</span>
12 Description of Collateral <input checked="" type="checkbox"/> none		11 Maturity date <span style="font-size: 1.2em;">6/1/98</span>
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> 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 <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City: State: Zip Code	Interest rate
Description of Collateral <input type="checkbox"/> none		Maturity date
GUARANTOR INFORMATION <input type="checkbox"/> 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.