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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>5 / 5 jr</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST MI <i>Shelley D.</i> NICKNAME LAST SUFFIX <i>Featherston</i>	OFFICE USE ONLY Date Received Date Hand-delivered Date Postmarked 2008 FEB 25 P 1:14 FILED FOR RECORD KAUFMAN CO. TEXAS Receipt # Amount 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 as above</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(972) 932-6453</i>		
9 REPORT TYPE	<input 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 checked="" 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 / 25 / 08 2 / 23 / 08</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 4 / 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	<p>-- 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>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p> <p><input type="checkbox"/> additional pages</p>		

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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. --

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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)

\$ 950.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2142.00

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 Don Featherston
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shelley Don Featherston this the 25th day of February, 2008, to certify which, witness my hand and seal of office.

Sherry Gay Durbin
Signature of officer administering oath

Sherry Gay Durbin
Printed name of officer administering oath

Court 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:	
2 FILER NAME <i>Shelley Don Featherston</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/26/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Douglas Hughes</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10304 CR 111A Kaufman, TX 75142</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Self-employed excavating</i>		10 Employer (See Instructions)	
Date <i>1/28/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim Shipley</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1405 Overlook Kaufman, TX 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Shipley Insurance Co.</i>		Employer (See Instructions)	
Date <i>1/30/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jo Ann Combs</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>108 W Grove Kaufman, TX 75142</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)	
Date <i>2/15/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Donald and Nancy Dickerson</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10872 CR 4040 Kaufman, TX.</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Shelley Don Featherston

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/28/08

5 Payee name

Creative Sign Works

7 Amount (\$)

40.00

6 Payee address; City; State; Zip Code

1168 Byron Rd
Kaufman, TX 75142

8 Purpose of payment (See instructions regarding type of information required.)

Signs

(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

2/4/08

Payee name

Kaufman Herald

Amount (\$)

106.00

Payee address; City; State; Zip Code

PO Box 460
Kaufman, TX 75142

Purpose of payment (See instructions regarding type of information required.)

Advertisement

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

2/4/08

Payee name

Terrell Tribune

Amount (\$)

240.00

Payee address; City; State; Zip Code

Terrell, TX 75160

Purpose of payment (See instructions regarding type of information required.)

Ad

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

2/11/08

Payee name

TYPOgrafix, Inc

Amount (\$)

794.00

Payee address; City; State; Zip Code

2300 Old Kemp Hwy
Kaufman, TX 75142

Purpose of payment (See instructions regarding type of information required.)

Brochures & Cards

(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

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Shelley Don Featherston

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/12/08

5 Payee name

Creative Signworks

7 Amount (\$)

40.⁰⁰

6 Payee address; City; State; Zip Code

1168 Byron Rd
Kaufman, TX 75142

8 Purpose of payment (See instructions regarding type of information required.)

Signs

(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

2/18/08

Payee name

Kaufman Herald

Amount (\$)

302.⁰⁰

Payee address; City; State; Zip Code

PO Box 460
Kaufman, TX 75142

Purpose of payment (See instructions regarding type of information required.)

Ad

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/11/08

Payee name

Kaufman Herald

Amount (\$)

620.⁰⁰

Payee address; City; State; Zip Code

PO Box 460
Kaufman, TX 75142

Purpose of payment (See instructions regarding type of information required.)

Ad

(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

Amount (\$)

Payee address; City; State; Zip Code

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