CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. 2070

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST ELLEN	CONTRERAS	OFFICE USE ONLY	
NAME	NICKNAME LAST SHELBURNE	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P O BOX 1085 HEMPST	CITY; STATE; ZIP CODE EAD TX 77445	Dáte/Hand-delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA ČODE PHONE NUMBER (97,9) 826-3467	EXTENSION	Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. ROBERT NICKNAME LAST SHELBURNE	DUNN Suffix	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SU P O BOX 1085		ZIP CODE 77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-3467	EXTENSION		
9 REPORTTYPE	January 15 30th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THRO	DUGH 6 /30	Year / 200 C	
11 ELECTION	Month Day Year ELECTION TY		General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know	n)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expectandidates are required to disclose this information	enditures made by others without the can only if they receive notification of the dire	didate's prior consent or approval. ct campaign expenditure. ••	
BY OTHER INDIVIDUALS	Name Address (DO Pay Act / Stiffs # City State)	Zip Code		
additional pages	Address PO Box; Apt. / Suite #; City; State;	asp code		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT#(Ethics Commission filers)	
17 NOTICE FROM POLITICAL	•• This box is for notice of 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(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
additional pages	1 - 1	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL OF REP	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT A LOE 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 and so that the standard of Candidate or Officeholder AFFIX NOTARY STAMP WHILEBOVE Sworn to and subscribed before me, by the said Of JULIA, 20, 01, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				