

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3950

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:

21

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
NORAN N.
NICKNAME LAST SUFFIX
NAN CLAYTON

OFFICE USE ONLY

Date Received

TRAVIS COUNTY
CAMPUS
MAR 24 11 AM '98
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

2909 OAK LANE, AUSTIN, TX 78704

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
NORAN N.
NICKNAME LAST SUFFIX
NAN CLAYTON

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2909 OAK LANE, AUSTIN, TX 78704

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 442-7103

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
2/10/98 THROUGH 2/28/98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3/10/98 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

NA

12 OFFICE SOUGHT (if known)

TRAVIS COUNTY Commissioner

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
NONE

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8508

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/IOH COVER SHEET PG 2

14 C/IOH NAME

NAN CLAYTON (NORAN)

15 ACCOUNT # (Ethics Commission file)

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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) \$ 6010.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 385.76

4. TOTAL POLITICAL EXPENDITURES \$ 6030.29

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000.00

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.

Nan Clayton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NANNETTE J. CLAYTON this the 2nd day of March 1998 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Print name of officer administering oath

NOTARY Public
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: <i>1 of 14</i>	
2 FILER NAME <i>NAN CLAYTON (NORA N.)</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/11/98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>LOUIS J. MAYSEL</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2305 Westworth Circle Austin, TX 78704-5821</i>			
9 Principal occupation		10 Employer (optional)	
Date <i>2/11/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>CHRISTOPHER M. GUNTER</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>410 Skyline Dr. Austin, TX 78746</i>			
Principal occupation		Employer (optional)	
Date <i>2/11/98</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>FROMBERG ASSOCIATES, INC.</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2406 Lake Austin Blvd. Austin, TX 78703</i>			
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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2 of 14	
2 FILER NAME NAN CLAYTON (NORA N.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/13/98	5 Full name of contributor <input type="checkbox"/> out of state PAC ERIN COLLEEN MOORE	7 Amount of contribution (\$) \$100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1034 LIBERTY PARK DR., APT. 218 AUSTIN, TX 78746			
9 Principal occupation		10 Employer (optional)	
Date 2/18/98	Full name of contributor <input type="checkbox"/> out of state PAC FITZGERALD & MEISSNER, P.C.	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 812 SAN ANTONIO, STE. 400 AUSTIN, TX 78701			
Principal occupation		Employer (optional)	
Date 2/19/98	Full name of contributor <input type="checkbox"/> out of state PAC TOMMY N. COWAN	Amount of contribution (\$) \$250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code GRAEBER, SIMMONS & COWAN 100 CONGRESS AVE., STE. 100 AUSTIN, TX 78701			
Principal occupation		Employer (optional)	
Date 2/10/98	Full name of contributor <input type="checkbox"/> out of state PAC ED SMALL	Amount of contribution (\$) \$200 ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code SMALL, CRAIG & WERKENTHIN 100 CONGRESS AVE, STE. 1100 AUSTIN, TX 78701			
Principal occupation		Employer (optional)	
Date 2/16/98	Full name of contributor <input type="checkbox"/> out of state PAC SMALL, CRAIG & WERKENTHIN, P.C.	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 100 CONGRESS AVE., STE. 1100 AUSTIN, TX 78701			
Principal occupation LAW OFFICES		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3/14

2 FILER NAME

NAN CLAYTON (NORAN)

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/18/98

5 Full name of contributor

ROBERT L. WIGGINS

 out of state PAC

7 Amount of contribution (\$)

\$200⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

4405 PACK SADDLE PASS
AUSTIN, TX 78745

9 Principal occupation

INSURANCE

10 Employer (optional)

Date

2/19/98

Full name of contributor

RUTH RUBIO & LARRY SCLERANDI

 out of state PAC

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2142 BARTON HILLS DR.
AUSTIN, TX 78704

Principal occupation

Employer (optional)

Date

2/17/98

Full name of contributor

TOYE GOODSON POSTINS

 out of state PAC

Amount of contribution (\$)

\$10⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1202 MATTHEWS LANE
AUSTIN, TX 78745

Principal occupation

Employer (optional)

Date

2/18/98

Full name of contributor

WILL D. DAVIS

 out of state PAC

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

200 PERRY BROOKS BLDG.
AUSTIN, TX 78701

Principal occupation

Employer (optional)

Date

2/19/98

Full name of contributor

JESSE & MARILYN ESSINGER

 out of state PAC

Amount of contribution (\$)

\$25⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

7504 PALMETTO CIRCLE
AUSTIN, TX 78749

Principal occupation

Employer (optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: 4 of 14	
2 FILER NAME NAN CLAYTON (NORAN.)			3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/17/98	5 Full name of contributor TODD T. OLSEN <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code 3101 PERRY LANE AUSTIN, TX 78731	7 Amount of contribution (\$) \$100 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation			10 Employer (optional)	
Date 2/17/98	Full name of contributor JOSE I. GUERRA, INC. <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 2401 So. IH-35, STE. 210 AUSTIN, TX 78741	Amount of contribution (\$) \$150 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation CONSULTING ENGRS			Employer (optional)	
Date 2/21/98	Full name of contributor FRANCES B. ALLEN <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 4812 WESTFIELD AUSTIN, TX 78731	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation			Employer (optional)	
Date 2/21/98	Full name of contributor PATRICIA W. OAKS <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 2507 BRIARGROVE AUSTIN, TX 78704	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation			Employer (optional)	
Date 2/21/98	Full name of contributor DAVID ALLAN ROSS <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 2116-A ANN ARBOR AUSTIN, TX 78704	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation			Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 5 of 14	
2 FILER NAME NAN CLAYTON (NACAN.)				3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/20/98	5 Full name of contributor WM G. OR SUSAN H. REID <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code 1104 WAYSIDE DRIVE AUSTIN, TX 78703	7 Amount of contribution (\$) \$25 ⁰⁰	8 In-kind contribution description (if applicable)	
9 Principal occupation			10 Employer (optional)		
Date 2/19/98	Full name of contributor TURNER, COLLIE # BRADEN, PAC <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code P.O. BOX 130089 HOUSTON, TX 77219	Amount of contribution (\$) \$250 ⁰⁰	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date 2/21/98	Full name of contributor ROBT G. RUTISHAUSER <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 6101 MOUNT VILLA COVE AUSTIN, TX 78731	Amount of contribution (\$) \$200 ⁰⁰	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date 2/23/98	Full name of contributor MARK M. BARKAN <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 2404 ELM GLEN DR. AUSTIN, TX 78704	Amount of contribution (\$) \$50 ⁰⁰	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date 2/20/98	Full name of contributor HELEN PUTMAN <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 3005 RAE DELL AVE. AUSTIN, TX 78704	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6 of 14	
2 FILER NAME NAN CLAYTON (NORAN.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/19/98	5 Full name of contributor <input type="checkbox"/> out of state PAC GENEVIEVE HEARON	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3 CLARENDON LANE AUSTIN, TX 78746			
9 Principal occupation		10 Employer (optional)	
Date 2/20/98	Full name of contributor <input type="checkbox"/> out of state PAC WILLIE KOCHUREK	Amount of contribution (\$) \$25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3208 BRIDLE PATH AUSTIN, TX 78703			
Principal occupation Att - Ofc 513 West 41st St 78751		Employer (optional)	
Date 2/20/98	Full name of contributor <input type="checkbox"/> out of state PAC ELIZABETH CHRISTIAN	Amount of contribution (\$) \$25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7629 ROCKPOINT DR. AUSTIN, TX 78731			
Principal occupation		Employer (optional)	
Date 2/21/98	Full name of contributor <input type="checkbox"/> out of state PAC MR. & MRS. RAY VAUGHN	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10108 PINEHURST DR. AUSTIN, TX 78747			
Principal occupation		Employer (optional)	
Date 2/22/98	Full name of contributor <input type="checkbox"/> out of state PAC JOHN PAUL HAMILTON	Amount of contribution (\$) \$25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2001 ARTHUR DR. AUSTIN, TX 78704			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 7 of 14	
2 FILER NAME NAN CLAYTON (NORAN.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/21/98	5 Full name of contributor <input type="checkbox"/> out of state PAC DONALD M. CARLTON	7 Amount of contribution (\$) \$100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1355 THE HIGH ROAD AUSTIN, TX 78746			
9 Principal occupation		10 Employer (optional)	
Date 2/22/98	Full name of contributor <input type="checkbox"/> out of state PAC ROSIE LANCASTER	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1106 W. 10 th ST. AUSTIN, TX 78703			
Principal occupation		Employer (optional)	
Date 2/20/98	Full name of contributor <input type="checkbox"/> out of state PAC EMMA LEA MAYTON	Amount of contribution (\$) \$20 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7101 DAUGHERTY AUSTIN, TX 78757			
Principal occupation		Employer (optional)	
Date 2/22/98	Full name of contributor <input type="checkbox"/> out of state PAC KAREN SMITH	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1514 PASADENA DR. AUSTIN, TX 78757			
Principal occupation		Employer (optional)	
