

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:			
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER ADDRESS		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
<input type="checkbox"/> Change of Address		P O BOX 1085		HEMPSTEAD TX	77445		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" 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	Month	Day	Year
10 ELECTION		ELECTION DATE			ELECTION TYPE		
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. --					
<input type="checkbox"/> additional pages		Name					
		Address / PO Box; Apt / Suite #; City; State; Zip Code					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

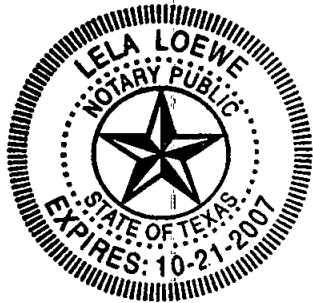
14 C/OH NAME ELLEN C. SHELBURNE	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	

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)	\$ 154.35
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 977.15
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ELLEN C. SHELBURNE, this the 4th day of October, 20 04, to certify which, witness my hand and seal of office.

Lela Loewe LELA LOEWE ELECTIONS ADMIN.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME ELLEN C. SHELBURNE		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/17/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC REPUBLICAN WOMEN OF WALLER COUNTY PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 4.35
6 Contributor address; City; State; Zip Code P O BOX 1581 WALLER, TX 77484			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 8/13/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC ROBERT R SMITH	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4502 BANNING ST HOUSTON, TX 77027			
Principal occupation (Optional)		Employer (Optional)	
Date 9/29/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC DONALD WARD	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30413 MELLMAN RD HEMPSTEAD, TX 77445			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME ELLEN C. SHELBURNE		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/3/2004	5 Payee name REPKA'S HARDWARE	7 Amount (\$) 5.94
6 Payee address; City; State; Zip Code 719 12TH STREET HEMPSTEAD, TEXAS 77445		
8 Purpose of expenditure (See instructions regarding type of information required.) TIES CABLE 11" FOR POL. SIGNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/16/2004	Payee name HOMETOWN	Amount (\$) 34.62
Payee address; City; State; Zip Code 2205 13TH STREET HEMPSTEAD, TX 77445		
Purpose of expenditure (See instructions regarding type of information required.) STAKE FOR POL. SIGNS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/17/2004	Payee name HEMPSTEAD PRINTING	Amount (\$) 656.64
Payee address; City; State; Zip Code 915 12TH STREET HEMPSTEADS, TX 77445		
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL SIGNS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/17/2004	Payee name HOUSTON COMMUNITY NEWSPAPER	Amount (\$) 244.80
Payee address; City; State; Zip Code 705 12TH ST. HEMPSTEAD, TX 77445		
Purpose of expenditure (See instructions regarding type of information required.) POLITICAL AD		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME ELLEN C. SHELBURNE		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/20/2004	5 Payee name HOMETOWN	7 Amount (\$) 35.15
6 Payee address; City; State; Zip Code 2205 13TH STREET HEMPSTEAD, TX 77445		
8 Purpose of expenditure (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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