

CANDIDATE / OFFICEHOLDER REPORT OF CONTRIBUTIONS, EXPENDITURES, AND LOANS

FORM C/OH
PG 1

See C/OH INSTRUCTION GUIDE for detailed instructions.		1 ACCOUNT #	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE SHEL BURNE NICKNAME	FIRST ELLEN LAST	MI CONTRERAS SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O BOX 1085 HEMPSTEAD TEXAS 77445		
5 CAMPAIGN TREASURER NAME	TITLE SHEL BURNE NICKNAME	FIRST ROBERT LAST	MI D SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P O BOX 1085 HEMPSTEAD TEXAS 77445.		
7 CAMPAIGN TREASURER PHONE	AREA CODE (409	PHONE NUMBER) 826-3467	EXTENSION
8 REPORT TYPE	<input checked="" 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) <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 THROUGH Month / Day / Year		
10 ELECTION	ELECTION DATE Month / Day / Year	ELECTION TYPE <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)	
13 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		

Receipt #
 118 / PM
 1-9-96
 Date Processed

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 GO TO PAGE 2

C/OH REPORT: SUPPORT & TOTALS

FORM C/OH
PG 2

14 C/OH NAME		15 ACCOUNT #	
16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees for candidates or officeholders. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	OFFICE USE
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)		
18 CONTRIBUTION AND LOAN 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)	\$ 600.00	
EXPENDITURE TOTALS	3. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	
	4. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
	5. TOTAL POLITICAL EXPENDITURES	\$	
19 AFFIDAVIT <p style="text-align: right; margin-top: 10px;">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.</p> <div style="text-align: center; margin-top: 10px;"> _____ Signature of Candidate or Officeholder </div> <p style="text-align: center; margin-top: 20px; font-size: small;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Ellen Shelburne</u>, this the <u>9th</u> day of <u>January</u>, 19 <u>96</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> _____ Signature of officer administering oath </div> <div style="width: 30%; text-align: center;"> <u>Christy A. Schiel</u> Print name of officer administering oath </div> <div style="width: 30%; text-align: right;"> <u>Elections Administrator</u> Title of officer administering oath </div> </div>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

See INSTRUCTION GUIDE for detailed instructions.				1	Total pages Schedule A:
2 FILER NAME				3	ACCOUNT #
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8	In-kind contribution description (if applicable)
12-19-95	Parmer Steen & Young PC	3001 N LAMAR Blvd Austin, TEXAS	600.00		
9 Principal occupation			10 Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		

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

POLITICAL EXPENDITURES

SCHEDULE F

See INSTRUCTION GUIDE for detailed instructions.		1	Total pages Schedule F:
2 FILER NAME		3	ACCOUNT #
4 Date	5 Payee name	7	Amount (\$)
12-27-95	Walker County Democratic Party		600.00
6 Payee address; City; State; Zip Code			
Hempstead, Tx			
8 Purpose of expenditure		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	
Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held / sought	

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