

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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:  4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. Dewayne Naumann		D.	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	PO Box 143092 Austin Tx 78714-3092		
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. James Logan		C.	
Receipt #		Date Processed 4/7/98	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		7 CAMPAIGN TREASURER PHONE	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		AREA CODE PHONE NUMBER EXTENSION	
1200 San Antonio St Austin, Tx 78701		(512) 474-2900 / 476-8049	
8 REPORT TYPE			
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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    2 / 29 / 98    THROUGH    Month Day Year    4 / 4 / 98			
10 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year    4 / 14 / 98		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		12 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) n/a		Judge, County Commissioner's Court, Travis Co	
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 n/a			
Address / PO Box; Apt / Suite #; City; State; Zip Code			
<input type="checkbox"/> additional pages			

FILED  
 APR 7 4 49 PM '98  
 COUNTY CLERK  
 TRAVIS COUNTY, TEXAS

GO TO PAGE 2

# CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM COH COVER SHEET PG 2

14 COHNAME

Mr. Dewayne D. Naumann

15 ACCOUNT # (Ethics Commission files)

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

n/a

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NOREPORTABLE  
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

\$ 145.00

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

\$ 760.00

EXPENDITURE  
TOTALS

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

\$ 143.53

4. TOTAL POLITICAL EXPENDITURES

\$ 216.50

OUTSTANDING  
LOAN TOTALS

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

\$ 0

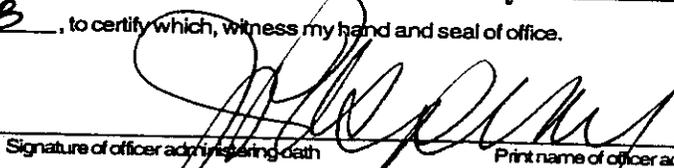
19 AFFIDAVIT

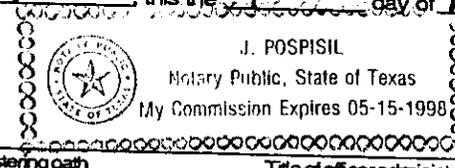
I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said DEWAYNE D. NAUMANN, this the 17<sup>TH</sup> day of APRIL, 19 98, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

  
J. POSPISIL  
Notary Public, State of Texas  
My Commission Expires 05-15-1998

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: 1

2 FILER NAME

Mr. Dewayne D. Naumann

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/6/98

5 Full name of contributor

Phil Arnold

out of state PAC

7 Amount of contribution (\$)

60.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8532 N Lamar 5121  
Austin TX 78753

9 Principal occupation

10 Employer (optional)

Date

3/6/98

Full name of contributor

Marcella Earnest / Sharon Brummett

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7604 Fireoak Dr  
Austin TX 78759

Principal occupation

Employer (optional)

Date

3/6/98

Full name of contributor

Eric A Anderson

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10413 S IH 35  
Austin TX 78747

Principal occupation

Employer (optional)

Date

3/6/98

Full name of contributor

Gene Naumann

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5536 Burnet Rd  
Austin TX 78746

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. Naumann

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

i2i Graphics

7 Amount (\$)

6 Payee address; City; State; Zip Code

216.50

8 Purpose of expenditure

sign design

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