

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: 14 / 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr Shawn A</i> NICKNAME LAST SUFFIX <i>Mayfield</i>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Received <i>2012 JAN 17 PM 12:59</i></p> <p style="font-size: 0.8em; margin: 5px 0;">Date Hand delivered or Date Postmarked <i>LAURA A. HUGHES COUNTY CLERK</i></p> <p style="font-size: 0.8em; margin: 5px 0;">Receipt # <i>ES</i> Amount</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Processed</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>9819 CR 168 Kautman Tx 75142</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 980 - 0883</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr Bud E</i> NICKNAME LAST SUFFIX <i>Farmer</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1424 Nottingham Kautman Tx 75142</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(972) 533 - 6365</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 1 / 2011 12 / 31 / 2011</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>4 / 3 / 12</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Kautman Co. Pt. 1 Constable</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p style="font-size: 0.8em; margin: 0;">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.</p> <p style="font-size: 0.8em; margin: 5px 0;">Name</p> <hr/> <p style="font-size: 0.8em; margin: 5px 0;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Shawn A. Mayfield 16 ACCOUNT # (Ethics Commission Filers)

17 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 980 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7937 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4157.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3779.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 Title 15, Election Code.

Shawn A. Mayfield
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shawn Mayfield, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Jamie Swagerty
Signature of officer administering oath

JAMIE SWAGERTY
Printed name of officer administering oath

DEPUTY CLERK
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Shawn A Mayfield		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-10-11 9-10-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward R. Hill	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1206 S. Houston Kaufman, Tx, 75742		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd G. Webb	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4874 FM 1836 Kaufman, Tx 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jess Murrell	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 106 W. Allen St Kaufman Tx 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stewart Mayfield	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7801 FM 1836 Kaufman Tx		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Kelly	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11110 FM 1836 Kaufman, Tx. 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME <i>Shawn A. Mayfield</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-9-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Hall</i>	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1206 S. Houston St. Kaufman, Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Fox</i>	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7600 CR 108 Kaufman, Tx. 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerald Rowden</i>	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2 Climbing Tree Kaufman, Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Brockway</i>	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7277 Fm 2515 Kaufman, Tx. 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben Elzner</i>	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10400 Fm 1836 Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9**

2 FILER NAME **Shawn A. Mayfield**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **9-10-11** 5 Full name of contributor out-of-state PAC (ID# _____)

Chris Taliaferro
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) **100⁰⁰** 8 In-kind contribution description (if applicable)

P.O. Box 9 Ressor Tx 75157

100⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **9-10-11** Full name of contributor out-of-state PAC (ID# _____)

Howe II Motor Co.
Contributor address; City; State; Zip Code

Amount of contribution (\$) **190⁰⁰** In-kind contribution description (if applicable)

501 N. Jefferson Kuttman Tx 75142

190⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9-10-11** Full name of contributor out-of-state PAC (ID# _____)

Taliaferro Auction Co
Contributor address; City; State; Zip Code

Amount of contribution (\$) **200⁰⁰** In-kind contribution description (if applicable)

P.O. Box 9 Ressor Tx. 75157

200⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9-10-11** Full name of contributor out-of-state PAC (ID# _____)

Christopher G. Taliaferro
Contributor address; City; State; Zip Code

Amount of contribution (\$) **102⁰⁰** In-kind contribution description (if applicable)

P.O. Box 9 Ressor, Tx. 75157

102⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9-10-11** Full name of contributor out-of-state PAC (ID# _____)

Taliaferro Auction Company
Contributor address; City; State; Zip Code

Amount of contribution (\$) **100⁰⁰** In-kind contribution description (if applicable)

