

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5114

### 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:  
**11**

3 CANDIDATE / OFFICEHOLDER NAME

|          |         |        |
|----------|---------|--------|
| TITLE    | FIRST   | MI.    |
| NICKNAME | LAST    | SUFFIX |
|          | DEWAYNE | D.     |
|          | NAUMANN |        |

OFFICE USE ONLY

DAVID DEBEAUX  
COUNTY CLERK  
TRAVIS COUNTY, TEXAS

RECEIVED  
MAR -5 PM :50

FILED

Date Received  
Date Hand-Delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

**5018 HIGHLAND CT. AUSTIN, TX 78731**

Change of Address

5 CAMPAIGN TREASURER NAME

|          |         |        |
|----------|---------|--------|
| TITLE    | FIRST   | MI.    |
| NICKNAME | LAST    | SUFFIX |
|          | DEWAYNE | D.     |
|          | NAUMANN |        |

|                |        |
|----------------|--------|
| Receipt #      | Amount |
| Date Processed |        |
| Date Imaged    |        |

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

**5018 HIGHLAND CT. AUSTIN, TX 78731**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

**(512) 451-3238**

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

**1 / 1 / 2002    THROUGH    3 / 5 / 2002**

10 ELECTION

|                      |   |
|----------------------|---|
| ELECTION DATE        | ELECTION TYPE   |
| Month Day Year       | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| <b>3 / 12 / 2002</b> |   |

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

**TRAVIS COUNTY CLERK**

13 NOTICE OF 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

**DEWAYNE D. NAUMANN**

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

*\*\* This box is for notice of 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

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

\$ 100.00

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

\$ 100.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:  
**1**

2 FILER NAME

**DEWAYNE D. NAUMANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**1/7/02**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**GRANT GOODWIN**

6 Contributor address; City; State; Zip Code

**812 SAN ANTONIO AUSTIN, TX 78701**

7 Amount of contribution (\$)

**\$100.00**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

**ATTORNEY**

10 Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

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 B1 (FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

|   |  |                                |  |   |  |
|---|--|--------------------------------|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.             |  |                                |  | <b>1</b> Total pages this Schedule B1:        |  |
| <b>2</b> FILER NAME<br><b>DEWAYNE D. NAUMANN</b>                      |  |                                |  | <b>3</b> ACCOUNT # (Ethics Commission filers) |  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$ |  |                                |  |   |  |
| <b>5</b> Date   | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of pledge (\$) | <b>9</b> In-kind description (if applicable) |   |  |
| <b>7</b> Pledgor address;      City; State; Zip Code                  |  |                                |  |   |  |
| <b>10</b> Principal occupation (optional)                             |  |                                |  | <b>11</b> Employer (optional)                 |  |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          | Amount of pledge (\$)          | In-kind description (if applicable)          |   |  |
| Pledgor address;      City; State; Zip Code                           |  |                                |  |   |  |
| Principal occupation (optional)                                       |  |                                |  | Employer (optional)                           |  |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          | Amount of pledge (\$)          | In-kind description (if applicable)          |   |  |
| Pledgor address;      City; State; Zip Code                           |  |                                |  |   |  |
| Principal occupation (optional)                                       |  |                                |  | Employer (optional)                           |  |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          | Amount of pledge (\$)          | In-kind description (if applicable)          |   |  |
| Pledgor address;      City; State; Zip Code                           |  |                                |  |   |  |
| Principal occupation (optional)                                       |  |                                |  | Employer (optional)                           |  |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          | Amount of pledge (\$)          | In-kind description (if applicable)          |   |  |
| Pledgor address;      City; State; Zip Code                           |  |                                |  |   |  |
| Principal occupation (optional)                                       |  |                                |  | 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.

# LOANS

# SCHEDULE E

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

2 FILER NAME **DEWAYNE D. NAUMANN** 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:      \$

|  |  |                    |
|--|--|--------------------|
| 5 Date of loan                                   | 7 Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution?<br>Y      N | 8 Lender address; City; State; Zip Code                                    | 10 Interest rate   |
|  |  | 11 Maturity date   |

12 Description of Collateral  
 none

|   |                      |                           |
|---|----------------------|---------------------------|
| 13 GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | 14 Name of guarantor | 16 Amount Guaranteed (\$) |
| 15 Guarantor address; City; State; Zip Code                         |                      |                           |

17 Principal Occupation \_\_\_\_\_ 18 Employer

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

Description of Collateral  
 none

|  |                   |                        |
|--|-------------------|------------------------|
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| 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:

2 FILER NAME

**DEWAYNE D. NDUMANN**

3 ACCOUNT # (Ethics Commission filers)

|        |  |               |
|--------|--|---------------|
| 4 Date | 5 Payee name                           | 7 Amount (\$) |
|        | 6 Payee address; City; State; Zip Code |               |

|   |   |
|---|---|
| 8 Purpose of payment (See instructions regarding type of information required.) | 9 .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office held |
|---|---|

|      |                                      |             |
|------|--------------------------------------|-------------|
| Date | Payee name                           | Amount (\$) |
|      | Payee address; City; State; Zip Code |             |

|   |   |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | .. Complete if direct expenditure to benefit C/OH ..<br>Candidate / Officeholder name Office sought Office 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:

2 FILER NAME

DEWAYNE D. NAUMANN

3 ACCOUNT # (Ethics Commission filers)

|        |   |  |
|--------|---|--|
| 4 Date | 5 Payee name  | 8 Amount (\$)  |
|        | 6 Payee address; City; State; Zip Code  |  |
|        | 7 Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name  | Amount (\$)  |
|        | Payee address; City; State; Zip Code  |  |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name  | Amount (\$)  |
|        | Payee address; City; State; Zip Code  |  |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name  | Amount (\$)  |
|        | Payee address; City; State; Zip Code  |  |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date   | Payee name  | Amount (\$)  |
|        | Payee address; City; State; Zip Code  |  |
|        | Purpose of expenditure (See instructions regarding type of information required.)   | <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

**DEWAYNE D. NAUMANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office 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:

2 FILER NAME

**DEWDYNE D. NAUMANN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8

Amount  
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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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

**DEWAYNE D. NOHMANN**

3 ACCOUNT # (Ethics Commission filers)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

1 C/OH NAME

DEWDYNE D. NAUMANN

2 ACCOUNT #(Ethics Commission files)

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