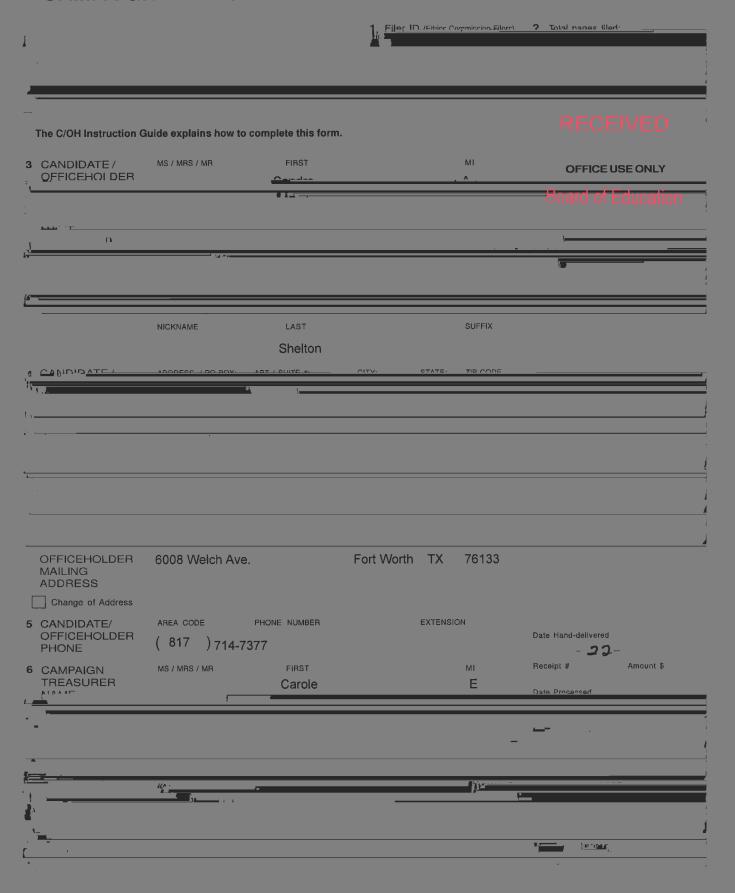
CAND DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH COVER SHEET PG 1



CA D DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH COVER SHEET PG 2

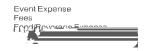
14 C/OH NAME Sa	andra A. Shelton	ID (Ethics Commission Filers)
16 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M.	ADE BY POLITICAL COMMITTEES TO
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COMMITTERS	KNOW! EDGE OF CONSENT CONDITIONS AND DEFICEND DEBS ARE RECITIBED TO REPORT THIS INFORM	IATION ONLY IE THEY DECEIVE NOTICE
<u>.</u>		
7		
	OF SHOULEYBEAUDITHES	
	COMMITTEE TYPE COMMITTEE NAME AND Shelton	18th
of Muy	GENERAL	***
U	COMMITTEE ADDRESS SPECIFIC	

POLIT CAL EXPEND TURES MADE FROM POL TICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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



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 Other (enter a category not listed above)

J. S. J. S.	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1	2 FILER NAME Sandra A. Shelton	3 Filer ID (Ethics Commission Filers)	
4 Date 05/06/2019	5 Payee name Gail Thomas		
	(a) Category (see Categories listed at the top of this schedule)	Check if travel outside of Texas,	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Payee name		
\$153.72)400	
Amount (\$)	City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	Political Signs - Placement and Retrieval		
Date Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Payee address		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. C Check if Auslin, TX, officehol	•
Date Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Payee address

Amount (\$)

City; State; Zip Code

CANDIDATE / OFFICEHOLDER REPORT: STATE OF THE PORT OF

FORM C/OH - FR

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	Consider the Million of Torollor and the Million of Torollor
	Complete only if "Report Type" on page 1 is marked "Final Report"
1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
	Sandra A. Shelton
·	Sandra A. Shellon
3 SIGNATURE	
• OIGITATIONE	
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