

# 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           | FEB 13 2006 |
| CITY SECRETARY'S OFFICE |             |
| HD / PM                 |             |
| Date Processed          |             |
| Date Imaged             |             |

|  |  |                                 |  |
|--|--|---------------------------------|--|
| 1 ACCOUNT NUMBER:<br>(Ethics Commission Filers)                                  | 2 TYPE OF FILER:<br><input checked="" type="checkbox"/> CANDIDATE<br><i>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</i><br><input type="checkbox"/> POLITICAL COMMITTEE<br><i>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</i> |                                 |  |
| 3 NAME OF CANDIDATE<br>(Please type or print)<br><b>VALTER G. Russell</b>        | TITLE (Dr., Mr., Ms., etc.)<br><b>SONNY</b><br>NICKNAME  | FIRST<br><b>Russell</b><br>LAST | MI<br><br>SUFFIX (Sr., Jr., III, etc.) |
| 4 TELEPHONE NUMBER OF CANDIDATE<br>(Please type or print)<br><b>817-641-4441</b> | AREA CODE<br><b>(817)</b>  | PHONE NUMBER<br><b>641-4441</b> | EXTENSION                              |
| 5 ADDRESS OF CANDIDATE<br>(Please type or print)                                 | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>200 Glen Rose Ave Cleburne TX 76033</b>   |                                 |  |
| 6 OFFICE SOUGHT BY CANDIDATE<br>(Please type or print)                           | <b>City Council<br/>Single Member District 1</b>   |                                 |  |
| 7 NAME OF COMMITTEE<br>(Please type or print)                                    | <b>Sonny Russell For City Council Campaign</b>   |                                 |  |
| 8 NAME OF CAMPAIGN TREASURER<br>(Please type or print)                           | TITLE (Dr., Mr., Ms., etc.)<br><b>SANDRA</b><br>NICKNAME   | FIRST<br><b>Russell</b><br>LAST | MI<br><br>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.

### 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.

2-14-06

Date

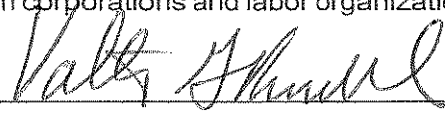
Vally Sony Russell

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<br>NICKNAME  | FIRST<br>LAST     | MI<br>SUFFIX | OFFICE USE ONLY  |             |                    |  |
|  |   | Mr.<br>SONNY   | VALTER<br>RUSSELL | G.<br>G.     | Acct. #<br>Date Received<br><b>RECEIVED</b><br><b>FEB 13 2006</b><br>CITY SECRETARY'S OFFICE |             |                    |  |
| 3  | CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX:  | APT / SUITE #:    | CITY:        | STATE:   | ZIP CODE:   |                    |  |
|  |   | 200 Glen Rose Ave.<br>Cleburne, TX 76033   |                   |              |  |             |                    |  |
| 4  | CANDIDATE PHONE   | AREA CODE  | PHONE NUMBER      | EXTENSION    | HD/PM  |             |                    |  |
|  |   |  | (817) 641-4441    |              | Date Processed   |             |                    |  |
| 5  | OFFICE HELD (if any)                                      |  |                   |              |  |             | Date Imaged        |  |
| 6  | OFFICE SOUGHT (if known)                                  | Cleburne City Council District 1   |                   |              |  |             |                    |  |
| 7  | CAMPAIGN TREASURER NAME                                   | MS/MRS/MR  | FIRST             | MI           | NICKNAME   | LAST        | SUFFIX             |  |
|  |   | Mrs.   | SANDRA L.         |              | RUSSELL  |             |                    |  |
| 8  | CAMPAIGN TREASURER STREET ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE):   | APT / SUITE #:    | CITY:        | STATE:   | ZIP CODE:   |                    |  |
|  |   | 200 Glen Rose Ave.<br>Cleburne, TX 76033   |                   |              |  |             |                    |  |
| 9  | CAMPAIGN TREASURER PHONE                                  | AREA CODE  | PHONE NUMBER      | EXTENSION    |  |             |                    |  |
|  |   |  | (817) 641-4441    |              |  |             |                    |  |
| 10   | CANDIDATE SIGNATURE                                       | I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.<br><br>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.<br><br>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. |                   |              |  |             |                    |  |
|  |   | <br>Signature of Candidate  |                   |              |  | Date Signed |                    |  |
| <b>GO TO PAGE 2</b>                                  |   |  |                   |              |  |             |                    |  |



