

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4387

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
Jim
NICKNAME LAST SUFFIX
Shaw

OFFICE USE ONLY

Date Received

FILED
JUL 16 10 56 AM '99
CLERK OF COURTS
STATE OF TEXAS

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
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 Greystone Austin, TX 78731

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 989-6119

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
01 / 01 / 99 07 / 01 / 99

10 ELECTION

N/A

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

N/A

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

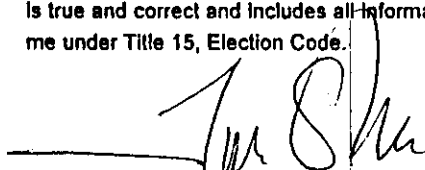
FORM C/OH COVER SHEET PG 2

4 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** 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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	325.04
	4. TOTAL POLITICAL EXPENDITURES	\$	1534.42
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 Schedule F: 3
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-19-99	5 Payee name Republican Nat'l Hispanic Assembly	7 Amount (\$) 65⁰⁰
6 Payee address; City; State; Zip Code P.O. Box 6025 Austin, TX 78762-6025		
8 Purpose of expenditure Convention Registration		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2-15-99	Payee name Grey + Becher	Amount (\$) 200⁰⁰
Payee address; City; State; Zip Code 900 West Ave Austin, TX 78701		
Purpose of expenditure Legal Fees		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1-29-99	Payee name Doubletree Hotel	Amount (\$) 218.50
Payee address; City; State; Zip Code 3.7 N.E Loop 410 San Antonio, TX 78216		
Purpose of expenditure RNHA Convention		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1-14-99	Payee name Horace Formal Wear	Amount (\$) 54.13
Payee address; City; State; Zip Code 3742 Far West Blvd # 112 Austin, TX 78731		
Purpose of expenditure Tux rental Governor's Inaugural		** 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**

2 FILER NAME **Jim Shaw**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-18-99

5 Payee name
Sprint PCS
6 Payee address; City; State; Zip Code
**P.O. Box 8077
London, Ky 40742**

7 Amount (\$)
60.09

8 Purpose of expenditure
Cellular Service

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

Date
3-20-99

Payee name
Sprint PCS
Payee address; City; State; Zip Code
**P.O. Box 8077
London, Ky 40742**

Amount (\$)
115.26

Purpose of expenditure
Cellular Service

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

Date
6-20-99

Payee name
Sprint PCS
Payee address; City; State; Zip Code
**P.O. Box 8077
London Ky 40742**

Amount (\$)
172.80

Purpose of expenditure
Cellular Service

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

Date
6-1-99

Payee name
U.S. Post Office
Payee address; City; State; Zip Code
**Balcones Station
Austin, TX 78720**

Amount (\$)
44.00

Purpose of expenditure
Box Rental

** 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: **3**

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-30-99

U.S. Post Office
 Payee address; City: State; Zip Code

6.60

**Country side Plaza
 San Antonio, TX**

8 Purpose of expenditure

Stamps

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

Date

Payee name

Amount (\$)

3-01-99

U.S. Post Office
 Payee address; City: State; Zip Code

33.00

**Balcones Station
 Austin TX**

Purpose of expenditure

Stamps

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

Date

Payee name

Amount (\$)

1-28-99

TCA
 Payee address; City: State; Zip Code

120⁰⁰

**1601 Rio Grande #420
 Austin, TX 78701**

Purpose of expenditure

Membership Dues

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

Date

Payee name

Amount (\$)

6-15-99

TCA
 Payee address; City: State; Zip Code

120⁰⁰

**1601 Rio Grande #420
 Austin, TX 78701**

Purpose of expenditure

Membership Dues

-- 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

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

Office sought / held

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

County Clerk
Election Division
Box 1748
Austin, TX
78767

