

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4898

**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 <p style="text-align: center; font-size: 1.2em;">Jim Shaw</p>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED 01 JUL 18 AM 10:00 CLERK TRAVIS COUNTY TEXAS </div>	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align: center; font-size: 1.2em;">Box 202252 Austin, TX 78720</p>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Stephen Foster</p>	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 <p style="text-align: center; font-size: 1.2em;">3543 Gresham Austin TX 78731</p>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(512) 284-1137</p>		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 18th 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 <p style="text-align: center; font-size: 1.2em;">1 / 1 / 01 THROUGH 6 / 30 / 07</p>		
10 ELECTION	ELECTION DATE Month Day Year <p style="text-align: center; font-size: 1.2em;">N/A / /</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <p style="text-align: center; font-size: 1.2em;">N/A</p>	12 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 <input type="checkbox"/> additional pages		

GO TO PAGE 2

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 files)

4 Date

5 Payee name

7 Amount (\$)

5-15-01

Gray + Becker

6 Payee address: City: State: Zip Code

*900 West Ave
Austin, TX 78701*

100⁰⁰

8 Purpose of expenditure

Legal Expense

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

Office sought / held

Date

Payee name

Amount (\$)

6-15-01

Gray + Becker

Payee address: City: State: Zip Code

*900 West Ave
Austin, TX 78701*

100⁰⁰

Purpose of expenditure

Legal Expense

- 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

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 file#)

4 Date <i>1-15-01</i>	5 Payee name <i>Gray + Becker</i> 6 Payee address; City; State; Zip Code <i>900 West Ave Austin, TX 78701</i>	7 Amount (\$) <i>100⁰⁰</i>
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8 Purpose of expenditure <i>Legal Expense</i>	9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
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Date <i>2-15-01</i>	Payee name <i>Gray + Becker</i> Payee address; City; State; Zip Code <i>900 West Ave Austin, TX 78701</i>	Amount (\$) <i>100⁰⁰</i>
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Purpose of expenditure <i>Legal Expense</i>	Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
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Date <i>3-15-01</i>	Payee name <i>Gray + Becker</i> Payee address; City; State; Zip Code <i>900 West Ave Austin, TX 78701</i>	Amount (\$) <i>100⁰⁰</i>
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Purpose of expenditure <i>Legal Expense</i>	Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
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Date <i>4-15-01</i>	Payee name <i>Gray + Becker</i> Payee address; City; State; Zip Code <i>900 West Ave Austin, TX 78701</i>	Amount (\$) <i>100⁰⁰</i>
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Purpose of expenditure <i>Legal Expense</i>	Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought / held
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