**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

|   |  |
|---|--|
| <p><b>11</b><br/>CANDIDATE NAME</p>                         |  |
| <p><b>12</b><br/>MODIFIED<br/>REPORTING<br/>DECLARATION</p> | <p align="center"><b>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</b></p> <p align="center"> <b>** This declaration must be filed no later than the 30th day before the first election to which the declaration applies. **</b> </p> <p align="center"> <b>** The modified reporting option is valid for one election cycle only. **</b><br/> <small>(An election cycle includes a primary election, a general election, and any related runoffs.)</small> </p> <p align="center"> <b>** 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. **</b> </p> <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 align="center">                     _____<br/>                     Year of election(s) or election cycle to which declaration applies                 </p> <p align="center">                     _____<br/>                     Signature of Candidate                 </p> |

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI  
Valter G.

NICKNAME LAST SUFFIX  
Sonny Russell

OFFICE USE ONLY

RECEIVED  
APR 13 2006  
CITY SECRETARY'S OFFICE

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
200 Glen Rose Ave  
Cleburne TX 76033

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 641-4441

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST MI  
Sandra L.

NICKNAME LAST SUFFIX  
Russell

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
200 Glen Rose Ave Cleburne TX 76033

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 641-4441

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 \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
2 / 13 / 06 4 / 3 / 06

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
5 / 13 / 06  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
NONE

13 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 1

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name  
NONE

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

WALTER SONNY RUSSELL

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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE NAME                       |
|  | NONE                                 |
|  | 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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3709.50

CONTRIBUTION BALANCE

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

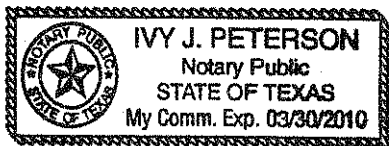
\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 4630.00

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.

*Walter Sonny Russell*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Walter Sonny Russell, this the 13<sup>th</sup> 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

