

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5258

## 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:
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	FIRST
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 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 checked="" 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
10 ELECTION		ELECTION DATE	ELECTION TYPE
11 OFFICE		OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
13 NOTICE OF 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: NONE Address / PO Box:    Apt. / Suite #:    City:    State:    Zip Code:	

**OFFICE USE ONLY**

Date Received: 02 OCT 2002

Date Hand-delivered or Date Postmarked: 10/12/02 12:57

Receipt #    Amount

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

NONE

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)

\$ 970.00

THIS REPORT

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

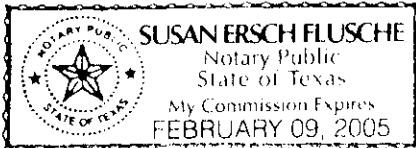
\$ 409.49

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEWAYNE D. NAUMANN, this the 29TH day of OCT., 20 02, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

SUSAN FLUSCHE  
Printed name of officer administering oath

NOTARY  
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: <p style="text-align: center;">2</p>	
2 FILER NAME <p style="text-align: center;">DEWAYNE D. NEWMANN</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="text-align: center;">9/21/2002</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NORTHWEST AUSTIN REPUBLICAN WOMENS CLUBS P.A.C. 6 Contributor address; City; State; Zip Code 6211 AUGUSTA NATIONAL AUSTIN, TX. 78746	7 Amount of contribution (\$) <p style="text-align: center;">200.00</p>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <p style="text-align: center;">10/1/2002</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREATER OAK HILL AREA PAC OF HILL COUNTRY REPUBLICAN WOMAN'S CLUBS Contributor address; City; State; Zip Code 9123 GRANADA HILLS DR AUSTIN, TX. 78737	Amount of contribution (\$) <p style="text-align: center;">\$50.00</p>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <p style="text-align: center;">10/6/2002</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES NOBLE JOHNSON Contributor address; City; State; Zip Code 3801 LAURELEDGE LANE AUSTIN, TX. 78731	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <p style="text-align: center;">10/14/2002</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A. J. WAIGHT, JR. Contributor address; City; State; Zip Code WILLOW CITY, TX	Amount of contribution (\$) <p style="text-align: center;">100.00</p> <p style="text-align: center;">CASH</p>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <p style="text-align: center;">10/17/2002</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BILL CHILDERS Contributor address; City; State; Zip Code P.O. BOX 492 DEL VALLE, TX. 78617	Amount of contribution (\$) <p style="text-align: center;">\$20.00</p> <p style="text-align: center;">CASH</p>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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.

2

2 FILER NAME

DEWAYNE D. NAUMANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/18/2002

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

ERIC A. ANDERSON

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

10413 S. IH. 35

AUSTIN, TX. 78747-1703

9 Principal occupation (Optional)

10 Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor 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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B1

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

DEWAYNE T. NAUMANN

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID#:

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

NONIE

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor  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  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  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  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 <b>Date of loan</b>	7 <b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#:	9 <b>Loan Amount (\$)</b>
6 <b>Is lender a financial Institution?</b> Y      N	8 <b>Lender address:</b> City:      State:      Zip Code <i>NONE</i>	10 <b>Interest rate</b>
		11 <b>Maturity date</b>

12 **Description of Collateral**  
 none

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

17 **Principal Occupation**      18 **Employer**

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:	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  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address:      City:      State:      Zip Code	Amount Guaranteed (\$)
--	--	------------------------

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. NAUMANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/8/2002

THE HOME DEPOT

6 Payee address; City; State; Zip Code  
10107 RESEARCH BLVD.  
AUSTIN, TX 78759

\$155.62

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

SIGN STAKES

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

N/A

Date

Payee name

Amount (\$)

10/17/2002

THE HOME DEPOT

6 Payee address; City; State; Zip Code  
10107 RESEARCH BLVD  
AUSTIN, TX. 78759

\$253.87

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

SIGN STAKES

\*\* Complete if direct expenditure to benefit C/OH \*\*  
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 \*\*  
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 \*\*  
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: <b>NONE</b> 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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



# 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 T. NAUMANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

NONE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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

DEWAYNE D. NAUMANN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

NONE

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.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K.

2 FILER NAME

DEWAYNE D. NAUMANN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City: State: Zip Code <i>NONE</i>	
	7 Reason for credit	
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED