

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-6800

1-800-325-8508

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission file #)	<b>2 Total pages filed:</b>																							
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">TITLE</td> <td style="width:33%; text-align: center;">FIRST</td> <td style="width:33%; text-align: center;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">ELLEN</td> <td style="text-align: center;">CONTRERAS</td> </tr> <tr> <td style="text-align: center;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">SHELBURNE</td> <td></td> </tr> </table>		TITLE	FIRST	MI		ELLEN	CONTRERAS	NICKNAME	LAST	SUFFIX		SHELBURNE		<b>OFFICE USE ONLY</b>  Date Received  <hr/> Date Hand-delivered or Date Postmarked <i>2.9.03</i> <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged											
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	SHELBURNE																									
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">ADDRESS / PO BOX:</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:15%;">STATE:</td> <td style="width:22%;">ZIP CODE</td> </tr> <tr> <td>P O BOX 1085</td> <td></td> <td>HEMPSTEAD, TX</td> <td></td> <td>77445</td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	P O BOX 1085		HEMPSTEAD, TX		77445														
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<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b>																								
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>-- 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. --</p> <p>Name</p> <hr/> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p>																									

**GO TO PAGE 2**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME ELLEN CONTRERAS SHELBURNE		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/21/03	5 Full name of contributor STEVE ELDER <input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 918 AUSTIN ST. HEMPSTEAD, TX 77445			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 1/21/03	Full name of contributor JP. HYAN <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1 TRAILSIDE CT. PARK CITY UT 84060			
Principal occupation (Optional)		Employer (Optional)	
Date 1/27/03	Full name of contributor PHIL RICHEY <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3809 SPICEWOOD SPRINGS RD. #243 AUSTIN, TX 78759			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor 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** FILER NAME

ELLEN CONTRERAS SHELBURNE

**3** ACCOUNT # (Ethics Commission filers)**4** Date

1/27/2004

**5** Payee name

HOTLINE PRESS

**7** Amount  
(\$)

\$162.00

**6** Payee address: City; State; Zip Code

1116 AUSTIN STREET HEMPSTEAD, TX 77445

**8** Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISEMENT

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

Office sought / held

Date

1/28/2004

Payee name

THE WALLER TIMES

Amount  
(\$)

\$144.00

Payee address: City; State; Zip Code

P. O. BOX 509 WALLER, TX 77484

Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISEMENT

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

Office sought / held

Date

1/29/2004

Payee name

THE TIMES TRIBUNE

Amount  
(\$)

\$162.00

Payee address: City; State; Zip Code

P O BOX 1549 BROOKSHIRE, TEXAS 77423

Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISEMENT

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

Office sought / held

Date

1/29/2004

Payee name

HOMETOWN

Amount  
(\$)

\$30.46

Payee address: City; State; Zip Code

2205 13TH STREET HEMPSTEAD, TX 77445

Purpose of expenditure (See instructions regarding type of information required.)

MATERIAL FOR SIGNS

.. 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

ELLEN CONTRERAS SHELBURNE

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/2004

5 Payee name

HOMETOWN

7 Amount (\$)

\$ 59.40

6 Payee address:

City; State; Zip Code

2205 13TH STREET HEMPSTEAD, TX 77445

8 Purpose of expenditure (See instructions regarding type of information required.)

9 \*\* 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 (See instructions regarding type of information required.)

\*\* 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 (See instructions regarding type of information required.)

\*\* 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 (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

ELLEN CONTRERAS SHELburnE

15 ACCOUNT # (Ethics Commission filers)

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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$

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

\$ 1,200.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 557.86

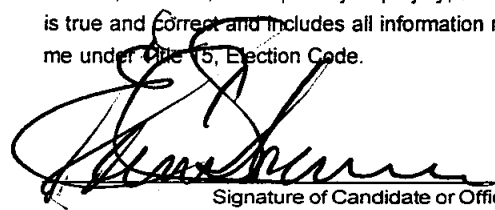
OUTSTANDING  
LOAN TOTALS

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 ELLEN C. SHELburnE, this the 9th day of February, 20 04, to certify which, witness my hand and seal of office.



Signature of officer administering oath

LEILA LOWE

Printed name of officer administering oath

ELECTIONS ADMIN.

Title of officer administering oath