CAND DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

RECEIVED

The C/OH Instruction Guide explains how to complete this form.

OFFICE USE ONLY

Board of Education

3 CANDIDATE / OFFICEHOLDER — MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

Shelton

4 CANDIDATE / — ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

OFFICEHOLDER MAILING ADDRESS: 6008 Welch Ave. Fort Worth TX 76133

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE — AREA CODE | PHONE NUMBER | EXTENSION

(817) 714-7377

Date Hand-delivered

-22-

6 CAMPAIGN TREASURER — MS / MRS / MR | FIRST | MI

Carole E

Receipt # Amount $

Date Processed

CA D DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Sandra A. Shelton

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL [redacted]

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO [redacted]

COMMITTEE(S) [redacted]

KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE [redacted]

OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME Sandra Shelton

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

of May 18th

POLIT CAL EXPEND TURES MADE FROM POL TICAL CONTRIBUT ONS

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
Event Expense
Fees
Food/Beverage 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
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1

2 FILER NAME: Sandra A. Shelton

3 Filer ID (Ethics Commission Filers)

4 Date: 05/06/2019

5 Payee name: Gail Thomas

[redacted]

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Check if travel outside of Texas. Complete Schedule T

[redacted]

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Payee name

$153.72

[redacted] Fort Worth TX 76109

Amount ($)

City; State; Zip Code

8

PURPOSE OF EXPENDITURE

Political Signs - Placement and Retrieval

Date
Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Payee address

Payee name

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

PURPOSE OF EXPENDITURE

Date
Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Amount ($)

Payee address

City; State; Zip Code

CANDIDATE / OFFICEHOLDER REPORT: [redacted]
DES GNAT ON OF F NAL REPORT

FORM C/OH - FR

[redacted]

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Sandra A. Shelton

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designat[redacted]