Date 2/23/98	Full name of contributor <input type="checkbox"/> out of state PAC W.E. GROCE "B.O."	Amount of contribution (\$) \$50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3909 NORTH HILLS DR. AUSTIN, TX 78731			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>8 of 14</u>	
2 FILER NAME <u>NAN CLAYTON (NORAN.)</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>2/23/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>STEPHANIE BENOLD</u>	7 Amount of contribution (\$) <u>\$25⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2805 HORSESHOE BEND COVE AUSTIN, TX 78704</u>			
9 Principal occupation		10 Employer (optional)	
Date <u>2/23/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>JAMES M. FITZPATRICK</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3100 FOXFIRE DR. AUSTIN, TX 78746</u>			
Principal occupation		Employer (optional)	
Date <u>2/22/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>JOHN E. HILL</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3511 STARLINE DR. AUSTIN, TX 78759</u>			
Principal occupation		Employer (optional)	
Date <u>2/24/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>MARY NELL GARRISON</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3911 BALCONES DR. AUSTIN, TX 78731</u>			
Principal occupation		Employer (optional)	
Date <u>2/23/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>PAISCILLA HILLS</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2901 OAK LANE DR. AUSTIN, TX 78704</u>			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9 of 14	
2 FILER NAME NAN NORA CLAYTON (NORAN)		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/24/98	5 Full name of contributor <input type="checkbox"/> out of state PAC ANN KITCHEN	7 Amount of contribution (\$) \$100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4811 LANSING AUSTIN, TX 78745			
9 Principal occupation ATTORNEY		10 Employer (optional)	
Date 2/24/98	Full name of contributor <input type="checkbox"/> out of state PAC BERT PENCE	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 708 RIO GRANDE AUSTIN, TX 78			
Principal occupation		Employer (optional)	
Date 2/24/98	Full name of contributor <input type="checkbox"/> out of state PAC KATHY LEVY	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2201 BOWMAN AUSTIN, TX 78703			
Principal occupation		Employer (optional)	
Date 2/24/98	Full name of contributor <input type="checkbox"/> out of state PAC ROSE PARRIS	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2303 FORTUNE DR. AUSTIN, TX 78704			
Principal occupation		Employer (optional)	
Date 2/24/98	Full name of contributor <input type="checkbox"/> out of state PAC CATHY SCRUGGS	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1307 HARRIET AUSTIN, TX 78756			
Principal occupation		Employer (optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>10 of 14</u>	
2 FILER NAME <u>NAN CLAYTON (NORAN.)</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>2/24/98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>BENNY HAWKINS</u> 6 Contributor address; City; State; Zip Code <u>2101 EQUESTRIAN TRAIL AUSTIN, TX 78727</u>	7 Amount of contribution (\$) <u>\$250⁰⁰</u>	8 In-kind contribution description (if applicable)
9 Principal occupation		10 Employer (optional)	
Date <u>2/24/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>MARY LEE COMER</u> Contributor address; City; State; Zip Code <u>4007 GALACIA DR. AUSTIN, TX 78759</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date <u>3/1/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>SARAH TORRACE</u> Contributor address; City; State; Zip Code <u>1210 WINDSOR RD., No. 117 AUSTIN, TX 78703</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date <u>2/24/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>M.K. ISAACS</u> Contributor address; City; State; Zip Code <u>4816 Canyon BEND CIRCLE AUSTIN, TX 78735</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	
Date <u>2/25/98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>LESLIE & FRANK POOL</u> Contributor address; City; State; Zip Code <u>9211 KNOLL CREST LOOP AUSTIN, TX 78759</u>	Amount of contribution (\$) <u>\$25⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A: 11 of 14	
2 FILER NAME NAN CLAYTON (NORA N.)			3 ACCOUNT # (Ethics Commission files)	
4 Date 2/24/98	5 Full name of contributor JEFFREY E. PHILLIPS <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) \$25 ⁰⁰	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code P.O. Box 91 AUSTIN, TX 78767				
9 Principal occupation		10 Employer (optional)		
Date 2/24/98	Full name of contributor ANNE C. MCAFEE <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4831 TIMBERLINE DR. AUSTIN, TX 78746				
Principal occupation		Employer (optional)		
Date 2/24/98	Full name of contributor WALTER H. MIZELL <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2612 BARTON HILLS DR. AUSTIN, TX 78764				
Principal occupation		Employer (optional)		
Date 2/24/98	Full name of contributor ROSS A. SMITH <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1719 NORRIS DR. AUSTIN, TX 78704				
Principal occupation		Employer (optional)		
Date 2/24/98	Full name of contributor DIANA SAUNDERS <input type="checkbox"/> out of state PAC	Amount of contribution (\$) \$25 ⁰⁰	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2703 PRINCETON DR. AUSTIN, TX 78741				
Principal occupation		Employer (optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 12 of ~~14~~ 14

2 FILER NAME

NAN CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission files)

4 Date

2/24/98

5 Full name of contributor out of state PAC

MARY LOU BELL

6 Contributor address; City; State; Zip Code

2315 FARNSWOOD CIRCLE
AUSTIN, TX 78704

7 Amount of contribution (\$)

\$ 25⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

2/24/98

Full name of contributor out of state PAC

HOWARD M. CHAIKIN

Contributor address; City; State; Zip Code

8110 RED WILLOW DR.
AUSTIN, TX 78736

Amount of contribution (\$)

\$ 25⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/24/98

Full name of contributor out of state PAC

KATHY M. PILLMORE

Contributor address; City; State; Zip Code

10819 CROWN COLONY, #31
AUSTIN, TX 78747

Amount of contribution (\$)

\$ 25⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/23/98

Full name of contributor out of state PAC

ANNIE R. GREEN

Contributor address; City; State; Zip Code

7511 ALBERT LANE
AUSTIN, TX 78745

Amount of contribution (\$)

\$ 40⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/24/98

Full name of contributor out of state PAC

KIMBERLY HEGGE-MIDGETT

Contributor address; City; State; Zip Code

22425 BRIARVIEW
BRIARCLIFF, TX 78669

Amount of contribution (\$)

\$ 40⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

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12

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 13 of 14

2 FILER NAME

NAN CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25/98

5 Full name of contributor out of state PAC

NORMAN & BETTY BROWN

6 Contributor address; City; State; Zip Code

2607 BARTON SKYWAY
AUSTIN, TX 78704

7 Amount of contribution (\$)

\$50⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

2/25/98

Full name of contributor out of state PAC

NANCY MATCHUS

Contributor address; City; State; Zip Code

3801 MANCHACA RD, #52
AUSTIN, TX 78704

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/25/98

Full name of contributor out of state PAC

LINEBARGER, HEARD, BOGGAN, BLAIR
GRAHAM, PENA, & SAMPSON, LLP.

Contributor address; City; State; Zip Code

P.O. Box 17428
AUSTIN, TX 78760

Amount of contribution (\$)

\$1,000⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/26/98

Full name of contributor out of state PAC

MICHELLE BASSETT

Contributor address; City; State; Zip Code

804 CANYON CREEK DR.
AUSTIN, TX 78746

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

2/26/98

Full name of contributor out of state PAC

DEAN GOODNIGHT

Contributor address; City; State; Zip Code

2405 APPLE VALLEY DR.
AUSTIN, TX 78747

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

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13

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 14 of 14	
2 FILER NAME NAN CLAYTON (NORAN)				3 ACCOUNT # (Ethics Commission files)	
4 Date 2/25/98	5 Full name of contributor LYNN R. LANGLEY <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code 2410 KATHY COVE AUSTIN, TX 78704	7 Amount of contribution (\$) \$25 ⁰⁰	8 In-kind contribution description (if applicable)	
9 Principal occupation			10 Employer (optional)		
Date 2/26/98	Full name of contributor JAMES R. RAUP <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 7300 RUNNING ROPE AUSTIN, TX 78731	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date 2/25/98	Full name of contributor PEOPLES PHARMACY <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 3801-C SO. LAMAR AUSTIN, TX 78704	Amount of contribution (\$) \$200 ⁰⁰	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date 2/10/98	Full name of contributor F. A. HANNAH, JR. <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 10208 RIVER PLANTATION DR. AUSTIN, TX 78747	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

153

2 FILER NAME

NAN CLAYTON (NORAN.)

