

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4805

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX:	APT / SUITE #:
5 CAMPAIGN TREASURER NAME		TITLE	MI
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED		Month	Day
10 ELECTION		ELECTION DATE	ELECTION TYPE
11 OFFICE		OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
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 Address / PO Box: Apt. / Suite #: City: State: Zip Code	

OFFICE USE ONLY
 ORIGINAL FILED FOR RECORD
 Date Received: 1-22-01
 1:35 PM
 Receipt #
 HD / PM Amount
 Date Processed
 Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

James M. Brannum

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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)

\$ 95.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 125.93

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.



AFFIX NOTARY STAMP / SEAL ABOVE

James M. Brannum
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James M. Brannum this the 16th day of January 2001, to certify which, witness my hand and seal of office.

Mary Ruth Wiley
Signature of officer administering oath

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: <u>1</u>	
2 FILER NAME <u>James M. Branham</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-24-2000</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Eric Ebner</u>	7 Amount of contribution (\$) <u>\$35</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>2904 Oak Haven Dr. Austin, TX 78704</u>			
9 Principal occupation <u>Student</u>		10 Employer (optional)	
Date <u>10-24-2000</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Robert "Rock" Howard</u>	Amount of contribution (\$) <u>\$60</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2707 Pinenoud Terrace, Austin, TX 78757</u>			
Principal occupation <u>President / CTO</u>		Employer (optional) <u>Tower Technology</u>	
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)	
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

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			

10 Principal occupation	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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

Jamez M. Brannum

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-17-
2000

5 Payee name

Mailbox Etc.

6 Payee address;

City: State: Zip Code

2002-A Guadalupe, Austin, TX 78705

7 Amount (\$)

\$23.67

8 Purpose of expenditure

private mail box rental

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

10-15
2000

Payee name

Mail box Etc.

Payee address;

City: State: Zip Code

2002-A Guadalupe, Austin, TX 78705

Amount (\$)

\$30.00

Purpose of expenditure

private mail box rental

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

11-17
2000

Payee name

Breed's Hardware

Payee address;

City: State: Zip Code

Austin, TX

Amount (\$)

\$52.07

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

11-7
2000

Payee name

Kinko's

Payee address;

City: State: Zip Code

26th & Medical Arts, Austin, TX

Amount (\$)

\$7.10

Purpose of expenditure

production of campaign adv. materials

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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. BRENNAN

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10-29</u> <u>2000</u>	5 Payee name <u>Office Max</u>	8 Amount (\$) <u>\$3.78</u>
	6 Payee address; City: State: Zip Code <u>S. Lamar, Austin, TX</u>	
7 Purpose of expenditure <u>PAPER FOR MAKING CAMPAIGN FLYERS</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11-6</u> <u>2000</u>	Payee name <u>H.E.B.</u>	Amount (\$) <u>\$4.31</u>
	Payee address; City: State: Zip Code <u>Austin, TX</u>	
Purpose of expenditure <u>SUPPLIES FOR MAKING SIGNS</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11-6-</u> <u>2000</u>	Payee name <u>Mail box Etc.</u>	Amount (\$) <u>\$5.00</u>
	Payee address; City: State: Zip Code <u>2002-A Grandale, Austin, TX 78705</u>	
Purpose of expenditure <u>COPYING CAMPAIGN FLYERS</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

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

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held	

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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:

1

2 FILER NAME

Jamel M. Branum

3 ACCOUNT # (Ethics Commission filers)

4 Date

~~12-23-2000~~
12-23-2000

5 Payee name

Salvation Army

6 Payee address;

City: State: Zip Code

(Bellringa's Kettle)

Austin TX

8 Amount (\$)

\$1.75

7 Purpose of expenditure

Charitable contribution

Date

Payee name

Amount (\$)

Payee address;

City: State: Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address;

City: State: Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address;

City: State: Zip Code

Purpose of expenditure

Date

Payee name

Amount (\$)

Payee address;

City: State: Zip Code

Purpose of expenditure

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

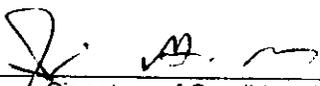
FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on C/OH page 1 is marked "Final Report" **

1 C/OH NAME <u>James M. Brannm</u>	2 ACCOUNT # (Ethics Commission filers)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are a candidate **

A. CAMPAIGN FUNDS

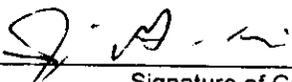
Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder