

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <i>Ethelene Wilmore J.</i> NICKNAME LAST SUFFIX <i>Ethel MRS.</i>	<b>OFFICE USE ONLY</b> Date Received <span style="color: blue; font-size: 2em; font-weight: bold;">Received</span> <span style="color: red; font-size: 2em; font-weight: bold;">OCT 09 2018</span> <span style="color: blue; font-size: 1.5em; font-weight: bold;">Waller County Elections</span> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>30204 Green Meadows Ln Brookshire, TX. 77423</i> <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(409) 719-6168</i>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <i>Ethelene Wilmore J.</i> NICKNAME LAST SUFFIX <i>Ethel MRS.</i>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>30204 Gree Meadows Lane, Brookshire, Tx.</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <i>(409) 719-6168</i>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year     Month Day Year <i>08/16/2018</i> THROUGH <i>09/27/2018</i>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <i>11/06/2018</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  <i>N/A</i>	<b>13 OFFICE SOUGHT (if known)</b>  <i>Waller County Commissioner Precinct 4</i>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Ethelene Wilmore 15 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
<input checked="" type="checkbox"/> GENERAL	<u>Waller County Democratic Club</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>P.O. Box 412, Hempstead, Tx. 77445</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Sharon Boothe - Smith</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>P.O. Box 653, Prairie View, Tx. 77446</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 352.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 852.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 357.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,008.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 852.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,008.53

18 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.

Ethelene Wilmore  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ethelene Abney Wilmore, this the 9<sup>th</sup> day of October, 20 18, to certify which, witness my hand and seal of office.

Kembria M. Barnes      Kembria M. Barnes      Notary  
Signature of officer administering 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

Ethelene Wilmore

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 852.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,008.53
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,008.53
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,008.53
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 2

2 FILER NAME

Ethelene Wilmore

3 Filer ID (Ethics Commission Filers)

4 Date

9/11/18

5 Full name of contributor

MARILYN JOHNSON

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

10.00

6 Contributor address;

City; State; Zip Code

619 Beverly Circle, Stafford, TX 77477

8 Principal occupation / Job title (See Instructions)

RN - OR. Circulator

9 Employer (See Instructions)

Business circle Memorial Hermann Houston, TX 77030

Date

9/9/18

Full name of contributor

Beverly Adkins

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

35.00

Contributor address;

City; State; Zip Code

212 Michael Cox Dr., Tracy, Ca. 95377

Principal occupation / Job title (See Instructions)

Retired Nurse

Employer (See Instructions)

unemployed-retired

Date

9/10/18

Full name of contributor

Deidra Wright

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

40.00

Contributor address;

City; State; Zip Code

20718 Misty Crossing Lane, Spring, TX 77379

Principal occupation / Job title (See Instructions)

Retired un employed Business Nurse

Employer (See Instructions)

un employed Retired

Date

9/12/18

Full name of contributor

Beverly Hutchings

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

105 Winding Creek Ct, Sealy, TX, 77474

Principal occupation / Job title (See Instructions)

Nurse - un employed

Employer (See Instructions)

un employed

**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 form.		1 Total pages Schedule A1: <i>2 of 2</i>
2 FILER NAME <i>Ethelene Wilmore</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/27/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Waller County Democratic Club</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 412, Hempstead, TX 77445</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/18/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JANICE SANDERS</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>4255 Leighann Dr, Houston, TX 77047</i>		
Principal occupation / Job title (See Instructions) <i>Nurse (Retired)</i>		Employer (See Instructions) <i>Retired</i>
Date <i>9/21/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christy Lafonte</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Administrator Cypress ISD</i>		Employer (See Instructions) <i>Cypress ISD</i>
Date <i>9/27/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carla Johnson</i>	Amount of contribution (\$) <i>40.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 12330 N Gessner Rd APT 1138 Houston, TX 77064</i>		
Principal occupation / Job title (See Instructions) <i>Nurse</i>		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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

