

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-6800

1-800-325-8506

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 files)	2 Total pages filed.
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: FIRST MI ELLEN CONTRERAS	OFFICE USE ONLY Date Received	
	NICKNAME: LAST SUFFIX SHELBURNE		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P O BOX 1085 HEMPSTEAD, TX 77445	Date Hand-delivered or Date Postmarked <i>10.25.04</i>	
	5 CAMPAIGN TREASURER NAME	TITLE: FIRST MI ROBERT D.	Receipt # Amount
	NICKNAME: LAST SUFFIX SHELBURNE	Date Processed	
		Date Imaged	
6 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		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3467		
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> First report (Attach C/OH - FR)		
9 PERIOD COVERED	Month / Day / Year THROUGH Month / Day / Year		
10 ELECTION.	ELECTION DATE Month / Day / Year 11 / 02 / 04	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) WALLER COUNTY TAX ASSESSOR-COLLECTOR	12 OFFICE SOUGHT (if known) WALLER COUNTY TAX ASSESSOR-COLLECTOR	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		
GO TO PAGE 2			

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 CONTRERAS SHELburnE		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/6/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC LAW OFFICE OF HENRY GATES STEEN, JR., P.C. 6 Contributor address; City; State; Zip Code 3001 N. LAMAR BLVD., SUITE 306 AUSTIN, TX 78705	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/9/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC B K WATSON Contributor address; City; State; Zip Code 2000 S. DAIRYASHFORD ST-600 HOUSTON, TX 77077	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/20/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC FRANK POKLUDA Contributor address; City; State; Zip Code 29503 FM 1488, WALLER, TX 77484	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/5/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC GEORGE POLK, JR. Contributor address; City; State; Zip Code P O BOX 389, WALLER, TX 77484	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 1/27/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC ANONYMOUS Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,237.30	In-kind contribution description (if applicable)
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS CIOH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME ELLEN CONTRERAS SHELburnE		3 ACCOUNT # (Ethics Commission files)	
4 Date 10/4/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC LAW OFFICE OF HENRY GATES STEEN, JR., P.C. 6 Contributor address; City; State; Zip Code 3001 NORTH LAMAR BLVD., STE 306 AUSTIN, TEXAS 78705	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/8/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC LOUIS CANALAS Contributor address; City; State; Zip Code P O BOX 51 BROOKSHIRE, TX 77423	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/17/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC TOM & SANDRA BROWN Contributor address; City; State; Zip Code 40834 KELLEY ROAD, HEMPSTEAD, TX 77445	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/22/2004	Full name of contributor <input type="checkbox"/> out-of-state PAC LAW OFFICE OF HENRY GATES STEEN, JR., P.C. Contributor address; City; State; Zip Code 3001 N. LAMAR BLVD., STE 306 AUSTIN, TX 78705	Amount of contribution (\$)	In-kind contribution description (if applicable) 166.51
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 CONTRERAS SHELburnE		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/6/2004	5 Payee name HEMPSTEAD PRINTING	7 Amount (\$) \$479.35
6 Payee address: City; State; Zip Code 915 12TH STREET HEMPSTEAD, TEXAS 77445		
8 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL SIGNS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 3/2/2004	Payee name THE TIMES TRIBUNES	Amount (\$) \$ 40.50
Payee address: City; State; Zip Code P O BOX 1549, BROOKSHIRE, TX 77423		
Purpose of expenditure (See instructions regarding type of information required.) THANK YOU (POLITICAL)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 1/31/2004	Payee name HOMETOWN HARDWARE	Amount (\$) \$59.40
Payee address: City; State; Zip Code 2205 13TH STREET, HEMPSTEAD, TX 77445		
Purpose of expenditure (See instructions regarding type of information required.) MATERIALS FOR SIGNS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 2/16/2004	Payee name HOMETOWN HARDWARE	Amount (\$) \$21.18
Payee address: City; State; Zip Code 2205 13TH STREET, HEMPSTEAD, TX 77445		
Purpose of expenditure (See instructions regarding type of information required.) STAKES		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		



POLITICAL EXPENDITURES**SCHEDULE F**

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

10/5/2004

5 Payee name

THE HOTLINE PRESS

7 Amount
(\$)

\$234.20

6 Payee address: City: State: Zip Code

1116 AUSTIN STREET, HEMPSTEAD, TX 77445

8 Purpose of expenditure (See instructions regarding type of information required.)

POLITICAL AD

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

10/4/2004

Payee name

JOHNSON GRAPHICS

Amount
(\$)

\$284.40

Payee address: City: State: Zip Code

P O BOX 509, WALLER, TX 77484

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

Date

10/5/2004

Payee name

THE TIMES TRIBUNES

Amount
(\$)

\$216.00

Payee address: City: State: Zip Code

P O BOX 1549, BROOKSHIRE, TX 77423

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

ELLEN CONTRERAS SHELBURNE

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

-- This listing includes 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 2,953.81

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,335.03

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 19, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ELLEN C. SHELBURNE this the 25 day of Oct, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

LELA LOEWE
Printed name of officer administering oath

ELECTIONS ADMIN.
Title of officer administering oath