

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |  |  |                             |
|---|--|--|-----------------------------|
| The C/OH INSTRUCTION GUIDE explains how to complete this form.  |  | 1 ACCOUNT #<br>(Ethics Commission filers)  | 2 Total pages filed:        |
| 3 CANDIDATE / OFFICEHOLDER NAME   | TITLE  | FIRST  | MI                          |
|   | NICKNAME   | LAST   | SUFFIX                      |
| ELLEN CONTRERAS   |  | SHELBURNE  |                             |
| <b>OFFICE USE ONLY</b>  |  |  |                             |
| Date Received   |  |  |                             |
| Date Hand-delivered or Date Postmarked  |  |  |                             |
| 1-18-00<br><i>[Signature]</i>   |  |  |                             |
| Receipt #   |  | Amount   |                             |
| Date Processed  |  |  |                             |
| Date Imaged   |  |  |                             |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS  | ADDRESS / PO BOX;  | APT / SUITE #;   | CITY; STATE; ZIP CODE       |
| <input type="checkbox"/> Change of Address  | P O BOX 1085<br>HEMPSTEAD, TEXAS 77445   |  |                             |
| 5 CAMPAIGN TREASURER NAME   | TITLE  | FIRST  | MI                          |
|   | NICKNAME   | LAST   | SUFFIX                      |
| <del>ELLEN</del> ROBERT   |  | D  |                             |
| SHELBURNE   |  |  |                             |
| 6 CAMPAIGN TREASURER ADDRESS<br>(Residence or business)   | STREET ADDRESS (NO PO BOX PLEASE);   | APT / SUITE #;   | CITY; STATE; ZIP CODE       |
|   | P O BOX 1085<br>HEMPSTEAD, TEXAS 77445   |  |                             |
| 7 CAMPAIGN TREASURER PHONE  | AREA CODE  | PHONE NUMBER   | EXTENSION                   |
|   | ( 409 )  | 826-3467   |                             |
| 8 REPORT TYPE   | <input 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)<br><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) |  |                             |
| 9 PERIOD COVERED  | Month  | Day  | Year                        |
|   | 12   | 08   | 99                          |
|   | THROUGH  |  | Month Day Year              |
|   |  |  | 1 / 18 / 00                 |
| 10 ELECTION   | ELECTION DATE  |  | ELECTION TYPE               |
|   | Month  | Day  | Year                        |
|   |  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |                             |
| 11 OFFICE   | OFFICE HELD (if any)   |  | 12 OFFICE SOUGHT (if known) |
| ** 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. ** |  |  |                             |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS   |  |  |                             |
| Name  |  |  |                             |
| Address / PO Box; Apt. / Suite #; City; State; Zip Code   |  |  |                             |
| <input type="checkbox"/> additional pages   |  |  |                             |

**GO TO PAGE 2**



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|   |   |   |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form.                           |   | 1 Total pages Schedule G:   |
| 2 FILER NAME<br><br>ELLEN C. SHELBURNE  |   | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date  | 5 Payee name<br>WALLER COUNTY DEMOCRATIC PARTY<br>6 Payee address; City; State; Zip Code<br>27831 KREZDORN HOCKLEY, TEXAS 77447             | 8 Amount (\$)<br>\$600.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure (See instructions regarding type of information required.) |   |   |
| Date  | Payee name<br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended               |
| Date  | Payee name<br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended               |
| Date  | Payee name<br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended               |
| Date  | Payee name<br>Payee address; City; State; Zip Code<br><br>Purpose of expenditure (See instructions regarding type of information required.) | Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended               |

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)

\$

EXPENDITURE TOTALS

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

\$ 600.00

4. TOTAL POLITICAL EXPENDITURES

\$ 600.00

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 18th day of January, 20 00, to certify which, witness my hand and seal of office.

Lela Loewe  
Signature of officer administering oath

Lela Loewe  
Printed name of officer administering oath

Election Administrator  
Title of officer administering oath