

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
JASON SHAW		L	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	225 MANDANA ST LEANDER TX 78641		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(910)	574-4241	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		SELF	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	225 MANDANA ST LEANDER TX 78641		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(910)	574-4241	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 16 / 19 THROUGH 04 / 04 / 19		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
05 / 04 / 19			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		LEANDER CITY COUNCIL PLACE 3	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JASON SHAW

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

145.04

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

\$

9,270.04

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

636.14

4. TOTAL POLITICAL EXPENDITURES

\$

7601.32

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

1668.72

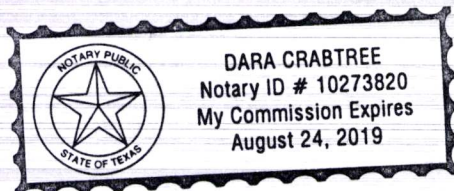
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0

18 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.

Jason Shaw

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jason Shaw, this the 3
day of April, 20 19, to certify which, witness my hand and seal of office.

Dara Crabtree *Dara Crabtree* *Notary/City Secretary*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9270.04
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7601.32
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/5

2 FILER NAME

JASON SHAW

3 Filer ID (Ethics Commission Filers)

4 Date

1-16-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

JASON SHAW

6 Contributor address;

City; State; Zip Code

225 Mandana St LEANDER TX 78641

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-28-19

Full name of contributor

☐ out-of-state PAC (ID#:

Donnie Mahan

Contributor address;

City; State; Zip Code

Online 1648 Rind Rd Leander TX 78641

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-28-19

Full name of contributor

☐ out-of-state PAC (ID#:

TEXAS STRONGER PAC

Contributor address;

City; State; Zip Code

808 Rockmoor Dr Georgetown TX 78628

Amount of contribution (\$)

\$3000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-28-19

Full name of contributor

☐ out-of-state PAC (ID#:

Kathryn Kotrla

Contributor address;

City; State; Zip Code

22974 Namoles Rd Leander TX 78641

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/5

2 FILER NAME

JASON SHAW

3 Filer ID (Ethics Commission Filers)

4 Date

2-28-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Walter Mischer

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address;

City; State; Zip Code

9 Greenway Plaza Suite 2900 Houston TX 77046

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-28-19

Full name of contributor

☐ out-of-state PAC (ID#:

Butler Family Shinoak Ltd

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

P.O. Box 9190 Austin TX 78766

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-28-19

Full name of contributor

☐ out-of-state PAC (ID#:

John C. Lewis

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

3839 Bee Cave Rd Austin TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-28-19

Full name of contributor

☐ out-of-state PAC (ID#:

J Sam Winters

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

3939 Bee Cave Rd Austin TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/5

2 FILER NAME

JASON SHAW

3 Filer ID (Ethics Commission Filers)

4 Date

3-6-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dana Williams

6 Contributor address;

City; State; Zip Code

3050 Tamaran Blvd Austin TX 78746

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jose Javier Orrea

Contributor address;

City; State; Zip Code

1720 Mira vis Leander TX 78641

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Robert M. Virissimo

Contributor address;

City; State; Zip Code

905 Bravo faco St Leander TX 78641

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Bordon

Contributor address;

City; State; Zip Code

1714 Comita Dr Leander TX 78641

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/5

2 FILER NAME

JASON SHAW

3 Filer ID (Ethics Commission Filers)

4 Date

3-15-19

5 Full name of contributor

C. Wilson

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

5312 Park Hollow Ln Austin TX 78746

7 Amount of contribution (\$)

\$ 400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-1-19

Full name of contributor

Hoeningman

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

P.O. Box 7002 Pasadena Ca 91104

Amount of contribution (\$)

\$ 20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor

Robert Hanson

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

107 S. Blue Ridge Pkwy Cedar Park TX 78613

Amount of contribution (\$)

\$ 75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor

John W. Pleuthner

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

3506 Far West Blvd Ste 190 Austin TX 78731

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/5

2 FILER NAME

JASON SHAW

3 Filer ID (Ethics Commission Filers)

4 Date

4-3-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Marcia RHODES Tyler

6 Contributor address;

City; State; Zip Code

Online 1117 Yellow Iris Leander TX 78641

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-3-19

Full name of contributor

☐ out-of-state PAC (ID#:

