

Blue 7/4/08

**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: <i>7/7</i> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST <i>Shelley D</i> NICKNAME LAST <i>Featherston</i> MI SUFFIX | OFFICE USE ONLY Date Received 2008 FEB - 4 A 11:21 FILED OR RECORDED KAUFMAN CO. TEXAS LAURINA HUGHES COUNTY CLERK Date Hand-delivered Date Postmarked Account # Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5004 FM 987 Kaufman, Tx 75142</i> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(972) 932-6453</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>Same as above</i> NICKNAME LAST SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Same</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>() Same</i> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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>1 / 1 / 08 1 / 24 / 08</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>3 / 14 / 08</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) <i>Constable Pet 1</i> | 13 OFFICE SOUGHT (if known) <i>Constable Pet 1</i> | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** 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 Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

16 C/OH NAME Shelley Don Featherston 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. --

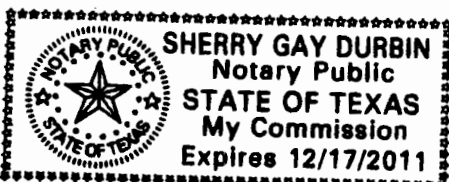
| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN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

| | | |
|-------------------------|---|------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 125.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3091.28 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| 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.

Shelley Featherston
Signature of Candidate or Officeholder



SHERRY GAY DURBIN
Notary Public
STATE OF TEXAS
My Commission Expires 12/17/2011

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shelley Featherston, this the 4th day of Feb., 20 08, to certify which, witness my hand and seal of office.

Sherry Gay Durbin Sherry Gay Durbin Court Clerk - Notary Public
Signature of officer administering oath Printed name of officer administering oath 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: | |
| 2 FILER NAME <i>Shelley Don Featherston</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>1/25/08</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Baker</i> | 7 Amount of contribution (\$) <i>125.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>Adner Rd Kaufman, TX 75142</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>Retired</i> | | 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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

| | | | | | |
|--|---|--|--------------------------------|--|---------------------------------------|
| The instruction Guide explains how to complete this form. | | | | 1 Total pages this Schedule B: | |
| 2 FILER NAME | | | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ | | | | | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| 7 Pledgor address; City; State; Zip Code | | | | | |
| (If travel outside of Texas, complete Schedule T) | | | | | |
| 10 Principal occupation / Job title (See Instructions) | | | 11 Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code | | | | | |
| (If travel outside of Texas, complete Schedule T) | | | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code | | | | | |
| (If travel outside of Texas, complete Schedule T) | | | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code | | | | | |
| (If travel outside of Texas, complete Schedule T) | | | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | Amount of pledge (\$) | In-kind description (if applicable) |
| Pledgor address; City; State; Zip Code | | | | | |
| (If travel outside of Texas, complete Schedule T) | | | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|--|---|--|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: |
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date | 5 Payee name 6 Payee address; City; State; Zip Code | 7 Amount (\$) |
| 8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME: Shelley Don Featherston

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|---|---|
| 4 Date <u>1/2/08</u> | 5 Payee name <u>Creative Signworks</u> 6 Payee address; City; State; Zip Code <u>1168 Byron Rd Kaufman, TX 75142</u> | 8 Amount (\$) <u>500.⁰⁰</u> |
| 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Signs</u> (If travel outside of Texas, complete Schedule T) | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date <u>1/8/08</u> | Payee name <u>Kaufman Herald</u> Payee address; City; State; Zip Code <u>Kaufman, TX 75142</u> | Amount (\$) <u>231.⁰⁰</u> |
| Purpose of expenditure (See instructions regarding type of information required.) <u>Advertising</u> (If travel outside of Texas, complete Schedule T) | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|--|---|
| Date <u>1/8/08</u> | Payee name <u>Creative Signworks</u> Payee address; City; State; Zip Code <u>1168 Byron Kaufman, TX 75142</u> | Amount (\$) <u>900.⁰⁰</u> |
| Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date <u>1/9/08</u> | Payee name <u>Leon Crouch</u> Payee address; City; State; Zip Code <u>East 1st North Kaufman, TX 75142</u> | Amount (\$) <u>58.⁰⁰</u> |
| Purpose of expenditure (See instructions regarding type of information required.) <u>Carpenter</u> (If travel outside of Texas, complete Schedule T) | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|---|---|
| Date <u>1/10/08</u> | Payee name <u>Leon Crouch</u> Payee address; City; State; Zip Code <u>East 1st North Kaufman, TX 75142</u> | Amount (\$) <u>18.⁰⁰</u> |
| Purpose of expenditure (See instructions regarding type of information required.) <u>Carpenter</u> (If travel outside of Texas, complete Schedule T) | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

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