	CANDIDATE CAMPAIGN I	il i		÷			Čover	FORM C/OH SHEET PG 1
	The C/OH Instruction (Guide explains h	iow to complete	this form. 1 A	CCOUNT # Ethics Commission file	rs)	2 Total pages	filed:
-	CANDIDATE / OFFICEHOLDER NAME	Shelbur	FIRST FIRST LAST	len .	Ň	MI SUFFIX	OFFI	AN 1987
	CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BO		city: Hemp:	state: Stend Tx	zip code MN445		CEIVED IN
	CAMPAIGN TREASURER NAME		FIRST			MI	Receipt HØ / W/ Date Processed	Amount
	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS	(NO PO BOX PLEASE	:); APT / SUITE #.	CITY:	STATE:	ZIP CODE	
,	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUME	IER	EXTENSION	I	'.	
3	REPORT TYPE	January 15		ay before election y before ele ction	Runoff Exceeded	\$500 limit	appointmen	ter campaign treasurer It (officeholder only) (Attach C/OH - FR)
)	PERIOD COVERED	Month Da	y Year	THROUGH	Mont	n Day	Year	
10	ELECTION	ELECTIC Month Da		ELECTION TYPE	Runoff		General	Special
11	OFFICE	OFFICE HELD (if a	iny)		12 OFFICE S	DUGHT (if know	n)	
13	DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campa Candidates are n Name	ign expenditures are equired to disclose th	campaign expenditur	es made by others they receive notific	without the can ation of the dire	didate's prior cons ect campaign expe	ient or approval. nditure. ••
		Address / PO Box;	Apt. / Suite #; Cr	ly: State, Zip Co	ode .			
	additional pages		N		ů			· · · · ·
		· · · · · · · · · · · · · · · · · · ·	• •	GO TO PAG		**		

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exas Ethics Commission	P.O. Box 1	120 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-85
CANDIDATE SUPPORT &	à	HOLDER REPORT:	FORM C/OH COVER SHEET PG 2
4 C/OH NAME		•	15 ACCOUNT # (Ethics Commission filers)
SUPPORTING POLITICAL COMMITTEE(S)	have been made	cludes political expenditures by political committees to support the candidat without the candidate's or officeholder's knowledge or consent. Candidates a they receive notice of such expenditures. ••	e / officeholder. These expenditures may nd officeholders are required to report this
STORE A		COMMITTEE NAME	
	n j	COMMITTEE CAMPAIGN TREASURER NAME	**************************************
additioner pages 315		COMMITTEE CAMPAIGN TREASURER ADDRESS	
NO REPORTABLE ACTIVITY	T Check here	e if no reportable activity occurred during this reporting period. (Sign affidavit beh	ow and submit pages 1 and 2 only.)
CONTRIBUTION TOTALS		AL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN DGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		AL POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTA	AL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ED \$
	4. TOT	AL POLITICAL EXPENDITURES	\$ 0
OUTSTANDING LOAN TOTALS		AL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	s
	11 11		· · · · · · · · · · · · · · · · · · ·
		I swear, or affirm, that the accompany includes all information required to b Election Code.	
· .	-	Signature of Cand	idate or Officeholder
AFFIX NOTARY	STAMP / SEAU ABOVE	Color Clarkana	3 day of fall.
9 <u>9</u> 7, to certify wi	hich, witness my t	hand and seal of Office. We Christy Schlel	Elec. Admin
Signature of officer a		Print name of officer administering oath	Title of officer administering oath

CAN	• ••• • ••		1-2070 (512) 463-5800 1-800-325
DES		OFFICEHOLDER REPORT	FORM C/OH - FF
		e explains how to complete this form. t Type" on C/OH page 1 is marked "Final Re	eport" ••
C/OH N	AME		2 ACCOUNT # (Ethics Commission file
SIGNA	TURE		
ing a	report as a final rep		► es in connection with my candidacy. I understand that designat- tment. Falso understand that I may not accept any campaign treasurer appointment on file.
			Signature of Candidate / Officeholder
	WHO IS NOT AN blete A & B below onl	DFFICEHOLDER / if you are a candidate **	· · · · · · · · · · · · · · · · · · ·
A .		s	
Check	conly one:	· 274	
d	I do not have une:	pended contributions or unexpended interest	or income earned from political contributions.
	not convert unexp use. Falso unders contributions or ur Further, Fundersta	ended political contributions or unexpended in tand that I must file an annual report of unexp expended interest or income earned on politic	ome earned from political contributions. I understand that I may interest or income earned on political contributions to personal pended contributions and that I may not retain unexpended ical contributions longer than six years after filing this final report al contributions and unexpended interest or income earned on ection Code, § 254.204.
В.	ASSETS		
Check	conly one:		•
	I do not retain ass	ets purchased with political contributions or in	nterest or other income from political contributions.
_	I may not convert	assets purchased with political contributions o tand that I must dispose of assets purchased	est or other income from political contributions. I understand tha or interest or other income from political contributions to persona d with political contributions in accordance with the requirements
			Anna
			Signature of Candidate
	EHOLDER	if you are an officeholder **	Signature of Candidate
	EHOLDER plete this section only		
	EHOLDER plete this section only		Signature of Candidate