

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3945

## 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:

TRAVIS COUNTY CLERK  
MAR 4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Dr. FIRST: James MI: C  
NICKNAME: Jim LAST: Shaw SUFFIX:

OFFICE USE ONLY

Date Received: 3 16 PM '98  
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
5107 Saddle Cir Austin TX 78727

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Stephen MI: N  
NICKNAME: Foster LAST: SUFFIX:

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
3543 Greystone Dr #1015 Austin TX 78731

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:  
(512) 349-7446

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: 01 / 01 / 98 THROUGH Month Day Year: 02 / 08 / 98

10 ELECTION

ELECTION DATE: Month Day Year: 03 / 10 / 98  
ELECTION TYPE:  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

County Comm. Precinct 2  
MAR 2 3 16 PM '98  
FILED

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Jim 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

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

\$ 375<sup>00</sup>

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

\$ 2050<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 58.18

4. TOTAL POLITICAL EXPENDITURES

\$ 570.16

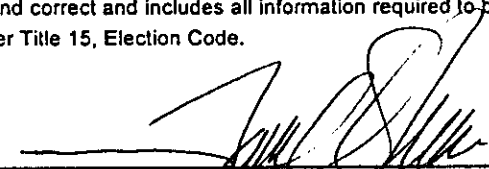
OUTSTANDING  
LOAN TOTALS

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

\$

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 \_\_\_\_\_

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: <b>2</b>	
2 FILER NAME <b>Jim Shaw</b>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1-9-98</b>	5 Full name of contributor <b>C. B. Wood</b> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <b>3313 Adelanto Lt Austin TX 78733</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description(if applicable)	
9 Principal occupation <b>Assistant Executive Director</b>			10 Employer (optional)		
Date <b>1-25-98</b>	Full name of contributor <b>Delmar Hager</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>11960 Dorset # Rd Austin, TX 78727</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description(if applicable)	
Principal occupation <b>Computer</b>			Employer (optional)		
Date <b>1-27-98</b>	Full name of contributor <b>Robert S. Wetmore</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>7709 Waldon Austin, TX 78750</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>	In-kind contribution description(if applicable)	
Principal occupation <b>CPA</b>			Employer (optional)		
Date <b>1-27-98</b>	Full name of contributor <b>Joanna Clardy</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>6723 Beauford Dr. Austin, TX 78750</b>	Amount of contribution (\$) <b>1000<sup>00</sup></b>	In-kind contribution description(if applicable)	
Principal occupation <b>Housewife</b>			Employer (optional)		
Date <b>1-21-98</b>	Full name of contributor <b>Patrick J. McGuinness</b> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <b>4301 Travis County Cir Austin, TX 78735</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description(if applicable)	
Principal occupation <b>Computer Programme</b>			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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME				3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)		
1-28-98	Carolyn Breazzeale 6 Contributor address; City; State; Zip Code 3267 Bee Caves Rd #113 Austin, TX 78746	100 <sup>00</sup>			
9 Principal occupation			10 Employer (optional)		
Chiropractor					
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
1-15-98	Jeffrey L. Brown Contributor address; City; State; Zip Code 7800 Mopac, #340 Austin, TX 78759	100 <sup>00</sup>			
Principal occupation			Employer (optional)		
Chiropractor					
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
1-9-98	Mark L. Rehmann Contributor address; City; State; Zip Code 501 Parkview Dr Pflugerville, TX 78660	100 <sup>00</sup>			
Principal occupation			Employer (optional)		
Owner Medical Supply Co					
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
1-5-98	Pete Moreno Contributor address; City; State; Zip Code P.O. Box 6025 Austin TX 78762	250 <sup>00</sup>	Printing Campaign Flyers		
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)		

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Jim Shaw</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-30-98</i>	5 Payee name <i>Aztec Marketing</i>	7 Amount (\$) <i>570.16</i>
6 Payee address; City; State; Zip Code <i>5100 Commercial Park Dr Austin TX 78724</i>		
8 Purpose of expenditure <i>4x8 Signs</i>		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

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