

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4269

FORM C/OH
COVER SHEET PG 1

1a C/OH INSTRUCTION GUIDE explains how to complete
this form.

1 ACCOUNT #
(Ethics Commission file #)

2 Total pages filed:

24

CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
NORA N
VAN CLAYTON

OFFICE USE ONLY

Date Received

JAN 13 1 20 PM '98

FILED

CANDIDATE /
OFFICEHOLDER
ADDRESS

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

Change of Address

2909 DAK LA AUSTIN TX 78704

Receipt #

HO / PM

Amount

Date Processed

Date Imaged

CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
NORA N
VAN CLAYTON

CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

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

2909 DAK LANE AUSTIN TX 78704

CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 442-7103

REPORT TYPE

January 15 90th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 80th day before election Succeeded 9500 limit Final report (Attach C/OH - FR)

PERIOD
COVERED

Month Day Year THROUGH Month Day Year
10 / 27 / 98 12 / 31 / 98

ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11 / 3 / 98

OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

TRAVIS Co. Commissioner Pet 3

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

3 additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME 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. ****

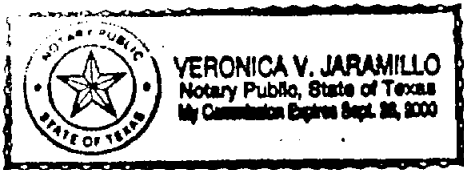
| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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 <u>CASH</u> | \$ <u>45.00</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>9,332.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>55,763.00</u> |
| OUTSTANDING LOAN TOTALS | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>62,000.00</u> |

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.

Nora N. Clayton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nora N. Clayton, this the 19th day of January, 19 99, to certify which, witness my hand and seal of office.

Veronica V. Jaramillo 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: 16 | |
| FILER NAME CLAYTON (NORA N.) | | 3 ACCOUNT # (Ethics Commission Use) | |
| Date 10/10/98 | 5 Full name of contributor THERESE RUFFING <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$10⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 5512 DAKWOOD COVE # 181 AUSTIN 78731 | | | |
| Principal occupation | | 10 Employer (optional) | |
| Date 10/12/98 | 5 Full name of contributor Roland GAMBLE <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$500⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 5908 MTN VILLA, DR AUSTIN 78731 | | | |
| Principal occupation TRANSPORTATION | | Employer (optional) | |
| Date 10/14/98 | 5 Full name of contributor Walter DAMOND <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$100⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code P.O. Box 1148 AUSTIN 78767 | | | |
| Principal occupation Lawyer | | Employer (optional) | |
| Date 10/14/98 | 5 Full name of contributor BENNY HAWKINS <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$250⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 2101 EQUESTRIAN TR. AUSTIN 78727 | | | |
| Principal occupation Architect | | Employer (optional) | |
| Date 10/14/98 | 5 Full name of contributor ROY M. SPENCE, JR. <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$250⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 828 West 6th AUSTIN 78703 | | | |
| Principal occupation Media | | Employer (optional) | |

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **16**

FILER NAME

CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission file)

Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/17/98

JAMES M. DIAS

6 Contributor address; City, State, Zip Code

1116 Reagan TERRACE AUSTIN 78704

\$100⁰⁰

Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/18/98

R. EARL MAXWELL

Contributor address; City, State, Zip Code

1203 WILDERNESS DR. AUSTIN 78746

\$100⁰⁰

Principal occupation

Att'y

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/19/98

Robert A. PERKINS

Contributor address; City, State, Zip Code

2633 DEERFOOT TRAIL

\$100⁰⁰

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/21/98

NOEL G. ROBERTSON

Contributor address; City, State, Zip Code

6916 LA SALLE AUSTIN 78723

\$100⁰⁰

Principal occupation

ARCHITECT

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/22/98

MARY GARWOOD

Contributor address; City, State, Zip Code

3 ROCKWAY CV. AUSTIN 78746

\$100⁰⁰

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 <i>16</i> | |
| FILER NAME <i>CLAYTON (NORA N.)</i> | | 3 ACCOUNT # (Ethics Commission Use) | |
| Date <i>10/22/98</i> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <i>JOE R. LONG</i> | 7 Amount of contribution (\$) <i>\$250⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 3550 AUSTIN 78764</i> | | | |
| Principal occupation | | 10 Employer (optional) | |
| Date <i>10/23/98</i> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <i>SANDRA NICHOLS</i> | 7 Amount of contribution (\$) <i>\$20⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>1500 CLIFFSIDE DR. AUSTIN 78704</i> | | | |
| Principal occupation | | Employer (optional) | |
| Date <i>10/23</i> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <i>TOMMY N. COWAN</i> | 7 Amount of contribution (\$) <i>\$100⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>100 CONGRESS AUSTIN 78701</i> | | | |
| Principal occupation <i>ARCHITECT</i> | | Employer (optional) | |
| Date <i>10/23</i> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <i>RICHARD MENDOZA</i> | 7 Amount of contribution (\$) <i>\$100⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>3412 GREEN EMERALD TERRACE AUSTIN 78739</i> | | | |
| Principal occupation | | Employer (optional) | |
| Date <i>10/23</i> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <i>KAHNG. MANAGEMENT</i> | 7 Amount of contribution (\$) <i>\$100⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>2400 S IH-35 ROUND ROCK, TX 78681</i> | | | |
| 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. | | 4 Total pages Schedule A: <u>16</u> | |
| FILER NAME <u>CLAYTON (NORA N.)</u> | | 3 ACCOUNT # (Ethics Commission files) | |
| Date <u>10/23/98</u> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <u>GERALDINE SHOOK</u> | 7 Amount of contribution (\$) <u>\$ 50⁰⁰</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State, Zip Code <u>6501 EAST HILL #113 AUSTIN 78731</u> | | | |
| Principal occupation <u>EDUCATION</u> | | TD Employer (optional) | |
| Date <u>10/24</u> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <u>ROBERT RUTLSHAUSER</u> | 7 Amount of contribution (\$) <u>\$ 200⁰⁰</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State, Zip Code <u>6101 Mt. Villa Cove AUSTIN 78731</u> | | | |
| Principal occupation <u>WORKFORCE</u> | | Employer (optional) | |
| Date <u>10/24</u> | 5 Full name of contributor <input checked="" type="checkbox"/> out of state PAC <u>DAVID KYSER</u> | 7 Amount of contribution (\$) <u>\$ 20⁰⁰</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State, Zip Code <u>9207 CLAYTON AUSTIN 78736</u> | | | |
| Principal occupation | | Employer (optional) | |
| Date <u>10/24</u> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <u>DAVID SULLIVAN</u> | 7 Amount of contribution (\$) <u>\$ 20⁰⁰</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State, Zip Code <u>1710 WATERSTON AUSTIN 78703</u> | | | |
| Principal occupation | | Employer (optional) | |
| Date <u>10/24</u> | 5 Full name of contributor <input type="checkbox"/> out of state PAC <u>SUZANNA CABALLERO</u> | 7 Amount of contribution (\$) <u>\$ 50⁰⁰</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State, Zip Code <u>1805 CRESTHAVEN AUSTIN 78704</u> | | | |
| Principal occupation <u>BANKER</u> | | Employer (optional) <u>340</u> | |

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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:

16

FILER NAME

CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission file)

Date:

5- Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/24/98

SHERRY BELL

6 Contributor address; City, State; Zip Code

1614 W. 14th
AUSTIN 78703

\$50.00

Principal occupation

TD Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/24

MRS. JOE RANDOW

Contributor address; City, State; Zip Code

13107 EASLEY DR.
MANHACA TX 78652

\$25.00

Principal occupation

EDUCATOR

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/25

SHLODE FATH

Contributor address; City, State; Zip Code

1005 BLUEBONNET LANE
AUSTIN 78704

\$100.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/25

MALINE McCALLA

Contributor address; City, State; Zip Code

2804 SCENIC DR.
AUSTIN 78703

\$30.00

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/25

KAYE H. CONTRERAS

Contributor address; City, State; Zip Code

6409 ZADOCK WOOD DR.
AUSTIN 78749

\$75.00

Principal occupation

Education

Employer (optional)

280

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|---|--|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: <u>16</u> | |
| FILER NAME <u>CLAYTON (NORA N.)</u> | | 3 ACCOUNT # (Ethics Commission Here) | |
| Date <u>10/26/98</u> | 5 Full name of contributor <u>ROBERT WIGGINS</u> <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) <u>\$100⁰⁰</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State, Zip Code <u>4405 DICK SADDLE PASS AUSTIN 78745</u> | | | |
| Principal occupation | | TD Employer (optional) | |
| Date <u>10/26</u> | Full name of contributor <u>MARY LEE COMER</u> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <u>\$25⁰⁰</u> | In-kind contribution description (if applicable) |
| Contributor address; City, State, Zip Code <u>4007 GALACIA DR. AUSTIN 78759</u> | | | |
| Principal occupation | | Employer (optional) | |
| Date <u>10/26</u> | Full name of contributor <u>BRIAN RIDER</u> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <u>\$50⁰⁰</u> | In-kind contribution description (if applicable) |
| Contributor address; City, State, Zip Code <u>2906 HATLEY AUSTIN 78746</u> | | | |
| Principal occupation | | Employer (optional) | |
| Date <u>10/26</u> | Full name of contributor <u>A.R. SCHWARTZ</u> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <u>\$500⁰⁰</u> | In-kind contribution description (if applicable) |
| Contributor address; City, State, Zip Code <u>P.O. Box 3398 GALVESTON 77552</u> | | | |
| Principal occupation <u>Retired Judge</u> | | Employer (optional) | |
| Date <u>10/26</u> | Full name of contributor <u>AUSTIN POLICE PAC</u> <input type="checkbox"/> out of state PAC | Amount of contribution (\$) <u>\$100⁰⁰</u> | In-kind contribution description (if applicable) |
| Contributor address; City, State, Zip Code <u>400 W. 14th St. 230 AUSTIN 78701</u> | | | |
| Principal occupation | | Employer (optional) <u>775</u> | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

4 Total pages Schedule A: 16

FILER NAME

CLAYTON (NORA N)

3 ACCOUNT # (Ethics Commission files)

Date

10/26/98

5 Full name of contributor out of state PAC

REBECCA M. GAUGHY

6 Contributor address; City, State, Zip Code

10140 Old SAN ANTONIO Rd
AUSTIN 78748

7 Amount of contribution (\$) \$25.00

8 In-kind contribution description (if applicable)

Principal occupation

10 Employer (optional)

Date

10/27

Full name of contributor out of state PAC

SAM CHEN

Contributor address; City, State, Zip Code

906 N. WESTON Lane
AUSTIN 78733

Amount of contribution (\$) \$500.00

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

10/27

Full name of contributor out of state PAC

MILLIE CHH

Contributor address; City, State, Zip Code

212 E. DITOLF
AUSTIN 78704

Amount of contribution (\$) \$140.00

In-kind contribution description (if applicable)

Food for
Fund RAISER

Principal occupation

REST.

Employer (optional)

Date

10/27

Full name of contributor out of state PAC

BINH DO

Contributor address; City, State, Zip Code

7801 N. LAMAR AUSTIN 78752

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

10/27

Full name of contributor out of state PAC

GEORGE CHANG

Contributor address; City, State, Zip Code

401 E. GRADY Dr. AUSTIN 78753

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

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.

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete THIS Form. | | 4 Total pages Schedule A: 16 | |
| FILER NAME CLAYTON (NORA D) | | 3 ACCOUNT # (Ethics Commission Mers) | |
| Date 10/27 | 5 Full name of contributor CHIEN LEE <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$200⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 8303 POMMEL COVE AUSTIN 78759 | | | |
| Principal occupation | | 10 Employer (optional) | |
| Date 10/27 | Full name of contributor KUO-YAO TSAI <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$10⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2158 NEWCOMER AVE RICHLAND, WA 99352 | | | |
| Principal occupation | | Employer (optional) | |
| Date 10/27 | Full name of contributor RAY VALIGNO <input checked="" type="checkbox"/> out of state PAC | Amount of contribution (\$) \$50⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 10108 PINEHURST DR. AUSTIN 78747 | | | |
| Principal occupation | | Employer (optional) | |
| Date 10/27 | Full name of contributor GRACE CHAN <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$100⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 11402 PRADERA DR. AUSTIN 78759 | | | |
| Principal occupation | | Employer (optional) | |
| Date 10/27 | Full name of contributor LAURA SOEHR <input type="checkbox"/> out of state PAC | Amount of contribution (\$) \$100⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2004 E. GANN HILL DR. GEORGE PARK, TX 78613 | | | |
| Principal occupation | | Employer (optional) | |