3 ACCOUNT # (Ethics Commission file)

4 Date

2/13/98

5 Payee name

Media
RINDY/~~SMITH~~

7 Amount (\$)

\$2120.00

6 Payee address: City, State, Zip Code

501 N. Interregional
Austin, TX 78702

8 Purpose of expenditure

Print/mail

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

Office sought / held

Date

2/13/98

Payee name

Dak Hill Printing

Amount (\$)

\$254.00

Payee address: City, State, Zip Code

6340 Hwy 290 W #105
Austin, TX 78735

Purpose of expenditure

Stationery & envelopes

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

Office sought / held

Date

2/13/98

Payee name

U.S. Postmaster

Amount (\$)

\$320.78

Payee address: City, State, Zip Code

Dak Hill Station
Austin, TX 78736

Purpose of expenditure

Stamping fundraiser

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

Office sought / held

Date

2/16/98

Payee name

Dak Hill Printing & Paper Supply

Amount (\$)

\$37.89

Payee address: City, State, Zip Code

6340 Hwy 290 W #105
Austin, TX 78735

Purpose of expenditure

Stationery & envelopes

-- 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: <i>Page 3</i>
2 FILER NAME <i>NAN CLAYTON (NOEA N.)</i>		3 ACCOUNT # (Ethics Commission Use)
4 Date <i>2/17/98</i>	5 Payee name <i>TRAVIS Co. Demo Party</i> 6 Payee address; City, State, Zip Code <i>Austin, TX</i>	7 Amount (\$) <i>\$100.00</i>
8 Purpose of expenditure <i>ad</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/23/98</i>	Payee name <i>Randy Meden</i> Payee address; City, State, Zip Code <i>501 N. Interregional Austin TX 78702</i>	Amount (\$) <i>\$207.62</i>
Purpose of expenditure <i>mailout</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/24/98</i>	Payee name <i>Walter Herndon</i> Payee address; City, State, Zip Code <i>370 Woodmead Dr. Arlene, TX 78616</i>	Amount (\$) <i>\$200.00</i>
Purpose of expenditure <i>entertainment fundraiser</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date <i>2/24/98</i>	Payee name <i>Broken Spoke</i> Payee address; City, State, Zip Code <i>5 LAMAR Avenue Austin, TX</i>	Amount (\$) <i>\$250.00</i>
Purpose of expenditure <i>fundraiser</i>		-- 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 of 3

2 FILER NAME

NAN CLAYTON (NORAN.)

3 ACCOUNT # (Ethics Commission files)

4 Date

2/13/98

5 Payee name

Bms Office Supply West

6 Payee address; City; State; Zip Code

Austin, TX

7 Amount (\$)

\$29.22

8 Purpose of expenditure

office supplies

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

Office sought / held

Date

2/24/98

Payee name

Office Depot

Payee address; City; State; Zip Code

2101 S. Lamar
Austin, TX 78704

Amount (\$)

\$17.86

Purpose of expenditure

office supplies

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

Office sought / held

Date

2/24/98

Payee name

Kinko's

Payee address; City; State; Zip Code

121 E. 6th St.
Austin, TX 78701

Amount (\$)

\$3.11

Purpose of expenditure

Copies

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

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Office sought / held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <i>1 of 2</i>
2 FILER NAME <i>NAN CLAYTON (NORA N.)</i>		3 ACCOUNT# (Ethics Commission filers)
4 Date <i>12/19/97</i>	5 Payee name <i>Jears</i>	8 Amount (\$) <i>\$ 37.88</i>
	6 Payee address: City: State: Zip Code <i>Barton Creek Austin, TX 78745</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <i>Car sign</i>	
Date <i>2/20/98 2/23/98 2/24/98 2/24/98 2/24/98 2/25/98</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>\$73.36</i>
	Payee address: City: State: Zip Code <i>5400 Brodie Lane Sunset Valley, TX 78745</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>signs & stales</i>	
Date <i>2/20/98 2/27/98</i>	Payee name <i>Office Depot</i>	Amount (\$) <i>\$ 65.12</i>
	Payee address: City: State: Zip Code <i>2101 S. Lemor Austin, TX 78704</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>fund raiser</i>	
Date <i>2/20/98</i>	Payee name <i>Oak Hill Bayette</i>	Amount (\$) <i>\$23.00</i>
	Payee address: City: State: Zip Code <i>Hwy 41W Austin, TX 78736</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>subscription</i>	
Date <i>2/20/98</i>	Payee name <i>Oak Hill Studios</i>	Amount (\$) <i>\$178.61</i>
	Payee address: City: State: Zip Code <i>6532 Hwy 290 W Austin, TX 78735</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure <i>Photos for mailing</i>	

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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 1/2

2 FILER NAME

NAN CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/24/98

5 Payee name

Relexia Party Shop

6 Payee address; City; State; Zip Code

*5. Lomer
Austin, TX 78*

8 Amount (\$)

\$ 7.79

7 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

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

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