

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4171 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
--	---	-----------------------------------

3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Dr. Jim Shaw	OFFICE USE ONLY Date Received OCT 7 11 44 AM '98
---------------------------------	---	---

4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE Box 202252 Austin TX 78720	Receipt # HD / PM Amount Date Processed Date Imaged
---	---	--

5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX Stephen 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 Greystone Austin 78731
--	---

7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 335-8204
----------------------------	---

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

9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 98 THROUGH 10 / 04 / 98
------------------	---

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
-------------	--

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) County Commissioner, Pet 2
-----------	----------------------	--

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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 _____
--	--

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

AMENDED

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 2420⁰⁰

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

see attached

\$ 13,675⁰⁰

EXPENDITURE TOTALS

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

\$ 572²⁵

4. TOTAL POLITICAL EXPENDITURES

\$ 8953.81

OUTSTANDING LOAN TOTALS

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

\$

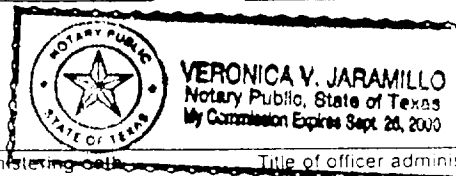
19 AFFIDAVIT

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 James Clark Sitaw this the 7TH day of October 19 98, to certify which, witness my hand and seal of office.



Veronica V. Jaramillo
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: 11 of 11

2 FILER NAME: Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date: 9-17-98

5 Full name of contributor: Dr. Charles Votzmeyer out of state PAC

7 Amount of contribution (\$): 100

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
5700 S. Staples St.
Corpus Christi TX 78413

9 Principal occupation: Chiropractor

10 Employer (optional)

Date: 9-16-98

Full name of contributor: Dr. Steven Tuttle out of state PAC

Amount of contribution (\$): 100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
4038 Cedar Spring
Dallas TX 75219

Principal occupation: Chiropractor

Employer (optional)

Date: 9-21-98

Full name of contributor: Dr. Jonathan Simmons out of state PAC

Amount of contribution (\$): 100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
2010 Hwy 71 West
Austin TX 78735

Principal occupation: Chiropractor

Employer (optional)

Date: 9-21-98

Full name of contributor: Dr. James Maher out of state PAC

Amount of contribution (\$): 100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
104 W. Bahama St
So. Padre Island, TX 78597

Principal occupation: Chiropractor

Employer (optional)

Date: 9-10-98

Full name of contributor: Al Allison out of state PAC

Amount of contribution (\$): 500

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
Box 5041
Austin TX 78763

Principal occupation: Investor

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.

900