

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4155

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: 22
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Dr. Jim Shaw	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Box 202252 Austin TX 78720	Date Received OCT 5 3 24 PM '98
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Stephen Foster	Receipt # HD / PM Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3543 Greystone Austin 78731
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 335-8204
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8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 98 10 / 04 / 98
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10 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 98	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE	12 OFFICE SOUGHT (if known)
OFFICE HELD (if any)	County Commissioner, Pet 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 <input type="checkbox"/> additional pages
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

C/OH NAME <u>Jim Shaw</u>	15 ACCOUNT # (Ethics Commission filers)
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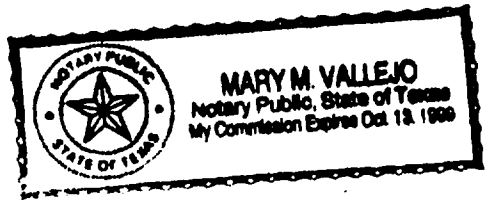
SUPPORTING POLITICAL COMMITTEE(S) *** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report 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		

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

8 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>2,420</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,775</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>572.25</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8953.81</u>
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]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Clark Shaw this the 5 day of October 19 98, to certify which, witness my hand and seal of office.

<u><i>[Signature]</i></u> Signature of officer administering oath	<u>Mary M Vallejo</u> Print name of officer administering oath	<u>Notary</u> Title of officer administering oath
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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>20/10</u>	
2 FILER NAME <u>Jim Shaw</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>8-13-98</u>	5 Full name of contributor <u>Carl Schlaepfer</u> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <u>200</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3902 Sidehill Path Austin 78731</u>			
9 Principal occupation		10 Employer (optional)	
Date <u>8-12-98</u>	Full name of contributor <u>Jan Galbraith</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11205 Prairie Cove Austin 78758</u>			
Principal occupation <u>Administrator</u>		Employer (optional)	
Date <u>8-20-98</u>	Full name of contributor <u>Pat McGuinness</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4301 Travis Country C. Austin 78735</u>			
Principal occupation <u>Engineer</u>		Employer (optional)	
Date <u>4-20-98</u>	Full name of contributor <u>William Crocher</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Box 1418 Austin 78767</u>			
Principal occupation <u>Attorney</u>		Employer (optional)	
Date <u>8-20-98</u>	Full name of contributor <u>Ardith Zwienenr</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Box 761 Austin 78767</u>			
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.

750

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **30/119**

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-18-98

5 Full name of contributor

Founder's Vision PAC

out of state PAC

6 Contributor address; City; State; Zip Code

**16906 Lake of Man
Pflugerville TX 78660**

7 Amount of contribution (\$)

250-

8 In-kind contribution description(if applicable)

9 Principal occupation

10 Employer (optional)

Date

8-20-98

Full name of contributor

Clayton Coker

out of state PAC

Contributor address; City; State; Zip Code

**12706 Rhea Ct
Austin 78727**

Amount of contribution (\$)

100-

In-kind contribution description(if applicable)

Principal occupation

Engineer

Employer (optional)

Date

8-20-98

Full name of contributor

James Randall

out of state PAC

Contributor address; City; State; Zip Code

**6402 Honey Ln
Austin 78723**

Amount of contribution (\$)

100-

In-kind contribution description(if applicable)

Principal occupation

Administrator

Employer (optional)

Date

8-20-98

Full name of contributor

Becky Vann

out of state PAC

Contributor address; City; State; Zip Code

**10801 Rush Rd
Austin 78732**

Amount of contribution (\$)

100-

In-kind contribution description(if applicable)

Principal occupation

Retired

Employer (optional)

Date

8-18-98

Full name of contributor

David Hartman

out of state PAC

Contributor address; City; State; Zip Code

**2509 Scenic Dr.
Austin 78703**

Amount of contribution (\$)

500-

In-kind contribution description(if applicable)

Principal occupation

Banker

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.

#1050

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **4/10**

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission files)

4 Date

8-11-98

5 Full name of contributor

Joanna Clardy

out of state PAC

6 Contributor address; City; State; Zip Code

**6723 Beauford
Austin 78750**

7 Amount of contribution (\$)

500⁻

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

8-10-98

Full name of contributor

Tom Cagley

out of state PAC

Contributor address; City; State; Zip Code

**1710 Woodward St #102
Austin 78741**

Amount of contribution (\$)

75⁻

In-kind contribution description (if applicable)

Principal occupation

Facilities Director

Employer (optional)

Date

9-21-98

Full name of contributor

David Featherstone

out of state PAC

Contributor address; City; State; Zip Code

**1101 W. 39 1/2 St
Austin 78756**

Amount of contribution (\$)

100⁻

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

9-14-98

Full name of contributor

Loretta Foder

out of state PAC

Contributor address; City; State; Zip Code

**6 Championship Dr
Austin, TX 78738**

Amount of contribution (\$)

200⁻

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

9-10-98

Full name of contributor

Kent Dance

out of state PAC

Contributor address; City; State; Zip Code

**111 Congress
Austin 78701**

Amount of contribution (\$)

100⁻

In-kind contribution description (if applicable)

Principal occupation

Attorney

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.

825⁻

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.					1 Total pages Schedule A: 5 of 10	
2 FILER NAME Jim Shaw					3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-14-98	5 Full name of contributor Gerald Daugherty <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code 1115 Elm st Austin, 78703		7 Amount of contribution (\$) 125⁰⁰	8 In-kind contribution description(if applicable)	
9 Principal occupation Park Owner				10 Employer (optional)		
Date 9-11-98	Full name of contributor Isanna Clardy <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 6723 Sanford Austin 78750		Amount of contribution (\$) 400⁻	In-kind contribution description(if applicable)	
Principal occupation				Employer (optional)		
Date 9-15-98	Full name of contributor George Humphrey <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 3106 Harris Blvd Austin 78703		Amount of contribution (\$) 100⁻	In-kind contribution description(if applicable)	
Principal occupation Investor				Employer (optional)		
Date 9-21-98	Full name of contributor Dr. John Bandy <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 3144 Bee Cave Austin 78746		Amount of contribution (\$) 100⁻	In-kind contribution description(if applicable)	
Principal occupation Chiropractor				Employer (optional)		
Date 9-24-98	Full name of contributor John Alford <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code 8100 Hickory Creek Austin 78735		Amount of contribution (\$) 100⁻	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.

1825

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 6 of 10

2 FILER NAME Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date 9-30-98 5 Full name of contributor Barbara Keahy out of state PAC

6 Contributor address; City; State; Zip Code
414 Brady Ln
Austin, TX 78746

7 Amount of contribution (\$) 150⁰⁰ 8 In-kind contribution description (if applicable)

9 Principal occupation Credit Counselor 10 Employer (optional)

Date 9-21-98 Full name of contributor Dr. Romero's Chiroprax out of state PAC

Contributor address; City; State; Zip Code
777 S. Central Expwy
Richardson, TX 75080

Amount of contribution (\$) 100⁻ In-kind contribution description (if applicable)

Principal occupation Chiropractor Employer (optional)

Date 9-21-98 Full name of contributor Dr. Steven Harnas out of state PAC

Contributor address; City; State; Zip Code
901 N. Polk #344
DeSoto, TX 75025

Amount of contribution (\$) 100⁻ In-kind contribution description (if applicable)

Principal occupation Chiropractor Employer (optional)

Date 7-15-98 Full name of contributor Paul Keller out of state PAC

Contributor address; City; State; Zip Code
6304 W. Bee Caves
Austin, TX 78716

Amount of contribution (\$) 500⁻ In-kind contribution description (if applicable)

Principal occupation Engineer Employer (optional)

Date 9-14-98 Full name of contributor N.W. Republican Women's PAC out of state PAC

Contributor address; City; State; Zip Code
12811 Modena Trl
Austin, TX 78729

Amount of contribution (\$) 400⁻ In-kind contribution description (if applicable)

Principal occupation PAC 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.

