CANDIDATE OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	1 ACCOUNT#	2 Total pages filed:			
The C/OH Instruction Guide explains how to complete (Ethics Commission filers) this form.					
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI ELLEN CONTRERAS	OFFICE USE ONLY			
NAME	NICKNAME LAST SUFFIX SHELBURNE	Date Received WALLER 2009 DEC			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / POBOX; APT / SUITE #; CITY; STATE; ZIP CODE P O BOX 1085 HEMPSTEAD TX 77445	Date Hand-delivered or Date Postmarket			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3467	Receipt # Amount 3			
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI	Date Processed			
NAME	MR. ROBERT DUNN NICKNAME LAST SUFFIX	Date imaged			
	SHELBURNE				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; P O BOX 1085 HEMPSTEAD TX	zip coo€ 77445			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3467				
9 REPORTTYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)				
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day THROUGH	Year			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
	Primary Runoff	General Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know	m) *			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the can Candidates are required to disclose this information only if they receive notification of the direction. Name	ididate's prior consent or approval. ect campaign expenditure. ••			
BY OTHER INDIVIDUALS					
	Address / PO Box, Apt. / Suite #; City; State; Zip Code				
additional pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

	<u> </u>			
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 SPECIFIC	COMMITTEE ADDRESS		
	: :	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		L POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTA	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$	
	4. TOTA	L POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	× \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
19 AFFIDAVIT	η			
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				
TARA LYNN SCHOVAJSA MY COMMISSION EXPIRES July 23, 2013				
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Ellen C Shelburne, this the 22 day				
of Dec , 20 09 , 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				