

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4447

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission File #)

2 Total pages filed

3

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
James M.
NICKNAME LAST SUFFIX
Branum

OFFICE USE ONLY

Date Received: JAN 13 1 52 PM '00

FILED

Date Hand-Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS (PO BOX, APT. SUITE #) CITY STATE ZIP CODE
~~1908 Univ. Ave Austin TX 78705~~
PMB 141, 2002-A Conditlype, Austin, TX 78705

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
James M.
NICKNAME LAST SUFFIX
Branum

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE!) APT. SUITE # CITY STATE ZIP CODE
1908 Univ. Ave #105 Austin TX 78705 - residence
PMB 141, 2002-A Conditlype Austin TX 78705 - business

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 420-5057

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
9 / 20 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 2 / 00 Primary Runoff General Special

11 OFFICE

OFFICE BLDG. (if any)

12 OFFICE SOURCE (if known)

Constitable, Precinct 5

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

Address (PO Box, Apt. Suite #, City, State, Zip Code)

additional pages

GO TO PAGE 2

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 James M. Brunson

3 ACCOUNT # (Ethics Commission file #)

4 Date <u>12-1-99</u>	5 Payee name <u>Institute for Christian Studies-Library</u> 6 Payee address; City; State; Zip Code <u>1909 Univ. Ave, Austin, TX 78705</u>	8 Amount (\$) <u>\$2.00</u>
7 Purpose of expenditure (See instructions regarding type of information required.) <u>photocopying</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <u>9-20-99</u>	Payee name <u>Travis County (Vote Registration Office)</u> Payee address; City; State; Zip Code <u>Austin, TX</u>	Amount (\$) <u>\$3.00</u>
Purpose of expenditure (See instructions regarding type of information required.) <u>Precinct Maps</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

James M. Brunum

15 ACCOUNT # (if this is an ethics account)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. Sign affidavit below and submit pages 1 and 2 only.

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5.00

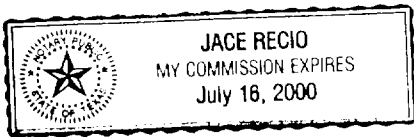
OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT

I swear, or affirm, 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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James M. Brunum, this the 13th day of Jan, 2000, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jace Recio
Printed name of officer administering oath

Notary Public
Title of officer administering oath