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out of state PAC, please see the instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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1 Total pages Schedule A: **16**

FILER NAME

CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission file)

Date: **10/27/98** 5 Full name of contributor out of state PAC

JANET REEA

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

**3502 BALCONES DR
AUSTIN 78731**

\$50.00

Principal occupation

10 Employer (optional)

Date: **10/27** Full name of contributor out of state PAC

GOPAL GUTHRIKONDA

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

**P.O. Box 684942
AUSTIN 78768**

\$100.00

Principal occupation

Employer (optional)

Date: **10/27** Full name of contributor out of state PAC

BARRY SARMA

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

**2715 BARTON SKYWAY
AUSTIN 78704**

\$150.00

Principal occupation

Employer (optional)

Date: **10/27** Full name of contributor out of state PAC

MARILYN BAILEY

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

**508 E. HOWARD LN.
AUSTIN 78753**

\$20.00

Principal occupation

Employer (optional)

Date: **10/27** Full name of contributor out of state PAC

WILLIE KOCHREK

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

513 W. 41ST ST. AUSTIN 78751

\$100.00

Principal occupation

Employer (optional)

420

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **16**

FILER NAME

CLAYTON (NORA N.)

3 ACCOUNT # (Ethics Commission Uses)

Date

5 Full name of contributor out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/28/98

BALIE GRIEFLTH

6 Contributor address; City; State; Zip Code

3711 TAYLORS DR AUSTIN 78703

\$100.00

Principal occupation

REAL ESTATE

10 Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/28

GARY VALDEZ

Contributor address; City; State; Zip Code

7126 Valburn DR. AUSTIN 78731

\$50.00

Principal occupation

BANKER

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/28

VINSON + EAKINS TX PAC

Contributor address; City; State; Zip Code

**2300 FIRST CITY TOWER
HOUSTON TX 77002-6760**

\$500.00

Principal occupation

AH'Y

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/28

JERRY HARRIS

Contributor address; City; State; Zip Code

**1400 FRANKLIN PLAZA
111 CONGRESS AVE AUSTIN 78701**

\$250.00

Principal occupation

AH'Y

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/28

AL THU CAL

Contributor address; City; State; Zip Code

**7810 Elkhorn Mt. Trail
AUSTIN 78729**

\$100.00

Principal occupation

Employer (optional)

1000

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: **16**

FILER NAME

CLAYTON (NORA N)

3 ACCOUNT # (Ethics Commission files)

Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/29/98

ALFRED STANLEY

6 Contributor address; City; State; Zip Code

1409 HARDOUN AVE.

AUSTIN 78703

\$100⁰⁰

Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/29

DOROTAY ANDERSON

Contributor address; City; State; Zip Code

3004 CEDARVIEW DR.

AUSTIN 78704

\$25⁰⁰

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/29

DAVID SCOTT PAGE

Contributor address; City; State; Zip Code

1507 W. 30th

AUSTIN 78703

\$100⁰⁰

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/29

VALERIE S. BRISTOL

Contributor address; City; State; Zip Code

P.O. Box 163262

AUSTIN 78716

\$150⁰⁰

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/30

TRAVIS COUNTY DEMO PARTY

Contributor address; City; State; Zip Code

P.O. Box 684263

AUSTIN 78768

\$250⁰⁰

Principal occupation

Employer (optional)

625

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 16 | |
| FILER NAME CLAYTON (DORA N) | | 3 ACCOUNT # (Ethics Commission file) | |
| Date 10/30/98 | 5 Full name of contributor <input type="checkbox"/> out of state PAC MARY PEARL WILLIAMS | 7 Amount of contribution (\$) \$100⁰⁰ | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code 3503 Mt. Barker Dr. AUSTIN 78731 | | |
| Principal occupation Judge | | 10 Employer (optional) | |
| Date 10/30 | Full name of contributor <input type="checkbox"/> out of state PAC ANN RICHARDS COMMITTEE | Amount of contribution (\$) \$250⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code P.O. Box 684746 AUSTIN 78711-2404 | | |
| Principal occupation | | Employer (optional) | |
| Date 10/30 | Full name of contributor <input type="checkbox"/> out of state PAC JAMES M. DIAS | Amount of contribution (\$) \$100⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 1116 Reagan TERRACE AUSTIN 78704 | | |
| Principal occupation | | Employer (optional) | |
| Date 10/30 | Full name of contributor <input type="checkbox"/> out of state PAC DIANE TRESON | Amount of contribution (\$) \$150⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 2900 Wade Ave. AUSTIN 78703 | | |
| Principal occupation | | Employer (optional) | |
| Date 10/30 | Full name of contributor <input type="checkbox"/> out of state PAC ROBERT COFFEE | Amount of contribution (\$) \$100⁰⁰ | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 509 OAKLAND AUSTIN 78703 | | |
| Principal occupation ARCHITECT | | Employer (optional) 700 | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16

FILER NAME

CLAYTON (NORA D.)

3 ACCOUNT # (Ethics Commission Uses)

Date 10/30/98 5 Full name of contributor out of state PAC

BILL CRYER

7 Amount of contribution (\$) \$50.00

8 In-kind contribution description (if applicable)

6 Contributor address: City, State, Zip Code

3702 GREEN TRAILS SOUTH

AUSTIN 78731

Principal occupation

10 Employer (optional)

Date 10/30 Full name of contributor out of state PAC

PHILIP SPERTUS

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

3321 Bee Caves Rd. Ste. 333

AUSTIN 78746

Principal occupation

Employer (optional)

Date 10/30 Full name of contributor out of state PAC

DANIEL GUSTAFSON

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

3201 BOWMAN AVE.

AUSTIN 78703

Principal occupation

Employer (optional)

Date 10/30 Full name of contributor out of state PAC

HOYT BYRD

Amount of contribution (\$) \$25.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

107 TALLSTAR AUSTIN 78734

Principal occupation

Employer (optional)

Date 10/31 Full name of contributor out of state PAC

GEOFFREY TRIPS

Amount of contribution (\$) \$30.00

In-kind contribution description (if applicable)

Contributor address: City, State, Zip Code

2000 KENWOOD AUSTIN 78704

Principal occupation

Employer (optional)

255

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If contributor is out of state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 16 | |
| FILER NAME CLAYTON (NORA N.) | | 3 ACCOUNT # (Ethics Commission Uses) | |
| Date 11/2/98 | 5 Full name of contributor Dudley Houghton <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$100⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 3219 Bridle Path AUSTIN 78703 | | | |
| Principal occupation | | 10 Employer (optional) | |
| Date 10/2 | 5 Full name of contributor Jay BARNES III <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$200⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 1108 W. 7th St. AUSTIN 78703 | | | |
| Principal occupation ARCHITECT | | Employer (optional) | |
| Date 11/2 | 5 Full name of contributor Melanie BARNES <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$250⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 1706 Windsor Rd AUSTIN 78703 | | | |
| Principal occupation Att'y | | Employer (optional) | |
| Date 11/2 | 5 Full name of contributor WILLIAM G. BUNN <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$100⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 1307 DREARD AUSTIN 78704 | | | |
| Principal occupation Att'y | | Employer (optional) | |
| Date 10/3 | 5 Full name of contributor DON MORGAN <input type="checkbox"/> out of state PAC | 7 Amount of contribution (\$) \$25⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code 2208 Matterhorn Ln AUSTIN 78704 | | | |
| Principal occupation | | Employer (optional) 675 | |

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **16**

FILER NAME

CLAYTON (NORA H.)

3 ACCOUNT # (Ethics Commission files)

Date

5 Full name of contributor out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/3/98

MARTORIE LUEHLIN
6 Contributor address; City; State; Zip Code

\$25⁰⁰

**304 ALHARION DR
AUSTIN 78746**

Principal occupation

10 Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/4

FOREST G HILL
Contributor address; City; State; Zip Code

\$100⁰⁰

**4100 JACKSON AVE.
AUSTIN 78731**

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/4

LURILLE STEGMAN
Contributor address; City; State; Zip Code

\$50⁰⁰

**586 LANCELOT WAY
AUSTIN 78746**

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

175

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

| | |
|---|--------------------------------|
| INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule E: 1 |
|---|--------------------------------|

| | |
|------------------------------------|--------------------------------------|
| 2 LENDER NAME CLAYTON (NORA N.) | 3 ACCOUNT # (Ethics Commission Bars) |
|------------------------------------|--------------------------------------|

| | |
|----------------------------|------|
| TOTAL OF UNITEMIZED LOANS: | \$ 0 |
|----------------------------|------|

| | | |
|---|---|---------------------------------|
| 4 Date of loan 10/27/98 | 7 Name of lender NATIONAL MORTGAGE BANK <input type="checkbox"/> out of state PAC | 9 Loan Amount (\$) \$ 50,000 |
| 5 Is lender a financial institution? N | 8 Lender address; City; State; Zip Code 3101 Bee Caves ste. 304 AUSTIN, TX 78746 | 10 Interest rate 6.87 |
| | | 11 Maturity date 30 yrs |

6 Description of Collateral
 none HOUSE

| | | |
|---|--|---------------------------|
| 12 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 14 Name of guarantor 15 Guarantor address; City; State; Zip Code | 16 Amount Guaranteed (\$) |
|---|--|---------------------------|

| | |
|----------------------|-------------|
| Principal Occupation | 18 Employer |
|----------------------|-------------|

| | | |
|---|---|------------------|
| 4 Date of loan | Name of lender <input type="checkbox"/> out of state PAC | Loan Amount (\$) |
| 5 Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |

6 Description of Collateral
 none

| | | |
|---|--|------------------------|
| 12 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
|---|--|------------------------|

| | |
|----------------------|----------|
| Principal Occupation | Employer |
|----------------------|----------|

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule I:

5

FILER NAME

NORA N. CLAYTON

3 ACCOUNT # (Ethics Commission Uses)

| Date | 5 Payee name | 8 Amount (\$) |
|----------|---|---------------|
| 10/25/98 | SMARTMAIL 2011 ANCHOR LANE AUSTIN 78723 Mailing | \$174.57 |
| 0/25/98 | ALAMO PRINTING 1308 E. 51 st AUSTIN 78723 PRINTING | \$637.83 |
| 10/26/98 | SMARTMAIL 2011 Anchor Lane AUSTIN TX 78723 mailing | \$4,000.00 |
| 10/27/98 | Rindy Miller 501 North 1-35 AUSTIN, TX 78702 Media | \$20,000.00 |
| 10/28/98 | Opinion Analyst 906 Rio Grande AUSTIN TX 78701 labels | \$307.00 |

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25,719.70

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The INSTRUCTION GUIDE explains, how to complete this form.

1 Total pages Schedule I:

5

FILER NAME

CLAYTON (Nora D)

3 ACCOUNT # (Ethics Commission Uses)

| Date | 5. Payee name 6. Payee address; City; State; Zip Code | 7. Purpose of expenditure | 8. Amount (\$) |
|----------|--|---------------------------|-----------------------|
| 10/28/98 | SMART MAIL 2011 Anchor Lane - Austin 78723 | mailing | \$202 ⁴⁰ |
| 10/28/98 | POSTMASTER Austin, 78701 | Postage | \$1,075 ⁵⁹ |
| 10/28/98 | Chris SAUNDERS 3713 Windsor Rd Austin 78703 | Graphics | \$25 ⁰⁰ |
| 10/28/98 | LONE STAR PRINTING 1902 E 6th Austin 78702 | Printing | \$775 ⁷⁵ |
| 10/28/98 | R.B.H. Direct 504 Congress Ave. Austin 78701 | printing | \$3,584 ¹⁷ |

5,662.91

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.

1 Total pages Schedule I: 5

FILER NAME

CLAYTON, (NORA N.)