1250

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>7 of 10</u>	
2 FILER NAME <u>Jim Shaw</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>9-17-98</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>Dr. Richard McCormick</u>	7 Amount of contribution (\$) <u>100</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>411 W. Johanna St Austin 78704</u>			
9 Principal occupation <u>Chiropractor</u>		10 Employer (optional)	
Date <u>9-17-98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Dr. Don Carlson</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>900 Palm Valley Blvd Round Rock 78664</u>			
Principal occupation <u>Chiropractor</u>		Employer (optional)	
Date <u>9-16-98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Dr. Richard Bellamy</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2400 Augusta Dr Houston TX 77057</u>			
Principal occupation <u>Chiropractor</u>		Employer (optional)	
Date <u>9-17-98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Dr. Robin Sheppard</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5400 Brodie Ln # 200 Austin 78745</u>			
Principal occupation <u>Chiropractor</u>		Employer (optional)	
Date <u>9-16-98</u>	Full name of contributor <input type="checkbox"/> out of state PAC <u>Dr. Jane Neff</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>12609 N. Featherwood Houston TX 77034</u>			
Principal occupation <u>Chiropractor</u>		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.

1500

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 8 of 19	
2 FILER NAME Jim Shaw				3 ACCOUNT # (Ethics Commission files)	
4 Date 8-21-98	5 Full name of contributor George Howard	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 100-	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code Box 1291 Austin 78767					
9 Principal occupation			10 Employer (optional)		
Date 8-22-98	Full name of contributor Keith Hill	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4161 Travis County Cir Austin 78735					
Principal occupation Engineer			Employer (optional)		
Date 8-20-98	Full name of contributor Dr. Robert Bernstein	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3805 Greystone Austin 78731					
Principal occupation Retired			Employer (optional)		
Date 8-21-98	Full name of contributor Robert White	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3805 Hidden Hollow Austin 78731					
Principal occupation Pilot			Employer (optional)		
Date 8-21-98	Full name of contributor Dr. George Willeford	<input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 311 E Windsor Austin 78753					
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:

9/10

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-31-98

5 Full name of contributor

Brian Russell

out of state PAC

6 Contributor address; City; State; Zip Code

7308 Greenhaven
Austin 78757

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation

Attorney

10 Employer (optional)

Date

8-5-98

Full name of contributor

Kirk Ingels

out of state PAC

Contributor address; City; State; Zip Code

3701 Beclaw
Austin 78746

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Principal occupation

Insurance

Employer (optional)

Date

10-2-98

Full name of contributor

Michael Powers

out of state PAC

Contributor address; City; State; Zip Code

611 Carpenter
Austin TX 78753

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

Principal occupation

Real Estate

Employer (optional)

Date

10-1-98

Full name of contributor

Bobby Inman

out of state PAC

Contributor address; City; State; Zip Code

3200 Riva Ridge Rd
Austin, TX 78746

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation

Retired

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.

JMS

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **10 of 10**

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission files)

4 Date

9-10-98

5 Full name of contributor

Dr. Stephen Hurd

out of state PAC

6 Contributor address; City; State; Zip Code

**2002 Cypress Point West
Austin TX 78746**

7 Amount of contribution (\$)

1000

8 In-kind contribution description (if applicable)

9 Principal occupation

Investor

10 Employer (optional)

Date

9-10-98

Full name of contributor

Leo Danze

out of state PAC

Contributor address; City; State; Zip Code

**4222 Twin Valley Dr
Austin TX 78731**

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

9-14-98

Full name of contributor

Lake Travis Republican PAC

out of state PAC

Contributor address; City; State; Zip Code

**Box 340033
Austin TX 78734**

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

Principal occupation

PAC

Employer (optional)

Date

8-27-98

Full name of contributor

Norman Newton

out of state PAC

Contributor address; City; State; Zip Code

**507 Brazos
Austin TX 78701**

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation

Engineer

Employer (optional)

Date

9-31-98

Full name of contributor

Travis County Chiro. PAC

out of state PAC

Contributor address; City; State; Zip Code

**8740 N. Lamar
Austin TX 78753**

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

Principal occupation

PAC

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.

#3600

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 10

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-1-98

5 Payee name

Home Depot

7 Amount (\$)

90.32

6 Payee address; City; State; Zip Code

10707 Research Austin 78759

8 Purpose of expenditure

yard sign supplies

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

Office sought / held

Date

10-1-98

Payee name

Home Depot

Amount (\$)

105.65

Payee address; City; State; Zip Code

10107 Research Austin 78759

Purpose of expenditure

yard sign supplies

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

Office sought / held

Date

8-21-98

Payee name

Postmaster

Amount (\$)

703.-

Payee address; City; State; Zip Code

Jollyville Rd., Balcones Ste. 78720

Purpose of expenditure

postage - fundraiser

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

Office sought / held

Date

8-29-98

Payee name

O'Grady Data Service

Amount (\$)

46.38

Payee address; City; State; Zip Code

7009 Bending Oak Rd. Austin, 78749

Purpose of expenditure

data service

.. 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 10

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

9.23.98

5 Payee name

Postmaster

7 Amount (\$)

122.00

6 Payee address; City; State; Zip Code

Jollyville Rd., Balcones Station 78720

8 Purpose of expenditure

postage

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

Office sought / held

Date

8.12.98

Payee name

Postmaster

Amount (\$)

12.80

Payee address; City; State; Zip Code

Jollyville rd., Balcones St. 78720

Purpose of expenditure

postage

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

Office sought / held

Date

8.15.98

Payee name

Postmaster

Amount (\$)

96.00

Payee address; City; State; Zip Code

Jollyville Rd., Balcones Station 78720

Purpose of expenditure

postage

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

Office sought / held

Date

8.1.98

Payee name

Postmaster

Amount (\$)

64.00

Payee address; City; State; Zip Code

Jollyville Rd., Balcones St. 78720

Purpose of expenditure

postage

.. 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:
3 of 10

2 FILER NAME
Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-11-98

5 Payee name
Postmaster

7 Amount (\$)
745.73

6 Payee address; City; State; Zip Code
Crosspark - Bulk Mail Center

8 Purpose of expenditure
Bulk mailer

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

Date
9-15-98

Payee name
Postmaster

Amount (\$)
832.56

Payee address; City; State; Zip Code
Crosspark - Bulk Mail Center

Purpose of expenditure
Bulk mailer

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

Date
7-3-98

Payee name
Home Depot

Amount (\$)
12.35

Payee address; City; State; Zip Code
10107 Research Austin 78759

Purpose of expenditure
Sign supplies

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

Date
9-4-98

Payee name
Home Depot

Amount (\$)
5.66

Payee address; City; State; Zip Code
10107 Research Austin 78759

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:

4 of 10

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Jim Shaw

4 Date

5 Payee name

7 Amount (\$)

9-6-98

Home Depot

12.96

6 Payee address; City; State; Zip Code

10107 Research Austin 78759

8 Purpose of expenditure

sign support

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

Office sought / held

Date

Payee name

Amount (\$)

9-19-98

Home Depot

~~9.19~~

Payee address; City; State; Zip Code

10107 Research Austin 78759

38.22

Purpose of expenditure

sign support

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

Office sought / held

Date

Payee name

Amount (\$)

9-23-98

Home Depot

4.42

Payee address; City; State; Zip Code

10107 Research Austin 78759

Purpose of expenditure

sign supplies

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

Office sought / held

Date

Payee name

Amount (\$)

