CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH INSTRUCTE this form. | ом Guine explains how to complete | 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: | | | |
|---|--|--|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST ELLEN | CONTRERAS | OFFICE USE ONLY | | | |
| | NICKNAME LAST SHELBURNE | SUFFIX | Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | P O BOX 1085 HEMPSTE | ty; state, zip code AD TX 77445 | Date Hand-delivered or Date Postmarked | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (979) 826-3467 | EXTENSION | Receipt # Amount | | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MR. ROBERT NICKNAME LAST | MI DUNN SUFFIX | Date Processed Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | SHELBURNE STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE P O BOX 1085 HEMPSTEAD TX 77445 | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (979) 826-3467 | EXTENSION | | | | |
| 9 REPORT TYPE 10 PERIOD | January 15 30th day before election July 15 8th day before election Month Day Year | Runoff Exceeded \$500 limit Month Day | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) Year | | | |
| COVERED | THROUG | | / | | | |
| 11 ELECTION | Month Day Year ELECTION TYPE | Runoff | General Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if know | m) | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | Direct campaign expenditures are campaign expend Candidates are required to disclose this information on Name | I litures made by others without the car y if they receive notification of the din | ndidate's prior consent or approval. ect campaign expenditure. •• | | | |
| additional pages | Address / PO Box; Apt. / Suite #; City; State; Zip | Code | | | | |
| • | GO TO PA | AGE 2 | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| | 4 | | | | |
|--|---|---|--|--|--|
| 16 C/OH NAME | ! | | 16 ACCOUNT# (Ethics Commission filers) | | |
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | ** 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 | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| additional pages | j. | COMMITTEE CAMINAGON NEWSCALL THANKE | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| | | | | | |
| 18 CONTRIBUTION TOTALS | 1. TOTAL I PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | | \$ | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | \$ | | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD | \$ | | |
| 19 AFFIDAVIT | 1 | | | | |
| 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 Alle 15, Election Code. | | | | | |
| JOANNE GREGORY Notary Public, State of Texas My Commission Expires March 04, 2011 | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | |
| Sworn to and subscribed before me, by the said <u>ELLA Shellburne</u> , this the <u>ID</u> day of <u>December</u> , 20 <u>07</u> , to certify which, witness my hand and seal of office. | | | | | |
| To A A A A A A A A A A A A A A A A A A A | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |
| | | | | | |