

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4653

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
NICKNAME LAST SUFFIX
Jim Shaw

OFFICE USE ONLY

Date Received
JUL 10 11 50 AM '00
FILED

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 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 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
1 / 1 / 00 THROUGH 6 / 30 / 00

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
/ / ELECTION TYPE
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)

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

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

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

\$ 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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 700⁰⁰

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: 2

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission fees)

4 Date

5 Payee name

Grey + Becker

7

Amount (\$)

5-15-00

6 Payee address; City; State; Zip Code

900 West Ave
Austin, TX 78701

100⁰⁰

8 Purpose of expenditure

Legal Bills

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

Office sought / held

Date

Payee name

Grey + Becker

Amount (\$)

6-15-00

Payee address; City; State; Zip Code

900 West Ave
Austin TX 78701

100⁰⁰

Purpose of expenditure

Legal Bills

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

Office sought / held

Date

Payee name

Lifecare

Amount (\$)

3-15-00

Payee address; City; State; Zip Code

1215 W. Anderson Ln
Austin TX 78757

100⁰⁰

Purpose of expenditure

Banquet

-- 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-15-00

Grey + Becher

6 Payee address: City: State: Zip Code

900 West Ave
Austin, TX 78701

100⁰⁰

8 Purpose of expenditure

Legal Bills

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

Office sought / held

Date

Payee name

Amount (\$)

2-15-00

Grey + Becher

Payee address: City: State: Zip Code

900 West Ave
Austin TX 78701

100⁰⁰

Purpose of expenditure

Legal Bills

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

Office sought / held

Date

Payee name

Amount (\$)

3-15-00

Grey + Becher

Payee address: City: State: Zip Code

900 West Ave
Austin, TX 78701

100⁰⁰

Purpose of expenditure

Legal Bills

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

Office sought / held

Date

Payee name

Amount (\$)

4-15-00

Grey + Becher

Payee address: City: State: Zip Code

900 West Ave
Austin TX 78701

100⁰⁰

Purpose of expenditure

Legal Bills

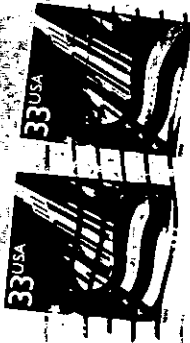
-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Box 202252
Austin, TX 78720

JIM SHAW



Travis County
Election Division
P.O. Box 1748
Austin, TX 78767

78767/1748 