CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

1-800-325-8506

| The C/OH INSTRUCTION this form. | n Guide explains | how to complete | 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages file | d: | |
|---|--|-----------------------------|--|------------------------------------|---------------------------------------|------|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR | FIRST ELLEN | CONTRERAS | OFFICE | OFFICE USE ONLY | |
| NAME | NICKNAME | LAST SHELBURNE | SUFFIX | Date Received | 2011 JAN | 0373 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / POBOX; P O BOX 1085 | • | AD TX 77445 | Date Hand-delivered | or Date Postmarked | SIA |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (979) 826 | PHONE NUMBER | EXTENSION | Receipt # | Amount | NOI |
| 6 CAMPAIGN TREASURER NAME | NICKNAME | FIRST ROBERT LAST SHELBURNE | DUNN SUFFIX | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | P 0 BOX 108 | D BOX PLEASE); APT / SUIT | TE#; CITY; STATE; HEMPSTEAD TX | ZIP CODE 77445 | | |
| B CAMPAIGN TREASURER PHONE | | PHONE NUMBER -3467 | EXTENSION | | | |
| REPORT TYPE | January 15 July 15 | 30th day before election | Runoff Exceeded \$500 limit | 15th day after ca appointment (off | | |
| 10 PERIOD COVERED | Month Day | Year THROL | Month Day | Year | | |
| 11 ELECTION | Month Day | Year ELECTION TYP | E Runoff | General | Special | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (If kno | wn) | · · · · · · · · · · · · · · · · · · · | |
| 14 NOTICE OF 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. Name | | | | | |
| . additional pages | Address / PO Box; Apt / S | Sulte #; City; State; 2 | Ip Code | | | |
| | | GOTOF | PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O, Box 12070

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | 16ACCOUNT# (Ethics Commission filers) | | | | | |
|--|--|---|----|--|--|--|
| ELLEN CONTRERAS SHELBURNE | | | | | | |
| 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 | | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | ļ | | | |
| | SPECIFIC | | | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| audiuoriai pages | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | | | | | | |
| 18 CONTRIBUTION TOTALS | 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | | | |
| TOIALG | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS | | | | | |
| .* | (OTHER | \$ | | | | |
| EXPENDITURE TOTALS | 3. TOTAL F | \$ | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL F | \$ | | | | |
| OUTSTANDING LOANTOTALS | 6. TOTAL F | \$ | | | | |
| 19 AFFIDAVIT | | | | | | |
| 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 affice. 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 Shelburne, this the day | | | | | | |
| of Jan, 2 | 0, to cer | tify which, witness my hand and seal of office. | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | |