

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3986

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:

FILED
4/11/98

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received: 4/11/98

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 5107 Saddle Cir
APT / SUITE #: CITY: Austin TX
STATE: TX ZIP CODE: 78727
512-836-6000

Change of Address

Receipt #

HD / PM Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

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

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 344-7446
EXTENSION:

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: 02/09/98 THROUGH Month Day Year: 03/02/98

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. Prec. 2

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

4 C/OH NAME Jim Shaw 15 ACCOUNT # (Ethics Commission file)

6 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. ***

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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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	\$ 365 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1743 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 172.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 2429.76
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.

Jim 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: *10/2*

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission files)

Date <i>2-17-98</i>	Full name of contributor <i>Richard McCormick</i> Contributor address: City: State: Zip Code <i>2006 A. Wilson St. Austin, TX 78704</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation <i>Chiropractor</i>		Employer (optional)		

Date <i>2-16-98</i>	Full name of contributor <i>J.P. Word</i> Contributor address: City: State: Zip Code <i>10203 Pinehurst Dr Austin TX 78747</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation <i>Exec. Director TCA</i>		Employer (optional)		

Date <i>2-17-98</i>	Full name of contributor <i>Kathy Nichols</i> Contributor address: City: State: Zip Code <i>504 Oak Meadow Pflugerville, TX 78660</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation <i>City Council</i>		Employer (optional)		

Date <i>2-17-98</i>	Full name of contributor <i>Larry Smith</i> Contributor address: City: State: Zip Code <i>P.O. Box 55413 Dallas, TX 75355</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation <i>Chiropractor</i>		Employer (optional)		

Date <i>2-23-98</i>	Full name of contributor <i>Alan Warren</i> Contributor address: City: State: Zip Code <i>7600 Burnet Rd #380 Austin, TX 78757</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation <i>Geologist</i>		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: <i>2 of 2</i>
2 FILER NAME <i>Jim Shaw</i>		3 ACCOUNT # (Ethics Commission filers)

Date <i>2-10-98</i>	Full name of contributor <i>Pat McGuinness</i> Contributor address: City: State: Zip Code <i>4301 Travis Country Circle Austin TX 78735</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
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Principal occupation <i>Computer Programmer</i>	Employer (optional)
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Date <i>2-17-98</i>	Full name of contributor <i>Robert Vann</i> Contributor address: City: State: Zip Code <i>10801 Rush Road Austin TX 78732</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
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Principal occupation <i>Constable</i>	Employer (optional)
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Date <i>2-18-98</i>	Full name of contributor <i>Michael Maddox</i> Contributor address: City: State: Zip Code <i>9515 N. Lamar # 168 Austin TX 78753</i>	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>128⁰⁰</i>	In-kind contribution description (if applicable) <i>Postage for letters</i>
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Principal occupation <i>Chiropractor</i>	Employer (optional)
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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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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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out of state PAC, please see instructions on back of form.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 113
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission files)
4 Date 2-23-98	5 Payee name Paragon Printing + Mailing 6 Payee address: City: State: Zip code 223 W. Anderson Ln Bldg A, ste 100 Austin TX 78752	7 Amount (\$) 1835.09
8 Purpose of expenditure Printing + Mailing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-17-98	Payee name Office Depot Payee address: City: State: Zip Code 8752 Research Blvd. Austin, TX 78758	Amount (\$) 196.85
Purpose of expenditure Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3-02-98	Payee name Office Depot Payee address: City: State: Zip Code 8752 Research Blvd Austin, TX 78758	Amount (\$) 9.73
Purpose of expenditure Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-14-98	Payee name Home Depot Payee address: City: State: Zip Code 10107 Research Blvd Austin, TX 78759	Amount (\$) 153.82
Purpose of expenditure Sign Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-19-98	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 10107 Research Blvd Austin, TX 78759	7 Amount (\$) 7.11
8 Purpose of expenditure Sign Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-12-98	Payee name Kinko's Payee address; City; State; Zip Code 6406 N. IH-35 #1210 Austin, TX 78752	Amount (\$) 7.36
Purpose of expenditure Copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-17-98	Payee name Kinko's Payee address; City; State; Zip Code 6406 N IH-35 #1210 Austin, TX 78752	Amount (\$) 3.19
Purpose of expenditure Copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-19-98	Payee name Kinko's Payee address; City; State; Zip Code 6406 N. IH-35 #1210 Austin, TX 78752	Amount (\$) 24.41
Purpose of expenditure Computer Time, Color Copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 303
2 FILER NAME Jim Shaw	3 ACCOUNT # (Ethics Commission files)

4 Date 2-20-98	5 Payee name Kinkos	7 Amount (\$) 19.49
6 Payee address; City; State; Zip Code 6406 N. IH 35 #1210 Austin TX 78752		

8 Purpose of expenditure Lamination	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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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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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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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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