9-25-98

Home Depot

35.20

Payee address; City; State; Zip Code

10107 Research Austin 78759

Purpose of expenditure

sign stakes

.. 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:
5 of 10

2 FILER NAME
Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-13-98

5 Payee name
O'Grady's Data Service

7 Amount (\$)
487.50

6 Payee address; City; State; Zip Code
7009 Bending Oak Rd. Austin 78749

8 Purpose of expenditure
Data & printing service

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

Date
9-1-98

Payee name
Comp USA

Amount (\$)
9
346.36

Payee address; City; State; Zip Code
9503 Research Blvd Austin 78759

Purpose of expenditure
Office Products

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

Date
9-11-98

Payee name
Creative Process

Amount (\$)
939.88

Payee address; City; State; Zip Code
7600 Burnet Rd Austin 78757

Purpose of expenditure
Printing & Graphic Design

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

Date
7-20-98

Payee name
Bill Carlon Consulting

Amount (\$)
250.00

Payee address; City; State; Zip Code
PO Box 162644 Austin 78716

Purpose of expenditure
Fundraising

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
6 of 10

2 FILER NAME
Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date
8-31-98

5 Payee name
Paper Plus

7 Amount (\$)
89.75

6 Payee address; City; State; Zip Code
5555 N. Lamar Austin, 78751

8 Purpose of expenditure
Printing products

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

Date
8-19-98

Payee name
Paper Plus

Amount (\$)
92.41

Payee address; City; State; Zip Code
5555 N. Lamar Austin 78751

Purpose of expenditure
Printing products

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

Date
7-31-98

Payee name
Paper Plus

Amount (\$)
91.12

Payee address; City; State; Zip Code
5555 N. Lamar Austin 78751

Purpose of expenditure
Printing products

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

Date
8-13-98

Payee name
Paper Plus

Amount (\$)
16.03

Payee address; City; State; Zip Code
5555 N. Lamar Austin 78751

Purpose of expenditure
printing products

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 10

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-22-98

5 Payee name

Bill Carlon Consulting

7 Amount (\$)

250.00

6 Payee address; City; State; Zip Code

PO Box 162644 Austin 78716

8 Purpose of expenditure

Fundraising

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

Office sought / held

Date

9-17-98

Payee name

Ace Printing

Amount (\$)

500.00

Payee address; City; State; Zip Code

PO Box 13522 Austin 78711

Purpose of expenditure

Yard Signs

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

Office sought / held

Date

9-20-98

Payee name

Lake Travis Republican PAC

Amount (\$)

150.00

Payee address; City; State; Zip Code

PO Box 340033 Austin 78734

Purpose of expenditure

Tournament Sponsorship

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

Office sought / held

Date

8-23-99

Payee name

Bill Carlon Consulting

Amount (\$)

213.00

Payee address; City; State; Zip Code

PO Box 162644 Austin 78716

Purpose of expenditure

Fundraising

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

Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **8 of 10**

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission files)

4 Date

9-8-88

5 Payee name

Office Depot

7 Amount (\$)

56.78

6 Payee address; City; State; Zip Code

4501 Braker Austin 78759

8 Purpose of expenditure

Labels

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

Office sought / held

Date

9-14-88

Payee name

HPBC

Amount (\$)

225⁰⁰

Payee address; City; State; Zip Code

**Mesa Wood Dr
Austin 78727**

Purpose of expenditure

Facility Rental

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

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

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

Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
9 of 10

2 FILER NAME
Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date
7.3.98

5 Payee name
Grey & Becker

7 Amount (\$)
700.00

6 Payee address; City; State; Zip Code
900 West Ave. Austin 78701

8 Purpose of expenditure
Attorney fees

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

Date
9.1.98

Payee name
Grey & Becker

Amount (\$)
250.00

Payee address; City; State; Zip Code
900 West Ave. Austin 78701

Purpose of expenditure
Attorney fees

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

Date
7.15.98

Payee name
Sprint PCS

Amount (\$)
139.75

Payee address; City; State; Zip Code
PO Box 8078 London, KY 40742

Purpose of expenditure
cellular phone

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

Date
8.5.98

Payee name
City of Austin Parks

Amount (\$)
150.00

Payee address; City; State; Zip Code
200 S. Lamar Blvd. Austin 78704

Purpose of expenditure
Facility Rental

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 10 of 10
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-16-98	5 Payee name Fuddrucker's	7 Amount (\$) 84.80
6 Payee address; City; State; Zip Code 2706 W. Anderson Ln. Austin 78757		
8 Purpose of expenditure Volunteer Mtg.		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 9-1-98	Payee name Sprint PCS	Amount (\$) 165.30
Payee address; City; State; Zip Code PO Box 8077 London, KY 40742		
Purpose of expenditure cellular phone		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 8-23-98	Payee name Creative Process	Amount (\$) 350.00
Payee address; City; State; Zip Code 7600 Burnet Rd #380 Austin 78757		
Purpose of expenditure Graphic Design		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held
Date 8-17-98	Payee name Banner Graphics	Amount (\$) 378.98
Payee address; City; State; Zip Code 650 Canon St. Austin 78752		
Purpose of expenditure Bumper Stickers		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought / held

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