

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3995

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: 5	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Mr.	FIRST: Dewayne	MI: D.	FILED MAR 9 3 35 PM '98 CLERK OF COURTS TRAVIS COUNTY, TEXAS
	NICKNAME:	LAST: Naumann	SUFFIX:	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PO Box 143092	APT / SUITE #:	CITY: Austin TX STATE: TX ZIP CODE: 78714-3092	
5 CAMPAIGN TREASURER NAME	TITLE: Mr.	FIRST: James	MI: C.	
	NICKNAME:	LAST: Logan	SUFFIX:	Receipt # HD / PM Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1200 San Antonio St	APT / SUITE #:	CITY: Austin TX STATE: TX ZIP CODE: 78701	
7 CAMPAIGN TREASURER PHONE	AREA CODE: (512)	PHONE NUMBER: 474-2900 / 476-8049	EXTENSION:	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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: 01 / 15 / 98 THROUGH Month / Day / Year: 01 / 29 / 98			
10 ELECTION	ELECTION DATE: Month / Day / Year: 03 / 10 / 98	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any): n/a	12 OFFICE SOUGHT (if known): Judge, County Commissioner's Court, Travis Co.		
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: n/a Address / PO Box: APT / Suite #: City: State: Zip Code:			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS **FORM C/OH COVER SHEET PG 2**

14 C/OH NAME Mr Dewayne D. Naumann **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. ..

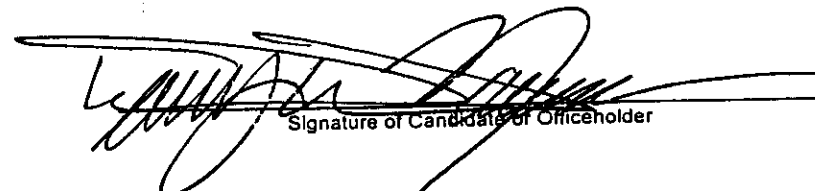
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME <u>n/a</u> COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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17 NO REPORTABLE 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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 134.76
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$


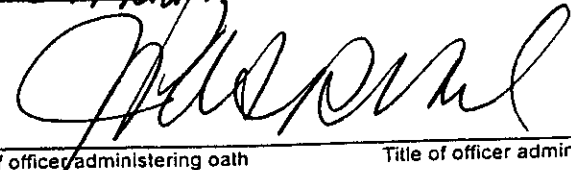
19 AFFIDAVIT

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dewayne D. Naumann this the 9th day of MARCH 19 98, to which I witnessed my hand and seal of office.

 J. POSPISIL Notary Public, State of Texas My Commission Expires 05-15-1998	 Signature of officer administering oath	Title of officer administering oath
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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: 1

2 FILER NAME

Mr. Dewayne D. Nauman

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/26/98

5 Full name of contributor

A. J. Waite

out of state PAC

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1411 West Ave # 100
Austin Tx 78703

9 Principal occupation

10 Employer (optional)

Date

1/26/98

Full name of contributor

Gerald Daugherty

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1115 Elm
Austin Tx 78703

Principal occupation

Employer (optional)

Date

1/26/98

Full name of contributor

Ray & Noelle Vaughan

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

204 Etta Place
Austin TX 78753

Principal occupation

Employer (optional)

Date

Full name of contributor

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

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Mr. Dewayne D. Nauman

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/23/98

5 Payee name

RJL Graphics

7 Amount (\$)

99.59

6 Payee address; City; State; Zip Code

911 West Anderson Ln, Suite 110
Austin TX 78757

8 Purpose of expenditure

2 x 3.5 cards

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

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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: 1
2 FILER NAME Mr Dewayne D. Naumann	3 ACCOUNT # (Ethics Commission filers)

4 Date 1/24/98	5 Payee name Back-in-a-Flash	8 Amount (\$) 35.17
	6 Payee address; City; State; Zip Code POB 684732 Austin Tx 78768	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure photo prints	

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED