

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4129

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
Dr. Jim
NICKNAME LAST SUFFIX
Shaw

OFFICE USE ONLY

Date Received

JUL 17 12 25 11 '98
FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 202252
Austin, TX 78720

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Stephen
NICKNAME LAST SUFFIX
Foster

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 Graystone Dr. #1015
Austin TX 78731

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 344 - 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 THROUGH Month Day Year
03 / 02 / 98 THROUGH 07 / 01 / 98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 03 / 98
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

County Commissioner At 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

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 <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

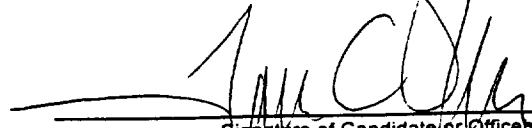
Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 575 ⁰⁰
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3975 ⁰⁰
EXPENDITURE TOTALS	
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 503 ⁵⁷
4. TOTAL POLITICAL EXPENDITURES	\$ 1241.20
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: **6**

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

6-12-98

5 Full name of contributor out of state PAC

Christopher Masika

6 Contributor address; City; State; Zip Code

**4601 Balcones Woods
Austin, TX 78759**

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description(if applicable)

9 Principal occupation

Attorney

10 Employer (optional)

Date

6-10-98

Full name of contributor out of state PAC

Dr. Larry Montgomery

Contributor address; City; State; Zip Code

**401 E. 6th Ave
Belton, TX 76513**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description(if applicable)

Principal occupation

Chiropractor

Employer (optional)

Date

6-20-98

Full name of contributor out of state PAC

Glenn Taffinger

Contributor address; City; State; Zip Code

**2100 Fuzz Fairway
Austin, TX 78728**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description(if applicable)

Principal occupation

Engineer

Employer (optional)

Date

6-13-98

Full name of contributor out of state PAC

John Bentley

Contributor address; City; State; Zip Code

**4402 S. Congress #109
Austin, TX 78745**

Amount of contribution (\$)

100⁰⁰

In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-24-98	5 Full name of contributor <input type="checkbox"/> out of state PAC Charles Meek	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5713 Sam Houston Circle Austin TX 78731			
9 Principal occupation Publisher		10 Employer (optional)	
Date 5-7-98	Full name of contributor <input type="checkbox"/> out of state PAC Wayne Corrygs	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 703 Ncton Pflugerville TX 78660			
Principal occupation Retired		Employer (optional)	
Date 4-15-98	Full name of contributor <input type="checkbox"/> out of state PAC Cherry Haight	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3212 Thousand Oak Dr. Austin Tx 78746			
Principal occupation Retired		Employer (optional)	
Date 4-13-98	Full name of contributor <input type="checkbox"/> out of state PAC Dr. Bill Howell	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10327 Jouguin Dallas Tx 75228			
Principal occupation Chiropractor		Employer (optional)	
Date 4-18-98	Full name of contributor <input type="checkbox"/> out of state PAC JAMES Randall	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6402 Haney Dr Austin TX 78723			
Principal occupation Staffer		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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: <u>6</u>	
2 FILER NAME <u>Jim Shaw</u>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>4-13-98</u>	5 Full name of contributor <u>Carl Schlaepfer</u> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <u>3902 Sidehill Path Austin, TX 78731</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>	8 In-kind contribution description (if applicable)
9 Principal occupation <u>Retiree</u>		10 Employer (optional)		
Date <u>4-26-96</u>	Full name of contributor <u>John Yates</u> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <u>1103 Twin Creek Dr Pflugerville TX 78660</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation <u>Engineer</u>		Employer (optional)		
Date <u>4-20-98</u>	Full name of contributor <u>Victor Villavicencio</u> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <u>11106 Blackmoor Austin TX 78759</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation <u>Engineer</u>		Employer (optional)		
Date <u>3-10-98</u>	Full name of contributor <u>Tom Bradford</u> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <u>3701 Eastledge Austin TX 78731</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation <u>Real Estate</u>		Employer (optional)		
Date <u>3-18-96</u>	Full name of contributor <u>Peggy Bower</u> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <u>4001 Far west Austin, TX 78731</u>	Amount of contribution (\$) <u>100⁰⁰</u>	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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: **6**

2 FILER NAME **Jim Shaw** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4-10-98	5 Full name of contributor <input type="checkbox"/> out of state PAC Nelson Puett	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 9036 Austin TX 78766			

9 Principal occupation **Real Estate** 10 Employer (optional)

Date	Full name of contributor <input type="checkbox"/> out of state PAC Darlene Higgs	Amount of contribution (\$) 100⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 8133 mesa Dr. #104 Austin, TX 78759			

Principal occupation **Real Estate** Employer (optional)

Date 4-2-98	Full name of contributor <input type="checkbox"/> out of state PAC Bill Mcburn	Amount of contribution (\$) 100⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code P.O. Box 26507 Austin TX 78755			

Principal occupation **Real Estate** Employer (optional)

Date 4-2-98	Full name of contributor <input type="checkbox"/> out of state PAC Walter Moore	Amount of contribution (\$) 150⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 3800 Woodbrook Cir Austin TX 78759			

Principal occupation Employer (optional)

Date 5-2-98	Full name of contributor <input type="checkbox"/> out of state PAC Mark Engels	Amount of contribution (\$) 200⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 3701 Bee Cave #201 Austin TX 78746			

Principal occupation **Insurance Agent** 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:

6

2 FILER NAME

Dr. Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-5-98

5 Full name of contributor

Stephanie Morris

out of state PAC

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 437
Manor TX 78653

9 Principal occupation

10 Employer (optional)

Date

5-5-98

Full name of contributor

Scott Souvares

out of state PAC

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9013 B Quail Valley
Austin TX 78758

Principal occupation

Employer (optional)

Date

4-29-98

Full name of contributor

Steve Matthews

out of state PAC

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1717 W - 6th St # 292
Austin TX 78703

Principal occupation

Employer (optional)

Date

4-29-98

Full name of contributor

Jay Brummett

out of state PAC

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7604 Five Oak Dr
Austin TX 78759

Principal occupation

Employer (optional)

Date

4-13-98

Full name of contributor

Albert Holmes

out of state PAC

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7800 Shoal Creek # 239-S
Austin, TX 78757

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: 6
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2 FILER NAME Jim Shaw	3 ACCOUNT # (Ethics Commission filers)
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4 Date 6-30-98	5 Full name of contributor <input type="checkbox"/> out of state PAC Associated Republicans of TX	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) 975
6 Contributor address; City; State; Zip Code 807 Brazos # 601 Austin, TX			

9 Principal occupation Consulting	10 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)
----------------------	---------------------

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)
----------------------	---------------------

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)
----------------------	---------------------

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 instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-9-98

Radio Shack

59.46

6 Payee address; City; State; Zip Code

9308 N. Lamar #A
Austin, TX 78753

8 Purpose of expenditure

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

Office sought / held

Office Supplies, Shows

Date

Payee name

Amount (\$)

6-27-98

Flores Restaurant

163.⁶⁹/₁₀₀

Payee address; City; State; Zip Code

Anderson Ln
Austin, TX

Purpose of expenditure

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

Office sought / held

Organizational Meeting

Date

Payee name

Amount (\$)

3-26-98

North Travis Log

60⁰⁰

Payee address; City; State; Zip Code

P.O. Box 4410
Lago Vista, TX 78645

Purpose of expenditure

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

Office sought / held

Thanks Ad after Primary

Date

Payee name

Amount (\$)

4-10-98

Paragon Printing

481.75

Payee address; City; State; Zip Code

P.O. Box 15988
Austin, TX 78761

Purpose of expenditure

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

Office sought / held

Primary Mailer final part

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

764.90

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-19-96	5 Payee name U.S. Post Office	7 Amount (\$) 13.44
6 Payee address: Blue bonnet Station Austin, TX 78758		
8 Purpose of expenditure Stamps		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 5-26-96	Payee name U.S. Post Office	Amount (\$) 72.00
Payee address: Balcones Stations Austin, TX 78759		
Purpose of expenditure Stamps, Key Rental		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 5-26-96	Payee name U.S. Post Office	Amount (\$) 2.00
Payee address: Balcones Station Austin, TX 78759		
Purpose of expenditure Key Rental Deposit		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 4-22-96	Payee name U.S. Post Office	Amount (\$) 3.00
Payee address: Bluebonnet Station Austin, TX 78758		
Purpose of expenditure Stamps		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Total **60.44**

OVER

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Jim Shaw**

3 ACCOUNT # (Ethics Commission filers)

4 Date 6-10-98	5 Payee name Sir Speedy	7 Amount (\$) 188.97
6 Payee address; City; State; Zip Code 3818 Far West #105 Austin, TX 78731		

8 Purpose of expenditure Labels (Printing)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	--

Date 5-20-98	Payee name Sprint PCS	Amount (\$) 168.74
Payee address; City; State; Zip Code P.O. Box 2200 Bedford Park, IL 60499		

Purpose of expenditure Cell Phone	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 6-27-98	Payee name Sprint PCS	Amount (\$) 58.15
Payee address; City; State; Zip Code P.O. Box 2200 Bedford Park, IL 60499		

Purpose of expenditure Cell Phone	** 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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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Shaw 98

P.O. Box 20252

AUG 1998 7:18 PM 87216

AUSTIN TX 787

JUL 1998

PM

16

JUL

1998

AUSTIN TX 787

PM

16

USA 32

USA 32

FILED

JUL 17 JUL 17 12 23 PM '98

DANA DEBEAL
COUNTY CLERK
TRAVIS COUNTY, TEXAS

JUL 17 12 23

DANA DEBEAL
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Travis County Clerk
Attn: Election Division
P.O. Box 1748
Austin TX 78767

FILED

JUL 17 12 23 PM '98

DANA DEBEAL
COUNTY CLERK
TRAVIS COUNTY, TEXAS