P.O. Box 9 Ressor, Tx. 75157

100⁰⁰

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Shawn A. Mayfield		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-10-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Ruff	7 Amount of contribution (\$) 150⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 658 Kaufman Tx 75142		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelley D. Featherston	Amount of contribution (\$) 545⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5004 Fm 987 Kaufman, Tx 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Hughes	Amount of contribution (\$) 700⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10 304 CR 111A Kaufman Tx. 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Gordon	Amount of contribution (\$) 76⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10381 Fm 3396 Kemp Tx 75142		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles W. Wells II	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19860 CR 4057 Kemp Tx. 75143		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>9</u>	
2 FILER NAME <i>Shawn A. Mayfield</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-10-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ben Elzner</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10400 Fm 1836 Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Cave</i>	Amount of contribution (\$) <i>80⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1406 Royal Dr. Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy C Mayfield</i>	Amount of contribution (\$) <i>170⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11129 Fm 1836 Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bud Farmer</i>	Amount of contribution (\$) <i>40⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1424 Nottingham Dr Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ken Kelly</i>	Amount of contribution (\$) <i>530⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11110 Fm 1836 Kaufman, Tx. 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A. 9	
2 FILER NAME <i>Shawn A. Maytrell</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-10-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mr. Robert Fair</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5203 Fair Rd Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gary Flowers</i>	Amount of contribution (\$) <i>119⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13120 Greer Rd Mabank, Tx 75147</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Johnny Adams</i>	Amount of contribution (\$) <i>330⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 391 Mabank Tx. 75147</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ray Raymond</i>	Amount of contribution (\$) <i>130⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5080 FM 1836 Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Wells</i>	Amount of contribution (\$) <i>105⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>19860 CR 4057 Kemp Tx. 75143</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME <i>Shawn A. Mayfield</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-10-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles Wells</i> 6 Contributor address; City; State; Zip Code <i>19860 CR 4057 Kemp Tx 75143</i>	7 Amount of contribution (\$) <i>600.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Guy Richard Rand</i> Contributor address; City; State; Zip Code <i>10524 CR 110 Kaufman Tx 75142</i>	Amount of contribution (\$) <i>460.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>George A. Mayfield</i> Contributor address; City; State; Zip Code <i>1406 Feather-crest Dr Krum Tx. 76249</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-10-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles E. Fox</i> Contributor address; City; State; Zip Code <i>7600 CR 108 Kaufman, Tx 75142</i>	Amount of contribution (\$) <i>70.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-3-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Collected from fundraiser</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>980.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME <i>Shawn Allen Maxwell</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-21-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joanne Perry</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>200E. 7th St Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9-8-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Motor Parts Plus</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>905 S. Washington Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Wells</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>19860 CR 4057 Kemp Tx. 75143</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-16-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sam Lalumia</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>905 E. Mulberry Kaufman, Tx. 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10-3-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelley Lancaster</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1169 Country Bend Dr. Kaufman Tx 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME <i>Shawn Allen Mayfield</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-15-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy Mayfield</i>	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>11129 Am 1836 Kautzway, Tx. 75742</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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.

1 Total pages Schedule F: 3		2 FILER NAME Shawn Allen Mayfield		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-2-11		5 Payee name The Kantman Herald			
6 Amount (\$) 168.⁰⁰		7 Payee address; City; State; Zip Code P.O. Box 460 Kantman, Tx 75142			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Newspaper Ad	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Shawn Mayfield		Office sought Ret. Constable	
Date 9-2-11		Payee name The Kantman Herald			
Amount (\$) 35.⁰⁰		Payee address; City; State; Zip Code P.O. Box 460 Kantman, Tx. 75142			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Newspaper Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Shawn Mayfield		Office sought Ret. Constable	
Date 10-19-11		Payee name Typo Graphics			
Amount (\$) 202.⁰¹		Payee address; City; State; Zip Code 2300E. Old Kemp Hwy Ste B Kantman Tx 75142			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Business Cards, Postcards, Card Holders	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Shawn Mayfield		Office sought Ret. Constable	
Date 9-2-11		Payee name The Kantman Herald			
Amount (\$) 81.²⁰		Payee address; City; State; Zip Code P.O. Box 460 Kantman, Tx. 75142			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) News Paper Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Shawn Mayfield		Office sought Ret. Constable	

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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.

1 Total pages, Schedule F: 3		2 FILER NAME <i>Shawn Allen Mayfield</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10-20-11</i>		5 Payee name <i>Wal Mart</i>			
6 Amount (\$) <i>79.⁷⁴</i>		7 Payee address; City; State; Zip Code <i>220 N. Hwy 179 Seagoville, Tx. 75159</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Parade Candy</i>	
9 Complete ONLY if direct expenditure to benefit C/OH.		Candidate / Officeholder name <i>Shawn Mayfield</i>		Office sought <i>Pct. 1 Constable</i>	
Date <i>10-20-11</i>		Payee name <i>DJ's Graphics</i>			
Amount (\$) <i>165.⁰⁰</i>		Payee address; City; State; Zip Code <i>9468 CR 158 Kautman, Tx. 75142</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>T-Shirts</i>	
Complete ONLY if direct expenditure to benefit C/OH.		Candidate / Officeholder name <i>Shawn Mayfield</i>		Office sought <i>Pct. 1 Constable</i>	
Date <i>10-21-11</i>		Payee name <i>Dollar General</i>			
Amount (\$) <i>81.¹⁹</i>		Payee address; City; State; Zip Code <i>2225 S. Washington St. Kautman, Tx. 75142</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Parade Candy</i>	
Complete ONLY if direct expenditure to benefit C/OH.		Candidate / Officeholder name <i>Shawn Mayfield</i>		Office sought <i>Pct. 1 Constable</i>	
Date <i>11-7-11</i>		Payee name <i>DJ's Graphics</i>			
Amount (\$) <i>300.⁰⁰</i>		Payee address; City; State; Zip Code <i>9468 CR 158 Kautman, Tx. 75142</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>T-Shirts</i>	
Complete ONLY if direct expenditure to benefit C/OH.		Candidate / Officeholder name <i>Shawn Mayfield</i>		Office sought <i>Pct. 1 Constable</i>	

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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.

1 Total pages Schedule F: 3	2 FILER NAME Shawn Allen Mayfield	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-22-11	5 Payee name R R Graphics
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6 Amount (\$) 2670.⁰⁰	7 Payee address; City; State; Zip Code 9800 E. HWY 4175 Kemp Tx. 75143
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shawn Mayfield	Office sought Pct. 1 Constable	Office held
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Date 11-28-11	Payee name Kaufman County Republican Party
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Amount (\$) 375.⁰⁰	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shawn Mayfield	Office sought Pct. 1 Constable	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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