

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**3838**

**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>13</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
<input type="checkbox"/> Change of Address <b>2909 OAK LANE AUSTIN TX 78704</b>		<b>NORA N</b> <b>NAN CLAYTON</b>	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
<input type="checkbox"/> additional pages		NICKNAME	LAST SUFFIX
<b>2909 OAK LANE, Austin, TX 78704</b>		<b>NORA N</b> <b>NAN CLAYTON</b>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	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 checked="" 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	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: <b>NONE</b> Address / PO Box: Apt / Suite #: City State Zip Code		

FILED  
 FEB 10 10 03 AM '98  
 CLAYTON  
 COUNTY CLERK  
 TRAVIS COUNTY, TEXAS

**TRAVIS County Commissioner PETS**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME NAN CLAYTON (NORA N.)

15 ACCOUNT # (Ethics Commission Use)

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)	\$ 4525 <sup>00</sup>

EXPENDITURE TOTALS

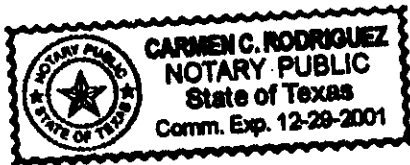
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 838 <sup>19</sup>
4. TOTAL POLITICAL EXPENDITURES	\$ 5,838 <sup>93</sup>

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000 <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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nan Clayton this the 10<sup>th</sup> day of Feb 1998, to certify which, witness my hand and seal of office.

Carmen C. Rodriguez

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction GUIDE explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

NAN CLAYTON (NORAN)

3 ACCOUNT # (Ethics Commission file)

4 Date

2/3/98

5 Full name of contributor

out of state PAC

Earl L. KANETSKY

6 Contributor address; City; State; Zip Code

4707 WIDEMAR  
Austin TX 78745

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation

Electrical CONTRACTOR

10 Employer (optional)

SELF

Date

2/3/98

Full name of contributor

out of state PAC

WILLIAM J. LEE

Contributor address; City; State; Zip Code

2901 BEECHWOOD, BOX C  
Austin, TX 78746

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/4/98

Full name of contributor

out of state PAC

WALTER E. FEANE MIZELL

Contributor address; City; State; Zip Code

2612 BARTON HILLS DRIVE  
AUSTIN, TX 78704

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Principal occupation

ATTORNEY

Employer (optional)

Brown McCarroll et al.

Date

2/4/98

Full name of contributor

out of state PAC

JERRY HARRIS

Contributor address; City; State; Zip Code

1400 Franklin Plaza  
111 Congress Ave. Austin, 78701

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation

ATTORNEY

Employer (optional)

Brown McCarroll et al.

Date

2/4/98

Full name of contributor

out of state PAC

BM+OH - Electo-PAC

Contributor address; City; State; Zip Code

1400 Franklin Plaza  
111 Congress Ave. Austin 78701

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation

Attorney

Employer (optional)

Brown McCarroll et al.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>NAN CLAYTON (Note N.)</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>2/4/98</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>M/M JAMES R. VANDER FOLD</b>	7 Amount of contribution (\$) <b>\$125.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>903 Biscayne AUSTIN, TX 78734</b>			
9 Principal occupation		10 Employer (optional) <b>Retired</b>	
Date <b>2/4/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>CATHY L. BONNER</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 50381 AUSTIN, TX 78763</b>			
Principal occupation <b>PUBLIC RELATIONS</b>		Employer (optional)	
Date <b>2/5/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>FRANK S.L. LAM</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>508 W. 16<sup>th</sup> AUSTIN 78701</b>			
Principal occupation <b>Structural Engineer</b>		Employer (optional) <b>Self</b>	
Date <b>2/5/98</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>DELGADO DESIGN GROUP</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3001 S. LAMAR St. 202 AUSTIN 78704</b>			
Principal occupation <b>Design</b>		Employer (optional) <b>Self</b>	
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)	

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <span style="float: right; font-size: 2em;">1</span>
2 FILER NAME <span style="font-size: 1.5em; font-family: cursive;">NAN CLAYTON (NORA N.)</span>		3 ACCOUNT # (Ethics Commission files) <span style="font-size: 1.5em; font-family: cursive;">176602</span>
4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <span style="font-size: 1.5em; font-family: cursive;">1/29/98</span>	7 Name of lender <input type="checkbox"/> out of state PAC <span style="font-size: 1.5em; font-family: cursive;">Texas Health Cr Union</span>	9 Loan Amount (\$) <span style="font-size: 1.5em; font-family: cursive;">6000.00</span>
6 Is lender a financial institution?  <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code <span style="font-size: 1.5em; font-family: cursive;">4800 Grover P.O. Box 4003 Austin, TX 78765</span>	10 Interest rate <span style="font-size: 1.5em; font-family: cursive;">12%</span>
		11 Maturity date <span style="font-size: 1.5em; font-family: cursive;">1/29/01</span>
12 Description of Collateral <input checked="" type="checkbox"/> none		
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
		Maturity date
Description of Collateral <input type="checkbox"/> none		
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.

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: **4**

2 FILER NAME

**NAN CLAYTON (NORA N.)**

3 ACCOUNT # (Ethics Commission files)

4 Date

**1/15/98**

5 Payee name

**Trauss County**

6 Payee address; City; State; Zip Code

**Austin, TX**

8 Amount (\$)

**3.00**

7 Purpose of expenditure

**notary fee**

Reimbursement from political contributions intended

Date

**1/14/98**

Payee name

**Thurmond**

Payee address; City; State; Zip Code

**Austin, TX**

Amount (\$)

**92.81**

Purpose of expenditure

**materials**

Reimbursement from political contributions intended

Date

**12/9/98**

Payee name

**U.S. Postal Service**

Payee address; City; State; Zip Code

**Austin**

Amount (\$)

**0.55**

Purpose of expenditure

**Post val imp.**

Reimbursement from political contributions intended

Date

**1/16/98**

Payee name

**Home Depot**

Payee address; City; State; Zip Code

**5400 Borrillo Pursat Valley, TX 78745**

Amount (\$)

**71.43**

Purpose of expenditure

**materials for sign**

Reimbursement from political contributions intended

Date

**1/28/98**

Payee name

**Home Depot**

Payee address; City; State; Zip Code

**5400 Borrillo Pursat Valley TX 78745**

Amount (\$)

**43.37**

Purpose of expenditure

**materials for sign**

Reimbursement from political contributions intended

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The instruction Guide explains how to complete this form.		1 Total pages Schedule G: <b>4</b>
2 FILER NAME <b>NAN Clayton (Nora N.)</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>1/20/98</b>	5 Payee name <b>Home Depot</b> 6 Payee address; City, State; Zip Code <b>5400 Bridge Sunset Valley</b>	8 Amount (\$) <b>154.92</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <b>materials for signs</b>	
Date <b>1/30/98</b>	Payee name <b>Home Depot</b> Payee address; City, State; Zip Code <b>5400 Bridge Sunset Valley</b>	Amount (\$) <b>30.27</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>supplies for signs</b>	
Date <b>1/5/98</b> <b>1/10/98</b> <b>1/11/98</b> <b>1/25/98</b> <b>1/27/98</b>	Payee name <b>Office Depot</b> Payee address; City, State; Zip Code <b>2101 South Lamar Austin, TX 78704</b>	Amount (\$) <b>127.59</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>office supplies</b>	
Date <b>1/3/98</b> <b>1/12/98</b>	Payee name <b>Edgley Engraving</b> Payee address; City, State; Zip Code <b>2106 Mims Hill Austin, TX 78745</b>	Amount (\$) <b>17.32</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>name badge</b>	
Date <b>1/22/98</b> <b>1/28/98</b>	Payee name <b>Edgy Drive</b> Payee address; City, State; Zip Code <b>4111 Judd Lane Austin TX 78760</b>	Amount (\$) <b>59.64</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>plates</b>	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>4</b>
2 FILER NAME <b>NAN CLAYTON (NORAN.)</b>		3 ACCOUNT # (Ethics Commission file)
4 Date <b>1/16/98</b>	5 Payee name <b>McCoy's #69</b> 6 Payee address; City; State; Zip Code <b>Austin</b>	8 Amount (\$) <b>23.44</b> <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <b>Signs</b>	
Date <b>1/23/98</b>	Payee name <b>McCoy's #69</b> Payee address; City; State; Zip Code <b>Austin</b>	Amount (\$) <b>13.27</b> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>Sign materials</b>	
Date <b>2/6/98</b>	Payee name <b>Travis Co Clerk</b> Payee address; City; State; Zip Code <b>Box 1748, Austin 78767</b>	Amount (\$) <b>3.30</b> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>Copies</b>	
Date <b>2/2/98</b>	Payee name <b>Travis Co Clerk</b> Payee address; City; State; Zip Code <b>Box 1748, Austin 78767</b>	Amount (\$) <b>14.20</b> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>Copies</b>	
Date <b>2/2/98</b>	Payee name <b>Texas Ethics Commission</b> Payee address; City; State; Zip Code <b>Austin, TX</b>	Amount (\$) <b>19.70</b> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <b>Copies</b>	



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4

2 FILER NAME

NAN CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission files)

4 Date

1/13/98

5 Payee name

U.S. Postmaster

6 Payee address;

City, State; Zip Code

Austin, TX

8 Amount (\$)

20.00

7 Purpose of expenditure

Post office Box

Reimbursement from political contributions intended

Date

2/3/98

Payee name

HOME DEPOT

Payee address;

City, State; Zip Code

5400 Brodie Lane

Sunset Valley 78745

Amount (\$)

\$ 50.70

Purpose of expenditure

SIGNS

Reimbursement from political contributions intended

Date

2/3/98

Payee name

EASY DRIVE

Payee address;

City, State; Zip Code

4111 Todd Lane

AUSTIN 78760

Amount (\$)

\$62.79

Purpose of expenditure

SIGNS

Reimbursement from political contributions intended

Date

2/5/98

Payee name

OFFICE DEPOT

Payee address;

City, State; Zip Code

2101 S. LAMAR

AUSTIN, TX 78704

Amount (\$)

\$29.89

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address;

City, State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

# POLITICAL EXPENDITURES

# SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME

NORA CLAYTON (NORA N)

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

1/10/98

HOME DEPOT

6 Payee address; City, State; Zip Code

5400 Brodie  
Sunset Valley 78745

\$9<sup>59</sup>

8 Purpose of expenditure

SIGNS

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/15/98

ACE PRINTING

Payee address; City, State; Zip Code

P.O. Box 13522  
AUSTIN 78711

\$1000<sup>00</sup>

Purpose of expenditure

19. SIGNS

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/17/98

HOME DEPOT

Payee address; City, State; Zip Code

5400 Brodie  
Sunset Valley 78745

\$38<sup>19</sup>

Purpose of expenditure

SIGN Materials

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/27/98

ACE PRINTING

Payee address; City, State; Zip Code

P.O. Box 13522  
AUSTIN, 78711

\$1381<sup>00</sup>

Purpose of expenditure

Yard SIGNS

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME

**NAN CLAYTON (NORAN)**

3 ACCOUNT # (Ethics Commission filed)

4 Date

5 Payee name

7 Amount (\$)

2/3/98

**HOME DEPOT**

6 Payee address; City, State; Zip Code

**5400 Brockie**

**AUSTIN 78745**

**\$50<sup>70</sup>**

8 Purpose of expenditure

**SIGN MATERIALS**

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

1/3/98

**EASY DRIVE**

Payee address; City, State; Zip Code

**4111 TODD LANE**

**AUSTIN 78760**

**\$62<sup>79</sup>**

Purpose of expenditure

**SIGNS**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/9/98

**HILL COUNTRY KWIK-KOPY**

Payee address; City, State; Zip Code

**2407-B S. Cong**

**AUSTIN 78704**

**\$37<sup>89</sup>**

Purpose of expenditure

**Typesetting**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

2/9/98

**WORLEY PRINTING**

Payee address; City, State; Zip Code

**3217 N I-35**

**AUSTIN, TX 78722**

**\$193<sup>77</sup>**

Purpose of expenditure

**PUSH CARDS**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

NAN CLAYTON (NORA N)

3 ACCOUNT # (Ethics Commission files)

4 Date

1/26/98

5 Payee name

Hill Country Kwik-Kopy

6 Payee address; City, State; Zip Code

2407-B S. Congress  
AUSTIN 78704

7 Amount (\$)

\$ 37<sup>89</sup>

8 Purpose of expenditure

TYPESETTING

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

1/27/98

Payee name

ALAMO PRINTING

Payee address; City, State; Zip Code

1308 E 51<sup>st</sup>

AUSTIN 78723

Amount (\$)

\$ 193<sup>77</sup>

Purpose of expenditure

PUSH CARDS

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

1/28/98

Payee name

KINDY-MILLER

Payee address; City, State; Zip Code

501 N. INTERREGIONAL

AUSTIN 78702

Amount (\$)

\$ 2500<sup>00</sup>

Purpose of expenditure

CONSULTANTS

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

2/1/98

Payee name

SHEILA SIX

Payee address; City, State; Zip Code

5001 CALHOUN CANYON,  
AUSTIN 78735

Amount (\$)

\$ 333<sup>30</sup>

Purpose of expenditure

Office Admin.

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held