LOANS

SCHEDULE E

|  |   |  |
|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.                                    |   | 1 Total pages Schedule E:<br><b>1</b>          |
| 2 FILER NAME<br><b>VALTER SONNY RUSSELL</b>  |   | 3 ACCOUNT # (Ethics Commission filers)         |
| 4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$                                |   |  |
| 5 Date of loan<br><b>2-13-06</b>   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>VALTER G. RUSSELL</b> | 9 Loan Amount (\$)<br><b>4630<sup>00</sup></b> |
| 6 Is lender a financial institution?<br><b>Y      N</b>                                      | 8 Lender address;   City;   State;   Zip Code<br><b>200 GLEN ROSE AVE.<br/>CLEBURNE TX 76033</b>    | 10 Interest rate<br><b>0</b>                   |
| 12 Principal occupation / Job title (See Instructions)<br><b>OWNER PIN CENTER BOWL, INC.</b> |   | 11 Maturity date<br><b>5-13-06</b>             |
| 13 Employer (See Instructions)<br><b>PIN CENTER BOWL INC</b>                                 |   |  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                     |   |  |
| 15 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                      | 16 Name of guarantor<br><br>.....<br>17 Guarantor address;   City;   State;   Zip Code              | 18 Amount Guaranteed (\$)                      |
| 19 Principal Occupation  |   | 20 Employer                                    |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                               | Loan Amount (\$)                               |
| Is lender a financial institution?<br><b>Y      N</b>  | Lender address;   City;   State;   Zip Code   | Interest rate                                  |
| Principal occupation / Job title (See Instructions)  |   | Maturity date                                  |
| Employer (See Instructions)  |   |  |
| Description of Collateral<br><input type="checkbox"/> none                                   |   |  |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                         | Name of guarantor<br><br>.....<br>Guarantor address;   City;   State;   Zip Code                    | Amount Guaranteed (\$)                         |
| Principal Occupation   |   | Employer                                       |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender 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:<br><b>2</b>  |
| 2 FILER NAME<br><b>VALTER SONNY RUSSELL</b>   |  | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><b>2-23-06</b>  | 5 Payee name<br><b>BENNETT QUICK PRINT</b> | 7 Amount (\$)<br><b>45.62</b>  |
| 6 Payee address; City; State; Zip Code<br><b>1611 N. MAIN CLEBURNE TX 76033</b>                                     |  |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>PRINTED CAMPAIGN MATERIAL</b> |  | 9 <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
| Date<br><b>2-24-06</b>  | Payee name<br><b>BENNETT PRINTING</b>      | Amount (\$)<br><b>915.87</b>   |
| Payee address; City; State; Zip Code<br><b>300 E. CHAMBERS CLEBURNE TX 76033</b>                                    |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>PRINTED CAMPAIGN MATERIAL</b>   |  | <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>3-6-06</b>   | Payee name<br><b>E GRAPHICS</b>            | Amount (\$)<br><b>808.13</b>   |
| Payee address; City; State; Zip Code<br><b>101 MAXIE CLEBURNE TX 76033</b>  |  |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>POLITICAL SIGNS</b>             |  | <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>3-7-06</b>   | Payee name<br><b>CLEBURNE TIMES REVIEW</b> | Amount (\$)<br><b>100.00</b>   |
| Payee address; City; State; Zip Code<br><b>108 S. ANGLIN CLEBURNE TX 76033</b>                                      |  |  |
| Purpose of payment (See instructions regarding type of information required.)                                       |  | <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 Total pages Schedule F:<br><b>2</b>  |
| 2 FILER NAME<br><b>Valter Sonny Russell</b>   |   | 3 ACCOUNT # (Ethics Commission filers)   |
| 4 Date<br><b>3-15-06</b>  | 5 Payee name<br><b>Rugeley Business Forms</b><br><del>ALIVE</del> | 7 Amount (\$)<br><b>871.16</b>   |
| 6 Payee address; City; State; Zip Code<br><b>1105 COTTONWOOD CT.<br/>CLEBURNE TX 76033</b>                |   |  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>POLITICAL SIGNS</b> |   | 9 <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held |
| Date<br><b>3-20-06</b>  | Payee name<br><b>E GRAPHICS</b>                                   | Amount (\$)<br><b>121.22</b>   |
| Payee address; City; State; Zip Code<br><b>101 MAXIE CLEBURNE TX 76033</b>                                |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>POLITICAL SIGNS</b>   |   | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>3-22-06</b>  | Payee name<br><b>Cleburne Times Review</b>                        | Amount (\$)<br><b>697.50</b>   |
| Payee address; City; State; Zip Code<br><b>108 S. Anglin Cleburne TX 76033</b>                            |   |  |
| Purpose of payment (See instructions regarding type of information required.)<br><b>POLITICAL AD</b>      |   | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>4-1-06</b>   | Payee name<br><b>Cleburne Eagle News</b>                          | Amount (\$)<br><b>150.00</b>   |
| Payee address; City; State; Zip Code<br><b>802 S. MAIN Cleburne TX 76033</b>                              |   |  |
| Purpose of payment (See instructions regarding type of information required.)                             |   | <b>-- Complete if direct expenditure to benefit C/OH --</b><br>Candidate / Officeholder name Office sought Office held   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST VALTER MI  
NICKNAME SONNY LAST RUSSELL SUFFIX

**OFFICE USE ONLY**

RECEIVED  
MAY - 3 2006  
CITY SECRETARY'S OFFICE

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE  
200 Glen ROSE Ave  
Cleburne, TX 76033

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 641-4441

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST SANDRA MI  
NICKNAME LAST L. RUSSELL SUFFIX

|                |        |
|----------------|--------|
| Receipt #      | Amount |
| Date Processed |        |
| Date Imaged    |        |

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE  
200 Glen ROSE Ave Cleburne TX 76033

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 641-4441

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 \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
4 / 3 / 06 5 / 3 / 06

11 ELECTION

ELECTION DATE: Month Day Year 5 / 13 / 06  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any): —  
13 OFFICE SOUGHT (if known): CITY COUNCIL DISTRICT ONE

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name: NONE

Address / PO Box; Apt. / Suite #: City; State; Zip Code

additional pages

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME Valter Sonny Russell 16 ACCOUNT # (Ethics Commission filers)

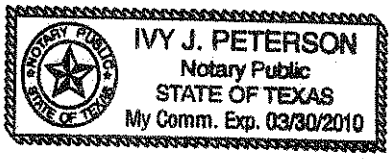
17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* 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. \*\*

|   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> GENERAL<br><input checked="" type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE                       | COMMITTEE NAME  |
|   |                                      | <u>HAMMEY AND NAILS PAC</u>                               |
|   |                                      | COMMITTEE ADDRESS   |
|   |                                      | <u>6464 BRENTWOOD STAIR #100<br/>FORT WORTH, TX 76112</u> |
|   | COMMITTEE CAMPAIGN TREASURER NAME    | <u>MERIDITH MARTIN</u>                                    |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS | <u>6464 BRENTWOOD STAIR #100<br/>FORT WORTH TX 76012</u>  |

|                         |   |                             |
|-------------------------|---|-----------------------------|
| 18 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u>                 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>2515<sup>00</sup></u> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ <u>0</u>                 |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>2895<sup>96</sup></u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>0</u>                 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>5750<sup>00</sup></u> |

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.

Valter Sonny Russell  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sonny Russell, this the 3<sup>rd</sup> day of May, 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:<br><b>3</b>                    |  |
| 2 FILER NAME<br><b>VALTER SONNY RUSSELL</b>   |   | 3 ACCOUNT # (Ethics Commission filers)                   |  |
| 4 Date<br><b>4/14/06</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>SADYUDDIN JOONAI</b> | 7 Amount of contribution (\$)<br><b>250<sup>00</sup></b> | 8 In-kind contribution description (if applicable)   |
| 6 Contributor address: City; State; Zip Code<br><b>1600 BENNINGTON DR.<br/>CARROLLTON, TX 75007</b> |   |  |  |
| 9 Principal occupation / Job title (See Instructions)<br><b>OWNER REAL ESTATE MGT. CO.</b>          |   | 10 Employer (See Instructions)<br><b>SELF</b>            |  |
| Date<br><b>4/18/06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>HECTOR VILVEREAL</b>   | Amount of contribution (\$)                              | In-kind contribution description (if applicable)<br><b>600<sup>00</sup></b><br><b>CATERING</b> |
| Contributor address: City; State; Zip Code<br><b>100 WILLIAMS AVE<br/>CLEBURNE, TX 76033</b>        |   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>OWNER OF RESTAURANT</b>                   |   | Employer (See Instructions)<br><b>SELF</b>               |  |
| Date<br><b>4-18-06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>ROY GIDDENS</b>        | Amount of contribution (\$)<br><b>20<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address: City; State; Zip Code<br><b>107 W. WILSON<br/>CLEBURNE, TX 76033</b>           |   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>RETIRED</b>                               |   | Employer (See Instructions)<br><b>N/A</b>                |  |
| Date<br><b>4-18-06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>BEN EASTMAN</b>        | Amount of contribution (\$)<br><b>25<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address: City; State; Zip Code<br><b>308 MEADOWVIEW<br/>CLEBURNE, TX 76033</b>          |   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>RETIRED</b>                               |   | Employer (See Instructions)<br><b>N/A</b>                |  |
| Date<br><b>4-18-06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>WP LINKENHOFER</b>     | Amount of contribution (\$)<br><b>20<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address: City; State; Zip Code<br><b>837 S. RIDGEWAY<br/>CLEBURNE, TX 76033</b>         |   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>BUSINESS OWNER</b>                        |   | Employer (See Instructions)<br><b>SELF</b>               |  |

**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:<br><b>3</b>                     |  |
| 2 FILER NAME<br><b>VALTER SONNY RUSSELL</b>  |   | 3 ACCOUNT # (Ethics Commission filers)                    |  |
| 4 Date<br><b>4-18-06</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>JAMES WRIGHT</b> | 7 Amount of contribution (\$)<br><b>200<sup>00</sup></b>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>709 Berkley<br/>CLEBURNE, TX 76033</b>  |   |   |  |
| 9 Principal occupation / Job title (See Instructions)<br><b>REAL ESTATE CO. OWNER</b>      |   | 10 Employer (See Instructions)<br><b>SELF</b>             |  |
| Date<br><b>4-18-06</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>SUZANNE WILSON</b> | Amount of contribution (\$)<br><b>100<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>2113 LAKESHORE<br/>CLEBURNE, TX 76033</b> |   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>CPA</b>                          |   | Employer (See Instructions)<br><b>SELF</b>                |  |
| Date<br><b>4-18-06</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>C E REGER</b>      | Amount of contribution (\$)<br><b>100<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1216 CRESTWOOD<br/>CLEBURNE, TX 76033</b> |   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>BUS. OWNER</b>                   |   | Employer (See Instructions)<br><b>SELF - REGER + FOX</b>  |  |
| Date<br><b>4-18-06</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>K D POOL</b>       | Amount of contribution (\$)<br><b>300<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>P.O. BOX 19<br/>CLEBURNE, TX 76033</b>    |   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>REAL ESTATE, HOME SALES</b>      |   | Employer (See Instructions)<br><b>SELF - KD POOL INC.</b> |  |
| Date<br><b>4-18-06</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>TED REYNOLDS</b>   | Amount of contribution (\$)<br><b>250<sup>00</sup></b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1505 WEST HILL<br/>CLEBURNE, TX 76033</b> |   |   |  |
| Principal occupation / Job title (See Instructions)<br><b>CONSTRUCTION CO. OWNER</b>       |   | Employer (See Instructions)<br><b>SELF</b>                |  |

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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:<br><b>3</b>                  |  |
| 2 FILER NAME<br><b>Valter Sonny Russell</b>   |   | 3 ACCOUNT # (Ethics Commission filers)                 |  |
| 4 Date<br><b>4-18-06</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>D+L Properties / SAUNNA RUSSELL</b> | 7 Amount of contribution (\$)                          | 8 In-kind contribution description (if applicable)<br><b>300<sup>00</sup><br/>BLDG. RENTAL</b> |
| 6 Contributor address; City; State; Zip Code<br><b>112 WILLIAMS AVE<br/>CLEBURNE TX</b>               |   |  |  |
| 9 Principal occupation / Job title (See Instructions)<br><b>REAL ESTATE HOLDINGS</b>                  |   | 10 Employer (See Instructions)<br><b>-SELF</b>         |  |
| Date<br><b>4-12-06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHARLES DOOLEY</b>                    | Amount of contribution (\$)<br><b>100<sup>00</sup></b> | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>109 DALLAS<br/>CLEBURNE TX 76003</b>                 |   |  |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                            |  |
| Date<br><b>4-12-06</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>HAMMER &amp; NAILS CLUB</b>           | Amount of contribution (\$)<br><b>250<sup>00</sup></b> | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>6464 BRENTWOOD STAW #100<br/>FORT WORTH TX 76182</b> |   |  |  |
| 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 (\$)                            | In-kind contribution description (if applicable)   |
| 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 (\$)                            | 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 EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:  
**2**

2 FILER NAME **Valter Bonny Russell** 3 ACCOUNT # (Ethics Commission filers)

|   |                                   |  |
|---|-----------------------------------|--|
| 4 Date<br><b>4/4/06</b>   | 5 Payee name<br><b>E GRAPHICS</b> | 7 Amount (\$)<br><b>267<sup>76</sup></b> |
| 6 Payee address; City; State; Zip Code<br><b>101 MAXIE<br/>CLEBURNE, TX</b> |                                   |  |

|   |  |
|---|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>SIGNS</b> | 9 <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|  |  |  |
|--|--|--|
| Date<br><b>4-6-06</b>  | Payee name<br><b>Bennett Office Supply</b> | Amount (\$)<br><b>395<sup>44</sup></b> |
| Payee address; City; State; Zip Code<br><b>P.O. Box 729<br/>CLEBURNE, TX 76033</b> |  |  |

|  |  |
|--|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>PRINTING</b> | 9 <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|--|--|

|   |                                     |  |
|---|-------------------------------------|--|
| Date<br><b>4-7-06</b>   | Payee name<br><b>US POST OFFICE</b> | Amount (\$)<br><b>195<sup>00</sup></b> |
| Payee address; City; State; Zip Code<br><b>201 FAIRCREST<br/>CLEBURNE, TX 76033</b> |                                     |  |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>POSTAGE</b> | 9 <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|   |                                   |  |
|---|-----------------------------------|--|
| Date<br><b>4-8-06</b>   | Payee name<br><b>TIMES REVIEW</b> | Amount (\$)<br><b>661<sup>50</sup></b> |
| Payee address; City; State; Zip Code<br><b>139 S. ANGLON<br/>CLEBURNE, TX 76033</b> |                                   |  |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>NEWSPAPER ADS</b> | 9 <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

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**POLITICAL EXPENDITURES** **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:  
2

2 FILER NAME **VALTER SONNY RUSSELL** 3 ACCOUNT # (Ethics Commission filers)

|  |                                    |   |
|--|------------------------------------|---|
| 4 Date<br><b>4-17-06</b>   | 5 Payee name<br><b>QUICK PRINT</b> | 7 Amount (\$)<br><b>37<sup>76</sup></b> |
| 6 Payee address; City; State; Zip Code<br><b>1611 N. MAIN<br/>CLEBURNE, TX 76033</b> |                                    |   |

|  |  |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>PRINTING</b> | 9 <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|--|--|

|  |                                       |  |
|--|---------------------------------------|--|
| Date<br><b>4-20-06</b>   | Payee name<br><b>U.S. POST OFFICE</b> | Amount (\$)<br><b>234<sup>00</sup></b> |
| Payee address; City; State; Zip Code<br><b>201 FAWCREST<br/>CLEBURNE, TX 76033</b> |                                       |  |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>POSTAGE</b> | <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|   |  |  |
|---|--|--|
| Date<br><b>4-24-06</b>  | Payee name<br><b>Cleburne Eagle News</b> | Amount (\$)<br><b>350<sup>00</sup></b> |
| Payee address; City; State; Zip Code<br><b>802 S. MAIN<br/>CLEBURNE, TX 76033</b> |  |  |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>POLITICAL ADS</b> | <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

|   |                                   |  |
|---|-----------------------------------|--|
| Date<br><b>4-27-06</b>  | Payee name<br><b>TIMES REVIEW</b> | Amount (\$)<br><b>754<sup>50</sup></b> |
| Payee address; City; State; Zip Code<br><b>138 S. Anglin<br/>CLEBURNE, TX 76033</b> |                                   |  |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><b>POLITICAL ADS</b> | <b>.. Complete if direct expenditure to benefit C/OH ..</b><br>Candidate / Officeholder name Office sought Office held |
|---|--|

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

| <b>LOANS</b>   |   | <b>SCHEDULE E</b>  |
|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.                                  |   | 1 Total pages Schedule E:<br><b>1</b>                    |
| 2 FILER NAME<br><b>VALTER SONNY RUSSELL</b>  |   | 3 ACCOUNT # (Ethics Commission filers)                   |
| 4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨                                      |   | \$ <b>1000<sup>00</sup></b>                              |
| 5 Date of loan<br><b>4-12-06</b>   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>VALTER G. RUSSELL</b> | 9 Loan Amount (\$)<br><b>1000<sup>00</sup></b>           |
| 6 Is lender a financial institution?<br><b>Y</b> <input checked="" type="radio"/> <b>N</b> | 8 Lender address;    City;    State;    Zip Code<br><b>200 GLEN ROSE AVE<br/>CLEBURNE, TX 76033</b> | 10 Interest rate<br><b>0</b>                             |
|  |   | 11 Maturity date<br><b>5-13-04</b>                       |
| 12 Principal occupation / Job title (See Instructions)<br><b>SMALL BUSINESS OWNER</b>      |   | 13 Employer (See Instructions)<br><b>PIN CENTER BOWL</b> |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                   |   |  |
| 15 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                    | 16 Name of guarantor<br><br>.....<br>17 Guarantor address;    City;    State;    Zip Code           | 18 Amount Guaranteed (\$)                                |
| 19 Principal Occupation  |   | 20 Employer  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)                               | Loan Amount (\$)   |
| Is lender a financial institution?<br><b>Y</b> <b>N</b>                                    | Lender address;    City;    State;    Zip Code  | Interest rate  |
|  |   | Maturity date  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                              |
| Description of Collateral<br><input type="checkbox"/> none                                 |   |  |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                       | Name of guarantor<br><br>.....<br>Guarantor address;    City;    State;    Zip Code                 | Amount Guaranteed (\$)                                   |
| Principal Occupation   |   | Employer   |

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