

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#
(Ethics Commission filers)

2 Total pages filed:
5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
ELLEN CONTRERAS
NICKNAME LAST SUFFIX
SHELBURNE

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P O BOX 1085 HEMPSTEAD TX 77445

Change of Address

Date Hand-delivered or Date Re-mark

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 826-3467

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR. ROBERT DUNN
NICKNAME LAST SUFFIX
SHELBURNE

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P O BOX 1085 HEMPSTEAD TX 77445

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 826-3467

9 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)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
05 / 01 / 2012 THROUGH 09 / 30 / 2012

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 06 / 2012 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
TAX ASSESSOR-COLLECTOR

13 OFFICE SOUGHT (if known)
TAX ASSESSOR-COLLECTOR

14 NOTICE OF 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

FILED
 WALLER COUNTY CLERK
 ELECTIONS DIVISION
 2012 OCT - 1 AM 9:39

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME ELLEN CONTRERAS SHELBURNE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALLER COUNTY REPUBLICAN CLUB 6 Contributor address; City; State; Zip Code P O BOX 697 PATTISON TX 77466	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 9/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REPUBLICAN PARTY OF WALLER COUNTY Contributor address; City; State; Zip Code P O BOX 697 PATTISON TX 77466	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 8/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY WELLS Contributor address; City; State; Zip Code 3001 N. LAMAR BLVD SUITE 306 AUSTIN, TX 78705	Amount of contribution (\$) 138.46	In-kind contribution description (if applicable) CAMPAIGN CARDS
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 5/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY G STEEN, JR Contributor address; City; State; Zip Code 3001 N LAMAR BLVD SUITE 306 AUSTIN, TX 78705	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME ELLEN CONTRERAS SHELBURNE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/30/2012	5 Payee name WALLER COUNTY NEWS	
6 Amount (\$) \$110.50	7 Payee address; City; State; Zip Code HEMPSTEAD TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN AD	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/9/2012	Payee name WALLER COUNTY FAIR	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 22000 FAIR- GROUND RD HEMPSTEAD, TX 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN AD	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/18/2012	Payee name THE WATERMELON WALK FOR THE FALLEN	
Amount (\$) \$125.00	Payee address; City; State; Zip Code HEMPSTEAD, TX 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/24/2012	Payee name ST KATHARINE DREXEL	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 800 FM1488 HEMPSTEAD TX 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN AD/CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T)
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 9/26/2012	5 Payee name THE HOTLINE PRESS
----------------------------	--

6 Amount (\$) \$192.50	7 Payee address; City; State; Zip Code 1116 AUSTIN ST HEMPSTEAD TX 77445
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN AD	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	---

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

Date 9/26/2012	Payee name THE ONE HUNDRED CLUB
-------------------	------------------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code HEMPSTEAD TX 77445
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> 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 (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

ELLEN CONTRERAS SHELBURNE

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 2388.46

EXPENDITURE TOTALS

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

\$ 117.95

4. TOTAL POLITICAL EXPENDITURES

\$ 995.95

CONTRIBUTION BALANCE

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

\$

OUTSTANDING LOAN TOTALS

6. 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.

Ellen Contreras Shelburne

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ELLEN CONTRERAS SHELBURNE, this the 28TH day of SEPTEMBER, 20 12, to certify which, witness my hand and seal of office.

Tara Schovajsa
Signature of officer administering oath

Tara Schovajsa
Printed name of officer administering oath

Notary
Title of officer administering oath