

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5031

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

BANDA DELAVALLO
COUNTY CLERK
DAVIS COUNTY TEXAS

2 JAN 17 AM 11:24

FILED

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

Box 202252
Austin TX 78720

5 CAMPAIGN TREASURER NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Stephen Foster

Receipt #

HO / 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

7 / 1 / 01 THROUGH 12 / 31 / 01

10 ELECTION

Month

Day

Year

+/+/

ELECTION TYPE

Primary

Runoff

General

Special

11 OFFICE

OFFICE HELD (if any)

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

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 Use)

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

\$ 600⁰⁰

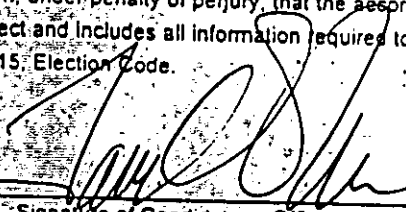
OUTSTANDING
LOAN TOTALS

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 _____

to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: _____

2 FILER NAME

Jim Shaw

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: _____

\$

5 Date of loan

7-15-01

7 Name of lender

James Shaw - Personal

out of state PAC

9 Loan Amount (\$)

600⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address: City: State: Zip Code

*P.O. Box 202252
Austin, TX 78720*

10 Interest rate

11 Maturity date

12 Description of Collateral

none

Personal Funds

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 07-15-02

5 Payee name Gray + Becker
 6 Payee address: City: State: Zip Code
900 West Ave
Austin, TX 78701

7 Amount (\$)
100⁰⁰

8 Purpose of expenditure
Legal Expense

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

Date 08-15-02

Payee name Gray + Becker
 Payee address: City: State: Zip Code
900 West Ave
Austin, TX 78701

Amount (\$)
100⁰⁰

Purpose of expenditure
Legal Expense

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

Date 09-15-02

Payee name Gray + Becker
 Payee address: City: State: Zip Code
900 West Ave
Austin, TX 78701

Amount (\$)
100⁰⁰

Purpose of expenditure
Legal Expense

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

Date 10-15-02

Payee name Gray + Becker
 Payee address: City: State: Zip Code
900 West Ave
Austin, TX 78701

Amount (\$)
100⁰⁰

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 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 (\$)

11-15-02

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 (\$)

12-15-02

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

5000
Lunters Lane
Texas 78753

TRAVIS Co Clerks Office
ATTN: ELECTIONS DIV.
P.O. Box 1748
AUSTIN, TX 78767

02 JAN 17 AM 11:21
DAN DEB
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS

JAN 10 2 102