

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY	
Date Received	RECEIVED
	MAR 13 2006
CITY SECRETARY'S OFFICE	
HD 7 PM	
Date Processed	
Date Imaged	

1 ACCOUNT NUMBER: (Ethics Commission Filers)	2 TYPE OF FILER: <input checked="" type="checkbox"/> CANDIDATE <small>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</small> <input type="checkbox"/> POLITICAL COMMITTEE <small>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</small>
3 NAME OF CANDIDATE (Please type or print) Wilmore, Elaine L.	TITLE (Dr., Mr., Ms., etc.) FIRST MI Dr. BARBARA ELAINE L. NICKNAME LAST SUFFIX (Sr., Jr., III, etc.) WILMORE
4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)	AREA CODE PHONE NUMBER EXTENSION (817) 641-5254
5 ADDRESS OF CANDIDATE (Please type or print)	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 911 Hemphill Dr CLEBURNE, TX 76033
6 OFFICE SOUGHT BY CANDIDATE (Please type or print)	MAYOR
7 NAME OF COMMITTEE (Please type or print)	(Empty)
8 NAME OF CAMPAIGN TREASURER (Please type or print)	TITLE (Dr., Mr., Ms., etc.) FIRST MI Dr. BARBARA L. WILMORE NICKNAME LAST SUFFIX (Sr., Jr., III, etc.)

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

~~AND I DO~~
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

3-13-2006

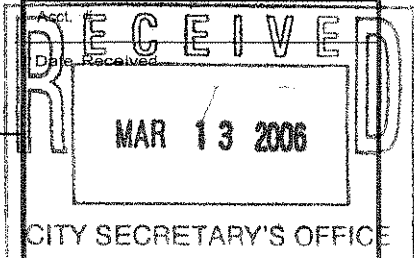
Date

Elaine G. E. Johnson

Signature

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1	Total pages filed:
2	CANDIDATE NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	OFFICE USE ONLY		
		Dr. Barbara "Elaine" L. Wilmore					
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
		911 Hemphill Drive Cleburne, Tx 76033					
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	HD/PM	Date Processed	Date Imaged
		(817) 641.5254					
5	OFFICE HELD (if any)	Cleburne ISD School Board, Place 5					
6	OFFICE SOUGHT (if known)	Mayor					
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		Dr. Elaine L. Wilmore					
8	CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
		911 Hemphill Drive Cleburne, Tx. 76033, residence					
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(817) 641.5254					
10	CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Elaine L. Wilmore</i> March 12, 2006 Signature of Candidate Date Signed</p>					
GO TO PAGE 2							

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

<p>11 CANDIDATE NAME</p>	
<p>12 MODIFIED REPORTING DECLARATION</p> <p>2005 OCT 11 AM</p>	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <ul style="list-style-type: none"> ** This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ** ** The modified reporting option is valid for one election cycle only. ** (An election cycle includes a primary election, a general election, and any related runoffs.) ** Candidates for the office of state chair of a political party and candidates for county chair of a political party may <u>NOT</u> choose modified reporting. ** <p>I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p>_____ Year of election(s) or election cycle to which declaration applies</p> <p>_____ Signature of Candidate</p>

This appointment is effective on the date it is filed with the appropriate filing authority.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Dr. Elaine L. Wilmore **16 ACCOUNT # (Ethics Commission files)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

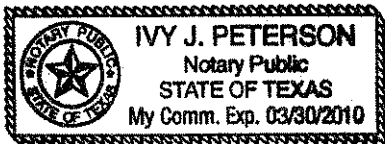
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 96.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,844.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,295.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 548.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 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.

Elaine L. Wilmore
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elaine L. Wilmore, this the 13th day of April, 2006, to certify which, witness my hand and seal of office.

Ivy J. Peterson Signature of officer administering oath
Ivy J Peterson Printed name of officer administering oath
Texas Notary Public Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/16/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gail Hazlewood</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1500 W. Henderson, Cleburne, TX 76033</i>			
9 Principal occupation / Job title (See Instructions) <i>Investor</i>		10 Employer (See Instructions)	
Date <i>3/16/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Hazlewood</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1500 W. Henderson, Cleburne, TX 76033</i>			
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions)	
Date <i>3/21/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Marti</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1501-D N. Main, Cleburne, TX 76033</i>			
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions)	
Date <i>3/28/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie Roberts</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1006 Hemphill Dr., Cleburne, TX 76033</i>			
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions)	
Date <i>4/12/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Videos Now</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1122 Center St., Cleburne, TX 76033</i>			
Principal occupation / Job title (See Instructions) <i>Videos</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Dr. Elaine L. Wilmore

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/12/06

5 Full name of contributor out-of-state PAC (ID# _____)

Charles Dooley

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

109 Dallas Ave, Cleburne TX
76031

9 Principal occupation / Job title (See Instructions)

Construction

10 Employer (See Instructions)

Date

4/12/06

Full name of contributor out-of-state PAC (ID# _____)

Bob Force

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 192, Cleburne TX
76033

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3/22/06</i>	5 Payee name <i>Bennett's Quick Print</i>	7 Amount (\$) <i>\$ 344.33</i>
6 Payee address; City; State; Zip Code <i>1611 N. Main, Cleburne, TX 76033</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/12/06</i>	Payee name <i>Rugeley Business Forms</i>	Amount (\$) <i>3951.03</i>
Payee address; City; State; Zip Code <i>1105 Cottonwood Ct, Cleburne TX 76033</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Signs</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/12/06</i>	5 Payee name <i>Staples</i>	8 Amount (\$) <i>17.77</i>
6 Payee address; City; State; Zip Code <i>1615 W. Henderson, Cleburne TX 76033</i>		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Labels</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Dr. Elaine L. Wilmore

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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 type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 398.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,365.43

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 3,280.93

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 633.14

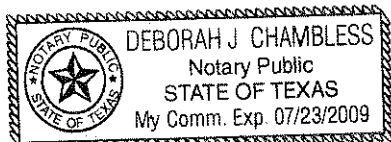
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Elaine L. Wilmore
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DR. ELAINE L. WILMORE, this the 4 day of MAY, 2006, to certify which, witness my hand and seal of office.

Deborah J. Chambless DEBORAH J. CHAMBLESS SCHOOL NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/20/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert O. Kelly</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>302 N. Ridgeway Cleburne TX 76033</i>		
9 Principal occupation / Job title (See Instructions) <i>Dentist</i>		10 Employer (See Instructions)	
Date <i>4/21/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert B. Mayfield</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>809 Berkley Dr. Cleburne TX 76033</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions)	
Date <i>4/27/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Keating</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1400 B Graham Drive # 222 Somball, VA 77315</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>Various</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Wilmore</i>	Amount of contribution (\$) <i>1617.43</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>911 Hemphill Drive Cleburne TX 76033</i>		
Principal occupation / Job title (See Instructions) <i>Finance</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/18/06</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent Eason</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1205 Westlake Cleburne TX 76033</i>			
9 Principal occupation / Job title (See Instructions) <i>Firefighter</i>		10 Employer (See Instructions)	
Date <i>4/19/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>George Marti</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1501-D N. Main Cleburne TX 76033</i>			
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions)	
Date <i>4/19/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brozynski Medical Clinic, P.A.</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>505 N. Ridgeway Cleburne TX 76033</i>			
Principal occupation / Job title (See Instructions) <i>Doctor</i>		Employer (See Instructions)	
Date <i>4/20/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert T. Force</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 192 Cleburne TX 76033</i>			
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>4/20/06</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen W. Swafford</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>15618 Ten Oaks Drive Tomball TX 77377-8022</i>			
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/19/06</i>	5 Payee name <i>Bennett's Quick Print</i> 6 Payee address; City; State; Zip Code <i>1611 N. Main Cleburne TX 76033</i>	7 Amount (\$) <i>241.00</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Printing</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/27/06</i>	Payee name <i>Cleburne Times Review</i> Payee address; City; State; Zip Code <i>P.O. Box 1569 Cleburne TX 76033-1569</i>	Amount (\$) <i>1200.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/28/06</i>	Payee name <i>Cleburne Times Review</i> Payee address; City; State; Zip Code <i>P.O. Box 1569 Cleburne TX 76033-1569</i>	Amount (\$) <i>222.50</i>
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/17/06</i>	5 Payee name <i>United States Post Office</i> 6 Payee address; City; State; Zip Code <i>Cleburne TX 76033</i>	8 Amount (\$) <i>39.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Postage</i>	
Date <i>4/20/06</i>	Payee name <i>United States Post Office</i> Payee address; City; State; Zip Code <i>Cleburne TX 76033</i>	Amount (\$) <i>420.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Postage</i>	
Date <i>4/21/06</i>	Payee name <i>United States Post Office</i> Payee address; City; State; Zip Code <i>Cleburne TX 76033</i>	Amount (\$) <i>537.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Postage</i>	
Date <i>4/25/06</i>	Payee name <i>Staples</i> Payee address; City; State; Zip Code <i>1615 West Henderson Cleburne TX 76033</i>	Amount (\$) <i>26.69</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Labels</i>	
Date <i>4/19/06</i>	Payee name <i>The Sign Solution</i> Payee address; City; State; Zip Code <i>812 SW Wilshire Blvd. Burleson TX 76028</i>	Amount (\$) <i>62.24</i> <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Signs</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Dr. Elaine L. Wilmore</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/3/06</i>	5 Payee name <i>Cleburne Times Review</i>	8 Amount (\$) <i>283.50</i>
6 Payee address; City; State; Zip Code <i>P.O. Box 1569 Cleburne TX 76033-1569</i>		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Advertising</i>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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