



# 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)**

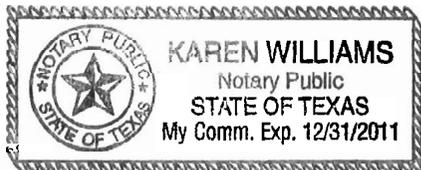
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 900.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6943.29
<b>OUTSTANDING LOAN TOTALS</b>	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.



AFFIX NOTARY STAMP / SEAL ABOVE

Kathryn Wilemon  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kathryn Wilemon, this the 8<sup>th</sup> day of July, 2008, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams No  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>Jan 2008</i>	5 Payee name <i>Murphy Turner</i> 6 Payee address: City: State: Zip Code	7 Amount (\$) <i>100.-</i>
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>June 2008</i>	Payee name <i>Murphy Turner</i> Payee address: City: State: Zip Code <i>retainer</i>	Amount (\$) <i>\$ 800.-</i>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (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