

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: <div style="font-size: 2em; text-align: center;">18</div>
3 CANDIDATE / OFFICEHOLDER NAME	MRS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Kathryn A</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Wilemon</div>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">P.O. Box 13216 Arlington, Tx 76013</div>	Date Received <div style="text-align: center; font-size: 1.5em;">07 JUL 2007 11:31 AM</div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(817) 461-9615</div>		
6 CAMPAIGN TREASURER NAME	MRS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Ernest J</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Zeke Wilemon</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">4100 Shady Valley Dr Arlington, Tx 76013</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(817) 861-0515</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;">5 / 03 / 07 THROUGH 6 / 30 / 07</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">5 / 12 / 07</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Arlington City Council Dist. 4</div>	13 OFFICE SOUGHT (if known)	
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 <input type="checkbox"/> 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)	\$ 8,280.-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,319.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,825.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 125,000.-

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.

Kathryn Wilemon
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryn Wilemon, this the 9th day of July, 2007, to certify which, witness my hand and seal of office.

Karen Williams
Signature of officer administering oath

Karen Williams
Printed name of officer administering oath

Notary
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: 13	
2 FILER NAME Kathy Wilemon		3 ACCOUNT # (Ethics Commission filers)	
4 ✓ Date 5-4-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kenneth Sambell	7 Amount of contribution (\$) \$50.	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 5601 W. Mayfield Arlington, Tx 76016		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
✓ Date 5-11-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Syed A.A. Shah	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2711 Marquise Ct Arlington, Tx 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
✓ Date 5-4-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Harold F. McDowell, III	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 13410 Tangleridge Ln. Arlington, Tx 75240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
✓ Date 5-17-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Robert Carter Austin	Amount of contribution (\$) \$1000. ✓	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. Box 461344 Garland, Tx 75046-1344		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
✓ Date 5-17-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David Wilson	Amount of contribution (\$) \$100.-	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2525 McKinnon St. Suite 700 Dallas, Tx		(If travel outside of Texas, complete Schedule T)	
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 <i>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission filers)	
4 <input checked="" type="checkbox"/> Date <i>5-9-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bob McFarland</i> 6 Contributor address: City: State: Zip Code <i>P.O. Box 13060 2340 W. Interstate 20 Ste. 100 Arlington, Tx 76013</i>	7 Amount of contribution (\$) <i>500.-</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-9-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dan Serna</i> Contributor address: City: State: Zip Code <i>6031 W. I 20 Suite 251 Arlington, Tx</i>	Amount of contribution (\$) <i>\$250.-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-9-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lga Pac</i> Contributor address: City: State: Zip Code <i>5307 E. Mockingbird Ln #400 Dallas, Tx 75206</i>	Amount of contribution (\$) <i>\$200.-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-9-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tom Myers</i> Contributor address: City: State: Zip Code <i>2604 Park Rd Arlington, Tx 76016</i>	Amount of contribution (\$) <i>\$250.-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-9-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arlington Police Asso. PAC</i> Contributor address: City: State: Zip Code <i>P.O. Box 856 Arlington, Tx 76004-0856</i>	Amount of contribution (\$) <i>\$500.-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>Kathryn Wilemor</i>		3 ACCOUNT # (Ethics Commission filers)	
4 <input checked="" type="checkbox"/> Date <i>5-4-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Dixon</i> 6 Contributor address: City: State: Zip Code <i>8512 Quinton Point Dr Plano, TX 75025</i>	7 Amount of contribution (\$) <i>\$1000.-</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Calvin McKaig</i> Contributor address: City: State: Zip Code <i>1203 Canterbury Ct. Arlington, TX 76013</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marjoray Wilemor</i> Contributor address: City: State: Zip Code <i>4111 Shady Valley Dr Arlington, TX 76013</i>	Amount of contribution (\$) <i>\$200.-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chesapeake Energy</i> Contributor address: City: State: Zip Code <i>P.O. Box 18576 Oklahoma, OK 73154</i>	Amount of contribution (\$) <i>\$750.-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Barney</i> Contributor address: City: State: Zip Code <i>4608 Woodside Arlington, TX 76013</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address. City: State: Zip Code		
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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		
		(If travel outside of Texas, complete Schedule T)	
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		
		(If travel outside of Texas, complete Schedule T)	
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		
		(If travel outside of Texas, complete Schedule T)	
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		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission fiers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>O.V.D. Sciuillo</i>	7 Amount of contribution (\$) \$ 200.-	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code <i>5500 Waterhill Ln. Arlington, Tx 76017</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
✓ Date <i>5-14-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Randy Ford</i>	Amount of contribution (\$) <i>\$ 100.-</i>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>3507 Town Lake Cir. Arlington, Tx 76018</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
✓ Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dardin McFarlin</i>	Amount of contribution (\$) <i>\$ 50.-</i>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>1434 Crownhill D Arlington, Tx 76012</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
✓ Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>R.E. Newman</i>	Amount of contribution (\$) <i>\$ 100.-</i>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>1403 Clabview Ct. Arlington, Tx 76013</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
✓ Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Keith Cooper</i>	Amount of contribution (\$) <i>\$ 500.-</i>	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>3801 Beachview Dr gton, Tx 76016</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission filers):	
4 <input checked="" type="checkbox"/> Date <i>5-17-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>John Mathes</i>	7 Amount of contribution (\$) <i>\$100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>5504 W. University Blvd. Dallas, Tx 75209</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-17-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Daniel A. Fuller, Jr.</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>4205 Bryn Mawr Dr Dallas, Tx 75225</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-17-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Van Texas Properties</i>	Amount of contribution (\$) <i>\$400.-</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1601 E. Lamar - Suite 205 Arlington, Tx 76011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-9-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Ned Patrick</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>4000 Shady Valley Ct Arlington, Tx 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-9-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Eric English</i>	Amount of contribution (\$) <i>\$30.-</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2905 Timber Gardens 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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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>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission filers)	
4 <input checked="" type="checkbox"/> Date <i>5-15-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>North Collins</i>	7 Amount of contribution (\$) <i>\$90.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5925 Forest Lane Ste 507 Dallas, TX 75230</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-15-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Harold Dixon</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3005 Shady Ln. S Arlington, TX 76001</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-15-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kelly Perkins Joint Venture</i>	Amount of contribution (\$) <i>\$10.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5925 Forest Lane Dallas, TX 75230</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-21-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>G.W. Grammer</i>	Amount of contribution (\$) <i>\$500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Country Club Arlington, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-21-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carlton Lancaster</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4722 Michelle Dr Arlington, TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission filers)	
4 <input checked="" type="checkbox"/> Date <i>10-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mrs Burney Biesel</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>2012 E. Randol Mill Ste. 208 Arlington, Tx 76011</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-10-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Katherine C. Mathes</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5722 West Amherst Dallas, Tx 75209</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-11-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Helen Schrickel</i>	Amount of contribution (\$) <i>\$200.-</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1304 Canterbury Ct. Arlington, Tx 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-11-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Syed Shah</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5823 Bay Club Dr Arlington, Tx 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Randall J. Rose</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code <i>3416 Gullard Rd. Austin</i>		(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>Kathryn W. Lemon</i>		3 ACCOUNT # (Ethics Commission filers):	
4 <input checked="" type="checkbox"/> Date <i>5-9-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Patrick <i>Parlik + Associates</i>	7 Amount of contribution (\$) <i>\$ 100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>115W. 2nd St Suite 210 Ft. Worth, Tx 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
<input checked="" type="checkbox"/> Date <i>5-4-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>W.G. Alexander</i>	Amount of contribution (\$) <i>\$ 100.-</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>Shady Valley Dr Arlington, Tx 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6-27-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>The Brown Group</i>	Amount of contribution (\$) <i>25.-</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>210 Crestwood Tr, Mansfield, Tx 76063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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 (\$) <i>(crossed out)</i>	
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 (\$) <i>(crossed out)</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
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.



Chesapeake Energy Corporation

(and subsidiaries)

FAX MEMO

Date: 6 July 07
 Number of pages including cover sheet: 5

To: Kathryn Wilemon
 Company: Arlington City Council

 Phone: _____
 Fax phone: 817-461-9615
 CC: _____

From: Justin Bond
 Dept: Public Affairs Coordinator

 Cell Phone: 817-266-1714
 Desk Phone: 817-870-5612
 Fax: 817-810-9485

REMARKS: Urgent For your review Reply ASAP Please comment

As you requested. Please call me with any questions. Thank you!

CONFIDENTIALITY NOTICE

This facsimile transmission (and documents accompanying it) may contain confidential information belonging to the sender. The information is intended for the use of the individual or entity to whom this transmission is addressed. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone to arrange the return of the documents. Thank you.

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

211 N. Robinson

Oklahoma City

OK

73125

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

FEC Form 1 (Revised 02/2003)

Page 3

Write or Type Committee Name

Chesapeake Fed-PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Tom Price, Jr.

Mailing Address P. O. Box 18496
Oklahoma City, OK 73154-0496

Title or Position Treasurer CITY OK STATE 73154 ZIP CODE 0496

Telephone number 405 - 879 - 9267

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Tom Price, Jr.

Mailing Address P. O. Box 18496
Oklahoma City, OK 73154-0496

Title or Position Treasurer CITY OK STATE 73154 ZIP CODE 0496

Telephone number 405 - 879 - 9267

Full Name of Designated Agent

V. Randall Compton

Mailing Address 2601 N. W. Expressway
Suite 200W
Oklahoma City, OK 73112

Title or Position Assistant Treasurer CITY OK STATE 73112 ZIP CODE

Telephone number 405 - 842 - 7977

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Chesapeake Energy Corporation _____

Mailing Address P.O. Box 18496 _____

Oklahoma City OK 73154 - 0496

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Chesapeake Energy Corporation Fed-PAC

ADDRESS (number and street)

P.O. Box 18496

(Check if address is changed)

Oklahoma City

OK

73154

0494

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

09 / 05 / 2003

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tom Price, Jr.

Signature of Treasurer

Date

09 / 05 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-8530 Local 202-994-1100

FEC FORM 1 (Revised 02/2003)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME <i>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan <i>5-7-07</i>	7 Name of lender <i>Ernest J. Wilemon</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) <i>\$22,000.-</i>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>4100 Shady Valley D Arlington, TX 76013</i>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>self employed</i>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code		
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? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
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
2

2 FILER NAME *Kathryn Wilemon*

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-6-07

5 Payee name
Murphy - Turner
6 Payee address: City: State: Zip Code

7 Amount (\$)
\$12,422.40

8 Purpose of payment (See instructions regarding type of information required.)
campaign mail
(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
5-9-07

Payee name
Murphy - Turner
Payee address: City: State: Zip Code

Amount (\$)
\$7,581.83

Purpose of payment (See instructions regarding type of information required.)
campaign mail
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
5-11-07

Payee name
Murphy Turner
Payee address: City: State: Zip Code

Amount (\$)
\$2,715.35

Purpose of payment (See instructions regarding type of information required.)
campaign mail
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
5-17-07

Payee name
Tammy DeFrang
Payee address: City: State: Zip Code

Amount (\$)
\$3100.00

Purpose of payment (See instructions regarding type of information required.)
campaign clerical
(If travel outside of Texas, complete Schedule T)

** 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

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's)

4 Date <i>5-23-07</i>	5 Payee name <i>Murphy Turner</i>	7 Amount (\$) <i>\$2,500</i>
6 Payee address: City State Zip Code		

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

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
(If travel outside of Texas, complete Schedule T)	

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
(If travel outside of Texas, complete Schedule T)	

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
(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED