Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4275

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: 10

OFFICE USE ONLY

Date Received

FILED JAN 20 12 24 PM '99 TEXAS ETHICS COMMISSION

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Dr. FIRST: Jim MI:

NICKNAME: LAST: Shaw SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☒ Change of Address

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

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Stephen MI:

NICKNAME: LAST: Foster SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE ( ) PHONE NUMBER 335-8204 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 10/26/98 THROUGH Month Day Year 1/15/99

10 ELECTION

ELECTION DATE Month Day Year 11/3/98

ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known) County Comm. Pct 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

(Effective 09/01/1997)

Printed on recycled paper

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	$ 345.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4805.09

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 206.99
4.	TOTAL POLITICAL EXPENDITURES	$ 11382.00

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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule F:

2 FILER NAME: Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-1-98	Creative Process 7600 Burnet Rd #380 Austin TX 78757	1443.27

8 Purpose of expenditure: Printing

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-15-98	Creative Process 7600 Burnet Rd #380 Austin TX 78757	1934.54

Purpose of expenditure: Printing + Image Setting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-1-98	Creative Process 7600 Burnett Rd #380 Austin TX 78757	350.00

Purpose of expenditure: Graphic Design

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-2-98	Sprint PCS P.O. Box 8077 London Ky 40742	288.03

Purpose of expenditure: One Quarter Digital Phone

-- 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 this Schedule F:

2 FILER NAME: Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/26/98	James P. O'Grady 7009 Bending Oak Rd Austin TX 78749	487.50

8 Purpose of expenditure: Printing Database Management

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/29/98	N. Lake Travis Log Box 4410 Lago Vista, TX 78645	110.40

Purpose of expenditure: Ad

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-24-98	Ace Printing Box 13522 Austin TX 78711	965.00

Purpose of expenditure: Signs

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-03-98	Sam's Research Blvd Austin TX 78727	60.42

Purpose of expenditure: Food for Election day party

-- 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 this Schedule F:

2 FILER NAME: Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-3-98	La Quinta 11901 N. Mopac Austin, TX 78759	189.44

8 Purpose of expenditure: Facility for Election Day

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-29-98	Pflugerville Pflug Box 447 Pflugerville TX 78691	75.50

Purpose of expenditure: Adv.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-14-98	County Line FM 2222 Austin TX	185.83

Purpose of expenditure: Volunteer Thank you dinner

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/98	Paragon Printing Box 15988 Austin TX 78761	4809.12

Purpose of expenditure: Printing + Mail

-- 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 this Schedule F:

2 FILER NAME: Jim Shan

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-28-98	Post Office 11900 Jollyville Rd Austin TX 78759	6.80

8 Purpose of expenditure: Stamps

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12-1-98	Post Office 11900 Jollyville Rd Austin TX 78759	20.00

Purpose of expenditure: P.O. Box Payment

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-24-98	Post Office 11900 Jollyville Rd Austin TX 78759	64.00

Purpose of expenditure: Stamps

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-10-98	Choice com Box 13326 Austin, TX 78711	50.00

Purpose of expenditure: Campaign Phone

** 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 this Schedule F:

2 FILER NAME: Jim Shaw.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12-10-98	Choice Com Box 13326 Austin TX 78711	44.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-10-99	Choice Com Box 13326 Austin TX 78711	91.16

Purpose of expenditure	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Campaign Phone		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-26-98	Tx Rep. Committee 211 E. 7th St. #620 Austin TX 78701	250.00	

9 Principal occupation: 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-20-98	Walter Moore 3800 Woodbrook Cir Austin TX 78759	100.00	

Principal occupation: Retired; Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-22-98	Don Carlson 900 Palm Valley Blvd #1011 Round Rock, TX 78664	100.00	

Principal occupation: Doctor; Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-28-98	Verne Philips Drawer 5970 Austin, TX 78763	250.00	

Principal occupation: Lawyer; Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-4-98	George Howard Box 1291 Austin TX 78767	100.00	

Principal occupation: Self Employed; 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 this Schedule A:

2 FILER NAME Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12-6-98	Louis Braunk 11927 Bittern Hollow Austin, TX 78758	100.00	

9 Principal occupation	10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-2-98	John Alford 8100 Hickory Creek Dr. Austin TX 78735	200.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-3-98	Dennis Barus Box 200374 Austin TX 78720	60.00	

Principal occupation	Employer (optional)
Real Estate	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12-8-98	Charles H. Wallace 8205 Summerwood Austin, TX 78759	500.00	

Principal occupation	Employer (optional)
Real Estate	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-27-98	Bobby Inman 3200 Riva Ridge Rd Austin TX 78746	100.00	

Principal occupation	Employer (optional)
Real Estate	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages this Schedule A:

2 FILER NAME: Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-30-98	Robert Vann 10801 Rush Rd Austin TX 78732	100.00	

9 Principal occupation: Constable

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-12-98	ART 802 Brazos #601 Austin TX 78701	2000.00	

Principal occupation: PAC

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-5-98	Leslie Oglesby 8645 Hwy 290 West Austin, TX 78736	100.00	

Principal occupation: Mechanic

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-9-99	Curt Bilby 3000 Bryker Dr Austin TX 78703	500.00	

Principal occupation: Real Estate

Employer (optional)

Date	Full name of contributor / 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

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COUNTY CLERK
TRAVIS COUNTY, TEXAS

County Clerk
Elections Division
Box 1748
Austin, TX 78767

AUSTIN TX 787

PM 19 JAN 1999 PM 19 JAN 1999 PM 19 JAN 1999

USA 20 H

Box 20252
Austin, TX 78720