193

2 FILER NAME

Ethelene Wilmore

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 23.84

5 Date of loan

9/18/18

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Ethelene Wilmore

9 Loan Amount (\$)

0

6 Is lender a financial Institution?

Y  N

8 Lender address; City; State; Zip Code

30204 Green Meadows Ln

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

Retired

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor  
Ethelene Wilmore

18 Guarantor address; City; State; Zip Code

30204 Green Meadows Ln  
Brookshire, TX 77423

19 Amount Guaranteed (\$)

550.00

20 Principal Occupation (See Instructions)

Retired

21 Employer (See Instructions)

Retired

Date of loan

9/20/18

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

0

Is lender a financial Institution?

Y  N

Lender address; City; State; Zip Code

Interest rate

N/A

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor  
Ethelene Wilmore

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Retired

Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 of 3

2 FILER NAME

Ethelene Wilmore

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 100.00

5 Date of loan

9/1/18

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Ethelene Wilmore

9 Loan Amount (\$)

0

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

30204 Green Meadows Ln,  
Brookshire, TX 77423

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

Retired Nurse

13 Employer (See Instructions)

N/A

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

Ethelene Wilmore

18 Guarantor address; City; State; Zip Code

30204 Green Meadows Ln  
Brookshire, TX 77423

19 Amount Guaranteed (\$)

310.13

20 Principal Occupation (See Instructions)

Retired Nurse

21 Employer (See Instructions)

Retired

Date of loan

9/4 - 9/27/18

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Lender address; City; State; Zip Code

Loan Amount (\$)

0

Is lender a financial institution?

Y  N

Interest rate

N/A

Maturity date

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Retired Nurse

Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

3 7 3

2 FILER NAME

Ethelene Wilmore

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 26.00

5 Date of loan

9/4/18

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Ethelene Wilmore

9 Loan Amount (\$)

0

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

30204 Green Meadows Ln  
Brookshire, TX 77423

10 Interest rate

N/A

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

Retired Nurse

13 Employer (See Instructions)

Retired

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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  
Gift/Awards/Memorials Expense  
Legal Services

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.

<b>1</b> Total pages Schedule G: 1 of 2	<b>2</b> FILER NAME Ethelewe Wilmore	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/4/18 - 9/27/18	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) 310.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 4155 Fry Road, Katy, TX, 77450	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ethelewe Wilmore	Office sought Waller County Commissioner Precinct 4
Date 9/1/18	Payee name 1st NATIONAL BANK of Bellville	
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOX 128 Bellville, TX 77418	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Account/BANKING	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ethelewe Wilmore	Office sought Waller County Commissioner Precinct 4
Date 9/20/18	Payee name <del>Ethel</del> Signs ON the Cheap	
Amount (\$) 550.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11525 A Stonehollow DR. Suite 100 Austin, TX, 78758	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing - yard Signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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.

<b>1</b> Total pages Schedule H: 2 of 2	<b>2</b> FILER NAME Ethebena Wilmore	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/18/18	<b>5</b> Business name Costco	
<b>6</b> Amount (\$) 23.84	<b>7</b> Business address; City; State; Zip Code 23645 Katy Freeway Katy, TX 77494	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fund Raising Expense Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Ethebena Wilmore Office sought: Walker County Commissioner Office held: Precinct 4	
Date 9/4/18	Business name U.S. Post Office	
Amount (\$) 26.00	Business address; City; State; Zip Code 4115 5th Street Brookshire, TX 77423	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) P.O. BOX Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Ethebena Wilmore Office sought: Walker County Commissioner Office held: Precinct 4	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>Ethelene Wilmore</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 852.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,008.53
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,008.53
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,008.53
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,008.53
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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 NAME

Ethelene Wilmore

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

Ethelene Wilmore

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.

Ethelene Wilmore  
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 *only* one:

- 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 understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check *only* one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Ethelene Wilmore  
Signature of Candidate

5 OFFICEHOLDER

.. Complete 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 treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder