

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4529

FORM C/OH COVER SHEET PG 1

JAN 20 12 11 PM '00

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: **7**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE COUNTY OFFICIAL FIRST MI
TRAVIS COUNTY TEXAS
Dr. Jim
NICKNAME LAST SUFFIX
Shaw

OFFICE USE ONLY
Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
Box 202252
Austin, TX 78720
 Change of Address

5 CAMPAIGN TREASURER NAME

TITLE COUNTY OFFICIAL 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
()

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
07 / 01 / 99 THROUGH 12 / 31 / 99

10 ELECTION

ELECTION DATE: Month Day Year
/ /
ELECTION TYPE: 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

14 C/OH NAME

Jim Shaw

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 <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 \$ 345⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1425⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 159.09

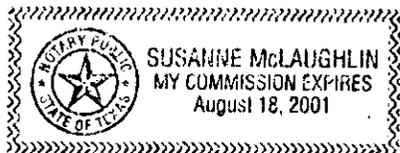
4. TOTAL POLITICAL EXPENDITURES \$ 1775.40

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.



Jim Shaw

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Shaw this the 17 day of January 19 2000, to certify which, witness my hand and seal of office.

Susanne McLaughlin
Signature of officer administering oath

Susanne McLaughlin
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

10-27-99

Constable Bob Van

100⁰⁰

6 Payee address; City; State; Zip Code

10801 Rush Rd
Austin, TX

8 Purpose of expenditure

Corny Dinner

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

Office sought / held

Date

Payee name

Amount (\$)

10-18-99

Sprint PCS

116.69

Payee address; City; State; Zip Code

Box 8077
London, Ky 40742

Purpose of expenditure

Cell Phone

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

Office sought / held

Date

Payee name

Amount (\$)

12-17-99

Sprint PCS

60.62

Payee address; City; State; Zip Code

Box 8077
London Ky 40742

Purpose of expenditure

Cell Phone

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

Office sought / held

Date

Payee name

Amount (\$)

11-4-99

GARTL

70⁰⁰

Payee address; City; State; Zip Code

2026 Guadalupe St. # 312
Austin, TX 78705

Purpose of expenditure

Perry Dinner

.. 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**

2 FILER NAME

Jim Shae

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9-1-99

Founders Vision

22⁰⁰

6 Payee address; City; State; Zip Code

**16906 Isle of Man
Pflugerville, TX**

8 Purpose of expenditure

Dues

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

Office sought / held

Date

Payee name

Amount (\$)

10-29-99

Founders Vision

52⁰⁰

Payee address; City; State; Zip Code

**16906 Isle of Man
Pflugerville, TX 78660**

Purpose of expenditure

PAC Fundraiser

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

Office sought / held

Date

Payee name

Amount (\$)

20 Dec 99

TCA

120⁰⁰

Payee address; City; State; Zip Code

**1601 Rio Grande
Austin, TX 78701**

Purpose of expenditure

Dues

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

Office sought / held

Date

Payee name

Amount (\$)

12 Dec 99

Craig Becker

1075⁰⁰

Payee address; City; State; Zip Code

**900 West Ave
Austin TX 78701**

Purpose of expenditure

Legal Expense

.. 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 Schedule A: 3	
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10-5-99	5 Full name of contributor Alan M. Warray <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7600 Burnet Rd #380 Austin, TX 78757			
9 Principal occupation		10 Employer (optional)	
Date 9-20-99	Full name of contributor Gerald T. Daugherty <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1115 Elm St. Austin, TX 78703			
Principal occupation Sports plex Owner		Employer (optional)	
Date 9-14-99	Full name of contributor Joanna Clardy <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6723 Beauford Dr. Austin, TX 78750			
Principal occupation Homemaker		Employer (optional)	
Date 9-13-99	Full name of contributor Gustav E. Blomquist <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 125⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3835 Cologne LANE Austin, TX 78727			
Principal occupation Retired		Employer (optional)	
Date 9-16-99	Full name of contributor Jan K. Galbraith <input type="checkbox"/> out of state PAC	Amount of contribution (\$) 125⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11205 Prairie Dove Cir Austin, TX 78758			
Principal occupation Adm Asst.		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: 3	
2 FILER NAME Jim Shaw		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-30-99	5 Full name of contributor <input type="checkbox"/> out of state PAC David A. Hartman	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 2509 Scenic Austin, TX 78703			
9 Principal occupation Banker		10 Employer (optional)	
Date 10-3-99	Full name of contributor <input type="checkbox"/> out of state PAC John Yates	Amount of contribution (\$) 200⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 1103 Twin Creek Dr. Pflugerville, TX 78660			
Principal occupation Finance Officer		Employer (optional)	
Date 10-5-99	Full name of contributor <input type="checkbox"/> out of state PAC Patrick J. Mc Guinness	Amount of contribution (\$) 125⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 4301 Travis Country Cir Austin, TX 78735			
Principal occupation Engineer		Employer (optional)	
Date 10-5-99	Full name of contributor <input type="checkbox"/> out of state PAC L. Scott Sousares	Amount of contribution (\$) 125⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 9013 B Quail Valley Dr. Austin, TX 78758			
Principal occupation Realtor		Employer (optional)	
Date 10-5-99	Full name of contributor <input type="checkbox"/> out of state PAC Clayton Coker	Amount of contribution (\$) 125⁰⁰	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 12706 Rheu Ct Austin, TX 78727			
Principal occupation Engineer		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:

3

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-10-99

5 Full name of contributor

Randy Trybus

out of state PAC

7 Amount of contribution (\$)

125⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4200 Flagstaff Dr
Austin, TX 78759

9 Principal occupation

Lawyer

10 Employer (optional)

Date

9-10-99

Full name of contributor

Robert Vann

out of state PAC

Amount of contribution (\$)

125⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10801 Rush Rd
Austin, TX 78732

Principal occupation

Law Enforcement

Employer (optional)

Date

Full name of contributor

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

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

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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