

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5203

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE

FIRST

MI

Jim

NICKNAME

LAST

SUFFIX

Shaw

OFFICE USE ONLY

Date Received

02 JUL 18 PM 1:35

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Box 202252

Austin TX 78720

Change of Address

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE

FIRST

MI

Stephen

NICKNAME

LAST

SUFFIX

Foster

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

01 / 01 / 02

THROUGH

Month

Day

Year

06 / 30 / 02

10 ELECTION

ELECTION DATE

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 form)

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

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

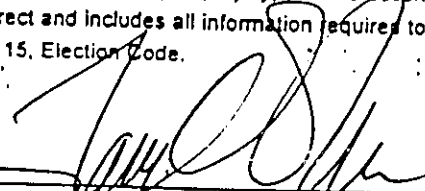
OUTSTANDING
LOAN TOTALS

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

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 01-15-07 | 5 Payee name Gray + Becker | 7 Amount (\$) 100 ⁰⁰ |
| 6 Payee address: City: State: Zip Code 900 West Ave Austin, TX 78701 | | |

| | |
|---|--|
| 8 Purpose of expenditure Legal Expense | 9 - Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name Office sought / held |
|---|--|

| | | |
|--|-----------------------------|----------------------------------|
| Date 02-15-07 | Payee name Gray + Becker | Amount (\$) 100 ⁰⁰ |
| 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 |
|---|--|

| | | |
|---|-----------------------------|----------------------------------|
| Date 03-15-07 | Payee name Gray + Becker | Amount (\$) 100 ⁰⁰ |
| 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 |
|---|--|

| | | |
|--|-----------------------------|----------------------------------|
| Date 04-15-07 | Payee name Gray + Becker | Amount (\$) 100 ⁰⁰ |
| 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 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 (\$)

05-15-02

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 (\$)

06-15-02

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

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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

7-15-02

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

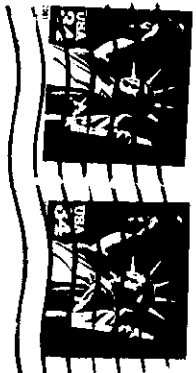
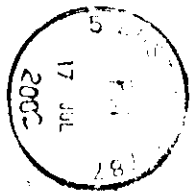
Amount Guaranteed (\$)

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.

Shaw
Box 207252
Austin TX 78720



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

78767/1748

