# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	ms / mrs / mr First Sandra	мі А.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Shelton		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; 6008 Welch Ave. Fort	OITY; STATE; ZIP CODE Worth TX 76133	APR 03 2019
ADDRESS Change of Address			Board of Education
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(817) 714-7377	EXTENSION	Date Hand-delivered of Date Postmarked 4 2-19
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Carole	мі Е.	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed 4-3-19
	Darsey		Date Imaged 4 · 3 - 19
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	5809 Whitman Ave.	Fort Worth TX	76133
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 817 ) 361-9198	EXTENSION	
9 REPORT TYPE	January 15 🔀 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	
	02 /15 /2019	THROUGH 04/	04 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	31
	Month Day Year	Runoif Other Description	
	05 / 04 / 2019 🔀 General	Special section is the section of the section is the section of the section is the section of th	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Sandra	a A. Shelton	1	5 Filer ID (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 COMMITTEE NAME			
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,600.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 366.49	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF THE LAST	DAY \$	
OUTSTANDING LOAN TOTALS	0.	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT	LYNN M GANT otary ID # 1248934 ly Commission Expir April 14, 2020	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is primation required to be reported by me didate or Officeholder	
AFFIX NOTARY STAMI				
Sworn to and subscr day of APRIL	1/2	by the said SANDLA ANNE SHELTO to certify which, witness my hand and seal of office.		
Lynn M. E.	ard	LYNN M. GANT	NOTARY	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Sandra A. Shelton	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CO	ontributions \$ 700.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM	M POLITICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE F	ROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CAR	\$ 366.49
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM	1 PERSONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONT	RIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FRO	DM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, A	AND CONTRIBUTIONS \$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sandra A. Shelton 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 02/24/2019 Patricia Ann Hardy \$100.00 6 Contributor address; City; State; Zip Code 1109 Roaring Springs Road, Fort Worth, TX 76114 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) 02/25/2019 William B. & Rita Atkins \$100.00 Contributor address; City; State; Zip Code 7005 Sparrow Point, Fort Worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 03/11/2019 Duane & Toni Bate \$100.00 City; State; Zip Code Contributor address; 90 Augustine Court, Odessa, TX 79765 Principal occupation / Job title (See Instructions) Employer (See Instructions) The Willows HR Manager Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) 03/25/2019 Gary W. Havener 250.00 Contributor address; City; State; Zip Code P. O. Box 121969, Fort Worth, TX 76121 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1
2 FILER NAME	Sandra A. Shelton	3 Filer ID (Ethics Commission Filers)	
4 Date 03/24/2019	5 Full name of contributor out-of-state PAG Kelly Canon 6 Contributor address; City; State 901 Kristin Court, Arlington, TX 760	7 Amount of contribution (\$) \$250.00	
8 Principal occu Space Pla	pation / Job title (See Instructions) nner	9 Employer (See Instruction L3 Technologies	tions)
Date 03/27/2019	Rena Peden		Amount of contribution (\$) \$100.00
Principal occup <b>Retire</b>	ed	Employer (See Instruc	tions)
Date		c (ID#:)	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		e; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTAOU ADDITIONAL OCCUPA	OF THIS SOUPPINE AS A	
	ATTACH ADDITIONAL COPIES (		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

1 Total pages Schedule A2:  1 3 Filer ID (Ethics Commission Filers)
18   \$
8 Amount of Contribution \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ployer (FOR NON-JUDICIAL)(See Instructions) The Tanzanite Team
ntributor's job title (FOR JUDICIAL) (See Instructions)
w firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution \$ In-kind contribution description \$ 1,000.00 Designed Political Materials  133 Check if travel outside of Texas. Complete Schedule T.
ployer (FOR NON-JUDICIAL)(See Instructions) Self
ntributor's job title (FOR JUDICIAL) (See Instructions)
v firm of contributor's spouse (if any) (FOR JUDICIAL)
IEDULE AS NEEDED
n

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) andra A shelton 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#: 8 Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code \_ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount Full name of pledgor In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution out-of-state PAC (ID#: Full name of pledgor Pledge \$ description Pledgor address; City: State: Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#: description Pledge \$ Pledgor address; City; State; Zip Code Check 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.

