

# 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 Filers)

**2 Total pages filed:**

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST MI  
 ELLEN CONTRERAS  
 NICKNAME LAST SUFFIX  
 SHELBURNE

**OFFICE USE ONLY**

Date Received: 2013 JAN 14 AM 10:00

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED  
WALLER COUNTY CLERK  
ELECTIONS DIVISION

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 P O BOX 1085 HEMPSTEAD TX 77445

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
 (979 ) 826-3467

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
 ROBERT DUNN  
 NICKNAME LAST SUFFIX  
 SHELBURNE

**7 CAMPAIGN TREASURER ADDRESS**  
 (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 1625 25TH STREET HEMPSTEAD TX 77445

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
 (979 ) 826-3467

**9 REPORT TYPE**

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 Year  
 10 / 30 / 2012                      THROUGH                      01 / 15 / 2013

**11 ELECTION**

ELECTION DATE                      ELECTION TYPE  
 Month Day Year                       Primary     Runoff     General     Special  
 11 / 06 / 2012

**12 OFFICE**

OFFICE HELD (if any)                      **13 OFFICESOUGHT** (if known)

GO TO PAGE 2

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME ELLEN CONTRERAS SHELBURNE	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/27/2012	<b>5</b> Payee name TIMES TRIBUNE
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<b>6</b> Amount (\$) 23.00	<b>7</b> Payee address; City; State; Zip Code BROOKSHIRE TX 77423
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) THANK YOU AD	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/28/2012	Payee name WALLER TIMES
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Amount (\$) 14.88	Payee address; City; State; Zip Code 2323 MAIN STREET WALLER TX 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) THANK YOU AD	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 NOTICE FROM POLITICAL COMMITTEE(S)**  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

<b>17 CONTRIBUTION TOTALS</b>	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)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 60.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 37.88
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 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 Title 15, Election Code.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ELLEN CONTRERAS SHELBURNE, this the 14 day of JANUARY, 20 13, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Tara Schovajsa Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath