

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:**

| | | |
|--|--|------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <i>Kathryn A</i> | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX <i>Wilemon</i> | |

| | | |
|---|---|---|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>P.O. Box 13216 Arlington, Tx 76094</i> | Date Received |
| | | Date Hand-delivered or Date Postmarked <i>07/12/07</i> |

| | | |
|---|---|---------------------------------|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(817) 461-9615</i> | Receipt # Amount <i>4:08</i> |
|---|---|---------------------------------|

| | | |
|----------------------------------|---|------------------------|
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>Ernest J</i> | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX <i>Zeke Wilemon</i> | |

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|---|---|
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>4100 Shady Valley Dr. Arlington, Tx 76013</i> |
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| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(817) 861-0515</i> |
|-----------------------------------|---|

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 07 4 / 2 / 07

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

/ / Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**

Arlington City Council Dist 4 Arlington City Council Dist 4

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

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

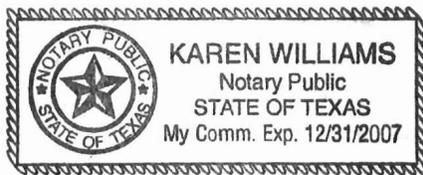
15 C/OH NAME Kathryn Wilemon 16 ACCOUNT # (Ethics Commission Filers)

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 <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | 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) | \$ 1700. - |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,809.72 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2163.39 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 103,000. - |

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Kathryn Wilemon
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kathryn Wilemon, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams 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: |
|---|---------------------------|

| | |
|-----------------------------------|--|
| FILER NAME <i>Kathryn Wilemon</i> | 3 ACCOUNT # (Ethics Commission filers) |
|-----------------------------------|--|

| | | | |
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| 4 Date <i>3-8-07</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hazel W. Lewis</i> | 7 Amount of contribution (\$) <i>\$100.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code <i>1419 Clubview Ct. Arlington Tx 76013-1004</i> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|---|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|--------------------------------|

| | | | |
|---|---|---|--|
| Date <i>3-14-07</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carl Cravens</i> | Amount of contribution (\$) <i>\$100.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>1201 Canterbury Ct Arlington, Tx 76013</i> | | (If travel outside of Texas, complete Schedule T) | |

| | |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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| Date <i>3-26-07</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bruce Ashworth</i> | Amount of contribution (\$) <i>\$100.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>2314 Park Springs Arlington, Tx 76094</i> | | (If travel outside of Texas, complete Schedule T) | |

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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
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| Date <i>3-24-07</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Klata Peacock</i> | Amount of contribution (\$) <i>\$150.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>2019 Channing Park Dr Arlington, Tx 76013</i> | | (If travel outside of Texas, complete Schedule T) | |

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| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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| Date <i>3-13-07</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James Cribbs</i> | Amount of contribution (\$) <i>\$250.00</i> | In-kind contribution description (if applicable) |
| Contributor address: City: State: Zip Code <i>P.O. Box 13060 Arlington, Tx 76094</i> | | (If travel outside of Texas, complete Schedule T) | |

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|---|-----------------------------|
| 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 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 | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 3-7-07 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey Ruff 6 Contributor address; City: State: Zip Code 4102 Shady Valley Dr Arlington, TX 76013 | 7 Amount of contribution (\$) \$ 500.⁰⁰ | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) | |
| 10 Employer (See Instructions) | | | |
| Date 3-9-07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly McKnight Contributor address; City: State: Zip Code 3209 W. Sublett Arlington 76017-5228 | Amount of contribution (\$) \$ 250.⁰⁰ | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | | | |
| Date 3-6-07 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan Mitchell Contributor address; City: State: Zip Code 855 Texas St. Ste. 105 Ft. Worth, TX 76102 | Amount of contribution (\$) \$ 250.- | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | | | |
| Date | Full name of contributor <input type="checkbox"/> 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) | | (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | | | |
| Date | Full name of contributor <input type="checkbox"/> 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) | | (If travel outside of Texas, complete Schedule T) | |
| Employer (See Instructions) | | | |

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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: *Kathryn Wilemon* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|--|-----------------------------------|
| 4 Date <i>Jan. 1, 2007 through Apr. 2, 2007</i> | 5 Payee name <i>Murphy-Turner + Associates</i> 6 Payee address: City: State: Zip Code <i>816 Congress Ave Suite 1160 Austin, Tx</i> | 7 Amount (\$) <i>\$ 100.00</i> |
|--|--|-----------------------------------|

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| 8 Purpose of payment (See instructions regarding type of information required.) <i>Retainer</i> (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|------------------------|--|-----------------------------------|
| Date <i>3-30-07</i> | Payee name <i>Murphy - Turner + Associates</i> Payee address: City: State: Zip Code <i>816 Congress Ave Suite 1160 Austin, Tx</i> | Amount (\$) <i>\$ 4,709.72</i> |
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| Purpose of payment (See instructions regarding type of information required.) <i>mailer</i> (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|------|--|-------------|
| Date | Payee name Payee address: City: State: Zip Code | Amount (\$) |
|------|--|-------------|

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| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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| | | |
|------|--|-------------|
| Date | Payee name Payee address: City: State: Zip Code | Amount (\$) |
|------|--|-------------|

| | |
|--|--|
| Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T) | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|--|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED