

# 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:

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, TEXAS 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  
Ethelene Wilmore  
NICKNAME LAST SUFFIX  
"Ethel" Wilmore

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

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

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  
01/31 / 2022 THROUGH 2/19 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
3/1 / 2022  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Commissioner Precinct 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  
 SPECIFIC  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received  
**Waller County Elections**  
FEB 22 2022  
Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# 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: <u>1</u>
2 FILER NAME <u>Ethelene "Ethel" Wilmore</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/18/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Curtis Lee Wilmore SR.</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>30204 Green Meadows Ln. Brookshire, Texas 77423</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Ethelene "Ethel" Wilmore</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>50.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>260.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>208.09</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>75.91</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>260.00</u>

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 Abney Wilmore this the 22 day of February, 2022, to certify which, witness my hand and seal of office.

Thamy Bernard      Thamy Bernard      Member Advocate  
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)