3 ACCOUNT # (Ethics Commission Uses)

| Date | 5. Payee name | 8. Amount (\$) |
|----------|--|--------------------------------------|
| 10/25/98 | 6 Payee address; City; State; Zip Code <u>AUSTIN CHRONICLE</u> P.O. Box 49066 AUSTIN 78765 7 Purpose of expenditure <u>Ad's</u> | \$1,300 ⁰⁰ |
| 10/28/98 | Payee name <u>AMERICAN PRINTERS EXCHANGE</u> Payee address; City; State; Zip Code 630 CANYON ST. AUSTIN 78752 Purpose of expenditure <u>mailing</u> | Amount (\$) \$3,816 ⁹⁰ |
| 10/28/98 | Payee name <u>RINDY MILLER</u> Payee address; City; State; Zip Code 501 N. I-35 AUSTIN 78702 Purpose of expenditure <u>Media</u> | Amount (\$) \$4,550 ⁰⁰ |
| 10/28/98 | Payee name <u>POSTMASTER</u> Payee address; City; State; Zip Code AUSTIN 78701 Purpose of expenditure <u>stamps</u> | Amount (\$) \$160 ⁰⁰ |
| 10/29/98 | Payee name <u>Kwik Kopy</u> Payee address; City; State; Zip Code 2804A Bee Caves AUSTIN 78746 Purpose of expenditure <u>copies</u> | Amount (\$) \$45 ⁷⁴ |

9,872.64

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

| | |
|---|---------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule I: <u>5</u> |
| FILER NAME <u>CLAYTON (NORA N)</u> | 3 ACCOUNT # (Ethics Commission files) |

| | | |
|-------------------------|--|--|
| Date <u>10/29/98</u> | 5 Payee name <u>OPINION ANALYST</u> | 8 Amount (\$) <u>\$750⁰⁰</u> |
| | 6 Payee address; City; State; Zip Code <u>906 Rio Grande Austin 78701</u> | |
| | 7 Purpose of expenditure <u>labels</u> | |

| | | |
|-------------------------|---|---|
| Date <u>10/30/98</u> | Payee name <u>POSTMASTER</u> | Amount (\$) <u>\$1400⁰⁰</u> |
| | Payee address; City; State; Zip Code <u>AUSTIN 78701</u> | |
| | Purpose of expenditure <u>STAMPS</u> | |

| | | |
|-------------------------|---|--|
| Date <u>10/30/98</u> | Payee name <u>KINKO'S</u> | Amount (\$) <u>\$113¹²</u> |
| | Payee address; City; State; Zip Code <u>3300 Bee Caves Rd Austin 78746</u> | |
| | Purpose of expenditure <u>PRINTING</u> | |

| | | |
|-------------------------|--|--|
| Date <u>10/31/98</u> | Payee name <u>KINKO'S</u> | Amount (\$) <u>\$536⁹²</u> |
| | Payee address; City; State; Zip Code <u>3300 Bee Caves Austin 78746</u> | |
| | Purpose of expenditure <u>PRINTING</u> | |

| | | |
|------------------------|--|---|
| Date <u>11/2/98</u> | Payee name <u>CHECK MARK PRINTING (typesetting)</u> | Amount (\$) <u>\$52⁵⁰</u> |
| | Payee address; City; State; Zip Code <u>3217 N. 1-35 Austin 78722</u> | |
| | Purpose of expenditure <u>typesetting</u> | |

2852.54

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 5

FILER NAME

CLAYTON (NORA N)

3 ACCOUNT # (Ethics Commission file)

| Date | 5 Payee name | 8 Amount (\$) |
|----------|--|-------------------------------------|
| 10/2/98 | 6 Payee address; City; State; Zip Code DAVIP... B.H.T.S. 1914 Patton Lane Austin 78723 | \$10,000 ⁰⁰ |
| | 7 Purpose of expenditure Repay Loan | |
| 10/2/98 | Payee name SANDRA CASTELLANDS Payee address; City; State; Zip Code 8901 Bluff Springs Rd. Austin TX 78744 | Amount (\$) \$1000 ⁰⁰ |
| | Purpose of expenditure SALARY | |
| 11/2/98 | Payee name SANDRA CASTELLANDS Payee address; City; State; Zip Code 8901 Bluff Sprs. Rd Austin 78744 | Amount (\$) \$318 ⁵⁰ |
| | Purpose of expenditure phone bank | |
| 12/23/98 | Payee name ACE PRINTING Payee address; City; State; Zip Code P.O. Box 13522 Austin 78711 | Amount (\$) \$336 ⁶⁶ |
| | Purpose of expenditure YARD SIGNS | |
| 12/23/98 | Payee name NANCY CHOI Payee address; City; State; Zip Code 2605 WHITIS # 367 Austin 78705 | Amount (\$) \$21 ⁰⁰ |
| | Purpose of expenditure PHONE | |

11,676.16

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