Frank Stiles

Contributor address;

City; State; Zip Code

4180 Hwy 193 Leander TX 78641

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-19

Full name of contributor

☐ out-of-state PAC (ID#:

J.L. Love

Contributor address;

City; State; Zip Code

Po Box 504 Leander TX 78641

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1/5</u>		2 FILER NAME <u>JASON SHAW</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1-29-19</u>		5 Payee name <u>USAA</u>			
6 Amount (\$) <u>\$8.00</u>		7 Payee address; City; State; Zip Code <u>1070 McDermott Freeway San Antonio TX 78288</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Other Fee</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Expedited mail</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <u>1-29-19</u>		Payee name <u>Paypal</u>			
Amount (\$) <u>.50</u>		Payee address; City; State; Zip Code <u>2211 North First St San Jose Ca 95131</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Fee</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Fee</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <u>2-6-19</u>		Payee name <u>Deep Dive Graphics</u>			
Amount (\$) <u>\$269.00</u>		Payee address; City; State; Zip Code <u>P.O. Box 93 Leander TX 78646</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Consulting</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Consulting</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2/5</u>		2 FILER NAME <u>JASON SHAW</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2-6-19</u>		5 Payee name <u>Deep Dive Graphics</u>		
6 Amount (\$) <u>\$1480.30</u>		7 Payee address; City; State; Zip Code <u>P.O. Box 93 Leander TX 78646</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political advertising</u>	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			

Date <u>2-6-19</u>		Payee name <u>Tractor Supply</u>		
Amount (\$) <u>\$281.99</u>		Payee address; City; State; Zip Code <u>2000 N Bell Cedar Park TX 78613</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			

Date <u>2-8-19</u>		Payee name <u>AMazon</u>		
Amount (\$) <u>\$36.99</u>		Payee address; City; State; Zip Code <u>online</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3/5</u>		2 FILER NAME <u>JASON SHAW</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2-25-19</u>		5 Payee name <u>7-Cleurn</u>			
6 Amount (\$) <u>\$10.78</u>		7 Payee address; City; State; Zip Code <u>1870 S Bagdad Rd Leander TX 78641</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Event Food</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>2-25-19</u>		Payee name <u>Michaels Stores</u>			
Amount (\$) <u>\$57.33</u>		Payee address; City; State; Zip Code <u>3021 S IH-35 Round Rock TX 78681</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Event Supplies</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>3-5-19</u>		Payee name <u>Lowe's</u>			
Amount (\$) <u>\$588.64</u>		Payee address; City; State; Zip Code <u>1495 S Hwy 183 Leander TX 78641</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4/5</u>		2 FILER NAME <u>JASON SHAW</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-12-19</u>		5 Payee name <u>DASH Signs</u>			
6 Amount (\$) <u>\$ 714.45</u>		7 Payee address; City; State; Zip Code <u>1920 Sam Bass Rd #200 Round Rock TX 78681</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>3-18-19</u>		Payee name <u>Vistago Print LLC</u>			
Amount (\$) <u>\$ 1569.00</u>		Payee address; City; State; Zip Code <u>7301 Bark Ranch Rd Lago Vista TX 78645</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>3-29-19</u>		Payee name <u>Minuteman Press</u>			
Amount (\$) <u>\$ 1272.15</u>		Payee address; City; State; Zip Code <u>715 Discovery Blvd #401 Cedar Park TX 78613</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5/5</u>		2 FILER NAME <u>JASON SHAW</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4-1-19</u>		5 Payee name <u>Adrien Marie Design</u>			
6 Amount (\$) <u>\$440.00</u>		7 Payee address; City; State; Zip Code <u>4256 Lake Underhill Rd Orlando FL 32803</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4-2-19</u>		Payee name <u>Community Impact</u>			
Amount (\$) <u>\$1260.00</u>		Payee address; City; State; Zip Code <u>3600 E Palm Valley Blvd Round Rock TX 78665</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Political Advertising</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED