

USE ONLY BLACK INK
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WHEN FILLING OUT THIS FORM

FOR OFFICE USE ONLY	
File # _____	
1-17-89 cak	
PM	HD ✓

**DESIGNATION OF FINAL STATEMENT
CANDIDATE OR SPECIFIC PURPOSE
POLITICAL COMMITTEE**
(Title 15, Texas Election Code)

Name of Candidate or Specific Purpose Political Committee
Ellen Contreras Shelburne

I, the undersigned candidate/specific purpose political committee's campaign treasurer, do not intend to accept contributions or to make expenditures relating to this election or series of elections. I further intend to terminate the status of the campaign treasurer. I understand that a new designation of campaign treasurer must first be filed before I/the political committee can be involved in a future election.

Check the appropriate statement:

SURPLUS^{1,2}

I, the candidate/campaign treasurer, understand that any surplus of funds from this campaign will not be utilized for purposes involved in this election.

DEFICIT³

I, the candidate, understand that the effect of any deficit reported in any statements required by involvement in a particular campaign will be personally assumed by me and no contributions may be collected to offset the deficit.

**TREASURER OF CANDIDATE
IS NOT AUTHORIZED TO SIGN
FOR CANDIDATE**

Ellen C Shelburne

Signature of candidate or political committee's campaign treasurer or assistant campaign treasurer

Sworn to and subscribed before me by ELLEN CONTRERAS SHELBURNE

this the 17th day of January, 19 89, to certify which, witness my hand and seal.



Ernestine E Zimmerman

Signature of officer administering oath

Ernestine E Zimmerman

Print name of officer administering oath

Notary

Title of officer administering oath

SEE REVERSE SIDE FOR FOOTNOTES

ATTACH COMPLETED SWORN STATEMENT OF CONTRIBUTIONS AND EXPENDITURES
(Parts X-01, X-02, X-03, X-04 or Parts S-01, S-02, S-03, S-04, as applicable)

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Please complete:

Total Pages in this Report _____

Total Pages of Contributions Only _____

FOR OFFICE USE ONLY

File # _____

1-17-89
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PM

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**CANDIDATE/OFFICEHOLDER
 SWORN REPORT OF
 CONTRIBUTIONS AND EXPENDITURES**

(Title 15, Texas Election Code)

Full Name of Candidate or Officeholder Ellen Contreras Shelburne		Address of Candidate or Officeholder P O Box 1085 Hempstead, Texas 77445	
Office Held Tax Assessor-Collector		Office Sought Tax Assessor-Collector	
Name of Campaign Treasurer Robert D. Shelburne		Residence or Business Street Address of Campaign Treasurer P O Box 1085 Hempstead, Texas 77445	
Telephone Number of Campaign Treasurer (409) 826-3467		Date of Election, if applicable	Type of Election, if applicable

For the period 4-3, 19 88, through 12/31, 19 88

Type of Report (Check the appropriate box):

- | | | |
|--|--|--|
| <input type="checkbox"/> 30th day before an election ^{4.5} | <input type="checkbox"/> 15th day after appointment of campaign treasurer by an officeholder ¹² | } Total of Unexpended Political Contributions as of December 31: \$ _____ |
| <input type="checkbox"/> 8th day before an election ^{4.6} | <input type="checkbox"/> Annual Report of Unexpended Contributions ¹³ | |
| <input type="checkbox"/> 8th day before a runoff ^{4.7} | | } Amount of Interest or Other Income Earned During Calendar Year: \$ _____ |
| <input type="checkbox"/> July 15 ⁸ | <input type="checkbox"/> Amended Report ¹⁴ | |
| <input checked="" type="checkbox"/> January 15 ⁹ | (Specify type of report you are amending) | |
| <input checked="" type="checkbox"/> Final Report (Attach Part X-05) ¹⁰ | | |
| <input type="checkbox"/> 48 hr. Report Required by Modified Reporting Procedure (Sec. 254.183(b), Texas Election Code) ¹¹ | | |

COMPLETE THE FOLLOWING, if applicable: I have been notified by the following that they accept political contributions or they make political expenditures for me. (Tex. Elec. Code Ann. secs. 254.061(3), (4); 254.091(2)) Attach additional pages if necessary.

