

# 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: **8**

**OFFICE USE ONLY**

Date Received

Waller Co. Elections  
OCT 11 2022  
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
MRS. Ethelene J.  
NICKNAME LAST SUFFIX  
"Ethel" Wilmore

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
30204 Green Meadows Ln  
Brookshire, Tx. 77423

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(409) 719-6168

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
MRS. Ethelene J.  
NICKNAME LAST SUFFIX  
"Ethel" Wilmore

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
30204 Green Meadows Ln.  
Brookshire, TX 77423

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(409) 719-6168

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
7 / 1 / 2022 THROUGH 9 / 29 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
11 / 8 / 2022  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Commissioner Pet 4

14 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.

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<i>Ethelene "Ethel" Wilmore</i>	<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	—
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	770.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	—
	4. TOTAL POLITICAL EXPENDITURES	\$	665.01
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	176.97
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	260.00

**18 SIGNATURE** 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

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ethelene Wilmore this the 10th day of October, 2022, to certify which, witness my hand and seal of office.

*Brandt Ford*

Brandt Ford

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 770.00
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	\$ 665.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3</b>
2 FILER NAME <b>Ethelene "Ethel" Wilmore</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/3/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EARL + Rochelle Wilmore</b>	7 Amount of contribution (\$) <b>90.00</b>
6 Contributor address; City; State; Zip Code <b>2001 Roberts St. Beaumont, TX 77701</b>		
8 Principal occupation / Job title (See Instructions) <b>EARL Retired / Rochelle (RN)</b>		9 Employer (See Instructions)
Date <b>9/3/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk Waters</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>Desoto, TX. 75115</b>		
Principal occupation / Job title (See Instructions) <b>CONTRACTOR</b>		Employer (See Instructions) <b>Self employed</b>
Date <b>9/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra Carrigan</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>3207 Dahlia Dr, Dallas, TX 75216</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>9/3/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES MAY</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>330 Southwest Loop Red Oak TX</b>		
Principal occupation / Job title (See Instructions) <b>Small Business Owner</b>		Employer (See Instructions) <b>Self employed</b>

**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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2 of 3</i>
2 FILER NAME <i>Ethelene "Ethel" Wilmore</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/3/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessie M. Golden</i>	7 Amount of contribution (\$) <i>5.00</i>
6 Contributor address; City; State; Zip Code <i>102 Abbey Rd Waxahachie Tx 75165</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>9/10/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrewlene Nelson</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>(972)-709-0801 DALLAS, TX</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) _____

Date <i>9/10/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIE + Freddie ZENO</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>5290 DOWNS Rd BEAUMONT, TX 77702</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Self employed</i>

Date <i>9/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAREN MAYfield</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>11627 Old Telegraph Rd Houston TX 77067</i>		
Principal occupation / Job title (See Instructions) <i>Nurse</i>		Employer (See Instructions) <i>Retired</i>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

Ethelene "Ethel" Wilmore

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/22

5 Full name of contributor

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

Christy DaFonte

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

718 W. Rollingwood St., Pinehurst, TX 77362-3606

8 Principal occupation / Job title (See Instructions)

Educator

9 Employer (See Instructions)

Houston ISD

Date

9/21/22

Full name of contributor

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

Gloria Wilmore

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

7215 Glen Rosa Drive, Katy TX 77494

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Retired

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME Ethereza "Ethel"	3 Filer ID (Ethics Commission Filers)
4 Date 9/1/22	5 Payee name United States Postal Service	
6 Amount (\$) 24.00	7 Payee address; 4115 5th Street Brookshire, TX 77423	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/1/22	Payee name Office Depot / Office MAX		
Amount (\$) 33.56	Payee address; 415 South Fry Rd	City; KATY, TX	State; Zip Code 77450
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing expense	Description Color Flyers	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/22	Payee name Office Depot / Office MAX		
Amount (\$) 100.46	Payee address; 415 South Fry Rd	City; KATY TX	State; Zip Code 77450
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Color Flyers	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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 F1: 2 of 2	<b>2</b> FILER NAME Ethelene "Ethel" Wilmore	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/26/22	<b>5</b> Payee name Office Depot / Office MAX	
<b>6</b> Amount (\$) 67.07	<b>7</b> Payee address; City; State; Zip Code 415 South Fry Rd KATY TX 77450	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Printing Expense	<b>(b)</b> Description Color Flyers
	<b>(c)</b> <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
Date 9/28/22	Payee name Texting for Less	
Amount (\$) 336.00	Payee address; City; State; Zip Code 354 State Street ste 104 HACKENSACK, New Jersey 07601	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Voter Texting (10,000)
	<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      Office held
Date 9/28/22	Payee name SIGNAGE SYSTEMS	
Amount (\$) 103.92 Egnw	Payee address; City; State; Zip Code 7900 Ferguson Rd Dallas TX, 75228	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs (103.92) cost.
	<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      Office held

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