	9		j
LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	Sandra A.S	helton /	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; / S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City; S	State; Zip Code	Interestrate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll.	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (Seé Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Polling Expense Travel In District Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sandra A. Shelton 5 Payee name Overnight Prints 4 Date 03/01/2019 6 Amount (\$) 7 Payee address; City; State; Zip Code \$75.02 4133 W. Patrick Lane, Las Vegas, NV 89118 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE Business Cards** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Best Name Badges 03/01/2019 City; State; Zip Code Amount (\$) 1700 NW 65th Ave., Suite 4, Plantation, FL 33313 \$30.10 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T Name Badge **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Harland Clarke Checks 03/02/2019 City; State; Zip Code Amount (\$) Payee address; 15955 La Cantera Pkwy, San Antonio, TX 78256 \$6.98 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Campaign Checks **PURPOSE** OF Check it Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatlons Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District Legal Serviços Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sandra A. Shelton 5 Payee name Office Depot 4 Date 02/27/2019 6 Amount (\$) 7 Payee address; City; State; Zip Code \$22.51 4613 S. Hulen Street, Suite B, Fort Worth, TX 76132 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if Iravel outside of Texas, Complete Schedule T **PURPOSE** Campaign Check Endorsement Stamp OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Overnight Prints** 03/19/2019 City; State; Zip Code Payee address; Amount (\$) \$231.78 4133 W. Patrick Lane, Las Vegas, NV 89118 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Campaign Push Cards OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica				
1 Total pages Schedule F2:	2 FILER NAMES and ta A Shelton 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLIGATIONS \$			
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Nor-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

т	he Instruction Guìde explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Sandra A. Shelton	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment  A  A  A  A  A  A  A  A  A  A  A  A  A	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Cit	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

www.ethics.state.tx.us

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Conditate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagnes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/	(Contract Labor Other (enter a category not listed above)
4 7 1 1 0 1 4 1 54	The Instruction Guide explains how to compl  2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	Sandra A. Shelton	THE ID (Lines commission rives)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD \$
5 Date	6 Payee name	<u> </u>
03/01/2019	Overnight Prints	
7 Amount (\$) \$75.02	8 Payee address; City; State; Zip Code 4133 W. Patrick Lane, Las Vegas, NV	<sup>7</sup> 89118
9 TYPE OF EXPENDITURE	Political Non-Politica	d
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Business Cards	Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O		sought Office held
Date 03/01/2019	Payee name Best Name Badges	
Amount (\$)	Payee address; City; State; Zip Code	
\$30.10	1700 NW 65th Ave., Suite 4, Plantation	, FL 33313
TYPE OF EXPENDITURE	Non-Political Non-Politica	al
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Name Badge	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		e sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE **F4**

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/F Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	how to comple	te this form.	
1 Total pages Schedule F4:	<sup>2</sup> FILER NAME Sandra A. Shelto	on		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED T	OACREDI	CARD	\$
5 Date 03/02/2019	6 Payee name Harland Clarke Checks			
7 Amount (\$) \$6.98	8 Payee address; City; State; Z 15955 La Cantera Pkwy, San A		X 78256	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	on
PURPOSE	Campaign Checks		Checki	f travel outside of Texas, Complete Schedule T.
OF EXPENDITURE			Check	if Auslin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought	Office held
02/27/2019	Office Depot			
Amount (\$)	Payee address; City; State; 2	Zip Code		
\$22.51	4613 S. Hulen Street, Suite B	, Fort Wort	h, TX 761	132
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this Campaign Check Endorsement			ion if travel outside of Texas. Complete Schedule T, if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES O	F THIS SCHE	DULE AS NI	EEDED

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Anthur a extragen and listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica		/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F4:	<sup>2</sup> FILER NAME Sandra A. Shelton	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	IT CARD \$	
5 Date 03/19/2019	6 Payee name Overnight Prints		
7 Amount (\$) \$231.78	8 Payee address; City; State; Zip Code 4133 W. Patrick Lane, Las Vegas, NV	<sup>7</sup> 89118	
9 TYPE OF EXPENDITURE	Political Non-Politica	al	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Campaign Push Cards	(b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O		e sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Politica	al	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description Check if travel oulside of Texas. Complete Schedule T. Check if Austin, TX, olficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Offigeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee/address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE Check il Iravel outside of Texas, Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

		<del></del>	
	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Paymenl	ical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  Solicitation/Fundraising Expense Transportation Equipment & Re Travel In District Travel Out Of District Other (enter a category not lister	elated Expense
Ordan day nom		ains how to complete this form.	
1 Total pages Schedule H;	2 FILER NAME SAMMA	Melfon 3 Filer D (Ethics Commis	asion Filers)
4 Date	5 Business name	. /	
6 Amount (\$)	7 Business address; City; State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of thi	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office h	neld
Date	Business name		
Amount (\$)	Business address; City; State;	Zio Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	is schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office in	neld
Date	Business name		
Amount (\$)	Business address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Description  Check II travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense	A
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office I	neld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	/						
The Instruction Guide explains how to complete this form.							
<b>1</b> Total pages Schedule I:	2 FILER NAME  Samura A Shelton  3 Filer ID (Elbrics Commission Filers)						
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  (b) Description (See instructions regarding type of information required.)						
Date	Payee name						
Amount (\$)	Payee address; City: State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding type of information required.)						
Date	Payee name						
Amount (\$)	Payee address; City: State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding type of information required.)						
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (See instructions regarding type of information required.)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:				
2	FILER NAME	Sandra A. Shelton	3 Filer ID (Ethics Commission Filers)				
4	Date	5 Name of person from whom amount is received	8 Amount (\$)				
		6 Address of person from whom amount is received; City; State;	Zip Code				
		7 Purpose for which amount is received Check if	political contribution returned to filer				
		. 1					
	Date	Name of person from whom amount is received	Amount (\$)				
		Address of person from whom amount is received; City; State	e; Zìp Code				
		Purpose for which amount is received Check if	political contribution returned to filer				
	Date	Name of person from whom amount is received	Amount (\$)				
		Address of person from whom amount is received; City; State;	; Zip Code				
		Purpose for which amount is received Check if	political contribution returned to filer				
	Date	Name of person from whom amount is received	Amount (\$)				
		Address of person from whom amount is received; City; State	e; Zip Code				
		Purpose for which amount is received Check if	political contribution returned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.									
2 FILER NAME	ME SANGRA Shellon 3 Filer ID (Ethics Commission Filers)									
4 Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee									
5 Contribution / Expend Schedule A2 Schedule F2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS					
6 Dates of travel	7 Name of	7 Name of person(s) traveling								
	Departure city or name of departure location      Destination city or name of destination location									
10 Means of transportati	10 Means of transportation									
Name of Contributor	/ Corporation o	or Labor C	Organization / Pledgor /	Payee						
Contribution / Expend	liture reported	on:								
Schedule A2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS					
Dates of travel	Name of	person(s	s) traveling							
	Departure city or name of departure location									
	Destinati	on city or	name of destination lo	cation						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor	/ Corporation o	or Labor (	Organization / Pledgor	/ Payee						
Contribution / Expend	diture reported	on:	/							
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	100 310033	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS					
Dates of travel	Name of	person(s	s) traveling							
	Departure city or name of departure location									
	Destination city or name of destination location									
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)								
	AT	TACH A	DDITIONAL COPIES	OF THIS SCHEDULI	E AS NEEDED					

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.								
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME  SMARE A Shelton 2 Filer ID (Ethics Commiss	ion Filers)					
3	SIGNA	TURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder							
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder.							
	A.	CAMPAIGN FUNDS						
	Check	conly one:						
	1	I do not have unexpended contributions or unexpended interest or income earned from political contributions.						
		I have unexpended contributions or unexpended interest or income earned from political contributions. I und may not convert unexpended political contributions or unexpended interest or income earned on political copersonal use. I also understand that I must file an annual report of unexpended contributions and that I must pended contributions or unexpended interest or income earned on political contributions longer than six ye this final report. Further, I understand that I must dispose of unexpended political contributions and unexpendincome earned on political contributions in accordance with the requirements of Election Code, § 254.204.	ntributions to ay not retain ars after filing					
	B.	ASSETS						
	Check	conly one:						
		I do not retain assets purchased with political contributions or interest or other income from political contribution	ns.					
		I do retain assets purchased with political contributions or interest or other income from political contributions. that I may not convert assets purchased with political contributions or interest or other income from political copersonal use. I also understand that I must dispose of assets purchased with political contributions in accord requirements of Election Code, § 254.204.	ntributions to					
5		EHOLDER plete this section only if you are an officeholder						
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required officeholder, I retain political contributions, interest or other income from political contributions, or assets purchase cal contributions or interest or other income from political contributions.	report as an					
		Signature of Officeholder						