Full Name and Address of Political Committee. State whether the committee is a general-purpose (GP) or specific-purpose (SP) committee.	Full Name and Address of the Committee's Campaign Treasurer
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If no reportable activity occurred during this reporting period, indicate that fact below; you may then proceed to Part X-04 and complete the affidavit. If activity occurred, continue with Parts X-02, X-03, and X-04.

NO REPORTABLE ACTIVITY OCCURRED DURING THIS REPORTING PERIOD.

See Reverse Side for Footnotes and Instructions

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Complete: Pg ____ of ____

**CANDIDATE/OFFICEHOLDER
EXPENDITURES AND PAYMENTS**

Name of Candidate/Officeholder: Ellen Contreras Shelburne

Date	Payee or Creditor Full Name, Complete Address	Purpose of Expenditure or Payment (be specific)	Enter the amount of the expenditure or payment in the appropriate column.		
			Cash disbursements and unpaid bills (except loans) not previously reported (1)	Repayments of loans of money (2)	Payments that were not political expenditures * (Tex. Elec. Code Ann. sec. 254.031(a)(4)) (3)
4-21	Waller County News				
4-21	Waller County News	Pol Ad	16.32		
4-21	Hotline Press	Pol Ad	13.50		
TOTAL			29.82		

*"Payments that were not political expenditures" are payments that were not involved in an election or in the performance of officeholder duties or activities but were made from political contributions.

See Instructions on Reverse Side

CANDIDATE/OFFICEHOLDER CONTRIBUTIONS AND EXPENDITURE TOTALS

Name of Candidate/Officeholder: Ellen Contreras Shelburne

TOTALS

Contributions		Expenditures	
1. Total from Column (1), Part X-02 (Money or Equivalent)	\$ _____	8. Total from Column (1), Part X-03 (Cash disbursements & unpaid bills, except loans)	\$ <u>29.82</u>
2. Total from Column (2), Part X-02 (Loans of Money other than from Financial Institutions)	\$ _____	9. Total from Column (2), Part X-03 (repayments of loans of money)	\$ _____
3. Total from Column (3), Part X-02 (market value of gifts, services, use of property)	\$ _____	10. Total from Line 3 of contributions total (across) ¹	\$ _____
4. Total Contributions of \$50 and less (include money, gifts, services, use of property, and loans of money)	\$ _____	11. Total Expenditures of \$50 and less (including money, gifts, services, use of property and repayments of loans)	\$ _____
5. Total Contributions for this reporting period (add lines 1, 2, 3, and 4)	\$ _____	12. Total Expenditures for this reporting period (add lines 8, 9, 10, and 11)	\$ _____
6. Total from Column (4), Part X-02 (Loans from Financial Institutions) (optional)	\$ _____	13. Total from Column (3), Part X-03 (payments that were not expenditures) (optional)	\$ _____
7. Total Contributions and Loans for this reporting period (add lines 5 and 6) (optional)	\$ _____	14. Total Expenditures and Payments for this reporting period (add lines 12 and 13) (optional)	\$ <u>29.82</u>

AFFIDAVIT ²

State of Texas
County of Waller

Before me, the undersigned authority, on this day personally appeared Ellen Contreras Shelburne
who being by me here and now duly sworn, upon oath says: "I swear, or affirm, that the accompanying report is true and
correct and includes all information required to be reported by me under Title 15, Election Code."

TREASURER OF CANDIDATE
IS NOT AUTHORIZED TO SIGN
FOR CANDIDATE

Ellen C. Shelburne
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ellen Contreras Shelburne, this
17th day of January, 19 89, to certify which, witness my hand and seal of office.

Ernestine E. Zimmerman
Signature of officer administering oath ³

Ernestine E. Zimmerman
Print name of officer administering oath

Notary
Print title of officer administering oath (as listed in
footnote 3 on back)

See Reverse Side for Footnotes