

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST <i>D. Shelley</i> NICKNAME LAST SUFFIX <i>Heathester</i>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Re-marked 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 4th 987 Kaufman, TX 75142</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(912) 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>(912) 932-6453</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>7 / 1 / 08 9 / 25 / 2008</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 4 / 08</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Constable Pct 1</i>	13 OFFICE SOUGHT (if known) <i>Constable Pct 1</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages <i>3</i>	** 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

FILED FOR RECORD
 KAUFMAN COUNTY TEXAS
 2008 OCT -6 PM 2:41
 AURA A. HUGHES
 COUNTY CLERK

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 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 <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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 695.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Shelley Featherston
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shelley Featherston, this the 6th day of October, 20 , to certify which, witness my hand and seal of office.

Rygan A. [Signature]
Signature of officer administering oath

Regina A. Fogarty
Printed name of officer administering oath

Notary Public
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 Non Featherston</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>8/11/08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barry League</i>	7 Amount of contribution (\$) <i>200.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 252 Mabank, TX 75147</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		10 Employer (See Instructions)	
Date <i>8/12/08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barry Caldwell</i>	Amount of contribution (\$) <i>500.⁰⁰</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) <i>Auto Parts Store</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)	
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)	
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 <i>Shelley Ron Kaufman</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>8/25/08</i>	5 Payee name <i>Zypographix</i>	7 Amount (\$) <i>210.00</i>
6 Payee address, City, State, Zip Code <i>2300 E. Old Kemp Hwy Kaufman, TX 75142</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>football schedules</i> (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 <i>9/1/08</i>	Payee name <i>Dal's</i>	Amount (\$) <i>100.00</i>
Payee address, City, State, Zip Code <i>2220 S. Washington Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>gas</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/2/08</i>	Payee name <i>B. Murphy</i>	Amount (\$) <i>194.00</i>
Payee address, City, State, Zip Code <i>Memoe St. Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>construction of signs</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>9/10/08</i>	Payee name <i>Anton Davis</i>	Amount (\$) <i>36.00</i>
Payee address, City, State, Zip Code <i>E 1st North Kaufman, TX 75142</i>		
Purpose of payment (See instructions regarding type of information required.) <i>construction of signs</i> (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

(over)

9/2/08 Exxon
Mulberry St
Kaufman, 24
75142

40.⁰⁰

gas

9/24/08 David Williams
5 m Designs
605 St. Moore
Jewell, 24. 75160

115.⁰⁰

metal stakes