

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Jim Clark Shaw

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> 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	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 65.53
4. TOTAL POLITICAL EXPENDITURES	\$ 715.53

OUTSTANDING LOAN TOTALS

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

Jim Clark Shaw

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 19_____, to certify which, witness my hand and seal of office.

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: <i>1 of 2</i>	
2 FILER NAME <i>Jim Clark Shaw</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/20/97</i>	5 Full name of contributor <i>Joanna Clardy</i> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <i>6723 Bear Ford Austin TX 78750</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation		10 Employer (optional)		
Date <i>11/24/97</i>	Full name of contributor <i>Bud Schavate</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>8501 - A Cima Oak Ln. Austin TX 78759</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)		
Date <i>12/8/97</i>	Full name of contributor <i>Robert Bridges</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>2419 Maria Anna Austin TX 78703</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)		
Date <i>12/10/97</i>	Full name of contributor <i>Teresa Doggett</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>32 Sundown Prkwy Austin TX 78746</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Principal occupation		Employer (optional)		
Date <i>12/17/97</i>	Full name of contributor <i>Travis County Charismatic PAC</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>8740 N Lamar Austin TX 78753</i>	Amount of contribution (\$) <i>\$1000.00</i>	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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule B: 5	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
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)	
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)	
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)	
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)	
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)	
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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 2

2 FILER NAME

Jim Clark Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/26/97

5 Full name of contributor

James Randall

out of state PAC

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6402 Haney Dr. Austin TX 78723

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

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

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

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

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B: 0	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
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)	
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)	
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)	
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)	
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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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

0

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

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 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

Jim Clark Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/20/97

5 Payee name

Shaun McDonald

7 Amount (\$)

\$650.00

6 Payee address; City; State; Zip Code

PO Box 163131 Austin TX 78716-3131

8 Purpose of expenditure

Consulting Fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

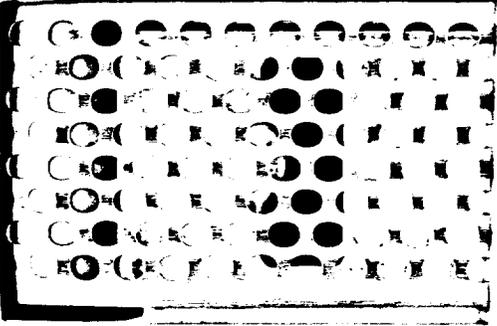
Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

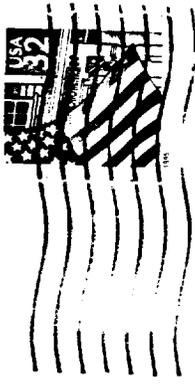
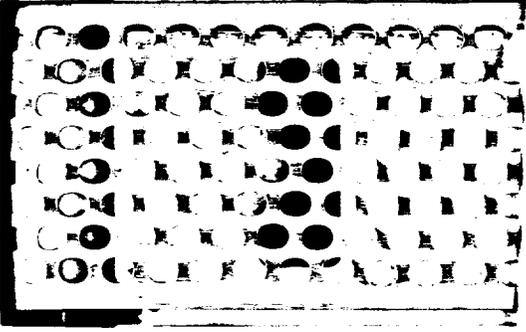
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



Jim Shaw
 9411 Parkfield Pr Suite 220
 Austin TX 78798

3786

FILED
 JAN 20 9 29 AM '98
 DANA DEBELO
 COUNTY CLERK
 COUNTY, TEXAS



Trans County Clerk: Elections Division
 1000 Guadalupe ST. #220
 Austin TX 78701

78701+2328

