

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 76044</i>	Date Received
		Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 461-9615</i>	Receipt #	Amount
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Ernest J.</i>	OFFICE USE ONLY
	NICKNAME LAST SUFFIX <i>Zeke Wilemon</i>	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PL), APT / SUITE #, CITY, STATE, ZIP CODE <i>4100 Shady Arlington, Tx 76013</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 461-9615</i>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>5 / 1 / 09 THROUGH 6 / 30 / 09</i>
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11 ELECTION	ELECTION DATE: Month Day Year <i>5 / 9 / 09</i>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any) <i>Council member Dist 4</i>	13 OFFICE SOUGHT (if known)
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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	

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)

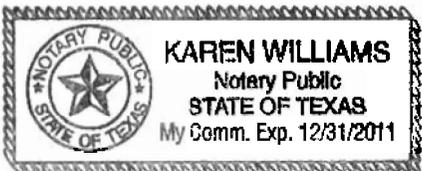
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to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

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

18 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	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)	\$ 11,260
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15181.24
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4591.05
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 128,000.

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.



KAREN WILLIAMS
Notary Public
STATE OF TEXAS
My Comm. Exp. 12/31/2011

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 14th day of July, 2009, 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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mehrdad Moayedi	7 Amount of contribution (\$) 500.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3901 Airport Freeway ste 200 Bedford, Tx 76021		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ross Calhoun	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3709 Santiago Ct. Irving, Tx 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Jones	Amount of contribution (\$) 1000.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3900 Miramar Ave Dallas, Tx 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Apartment Assoc. Tarrant PAC	Amount of contribution (\$) 2000.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6350 Baker Blvd Ft Worth, Tx 76118-6219		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adlai Pennington	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4110 Surfside Ct Arlington, Tx 76016-4163		(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		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-6	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Chesapeake Energy for Texans PAC</i> 6 Contributor address; City; State; Zip Code <i>PO Box 916 Ft Worth, TX 76101-0916</i>	7 Amount of contribution (\$) <i>750.</i>	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 5-6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Diane Patrick Campaign</i> Contributor address; City; State; Zip Code <i>4000 Shady Valley Ct. Arlington, TX 76013</i>	Amount of contribution (\$) <i>100.</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5-6	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Calvin N. McKraig</i> Contributor address; City; State; Zip Code <i>1203 Canterbury Ct Arlington, TX 76013</i>	Amount of contribution (\$) <i>150.</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5-7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Karen Williams</i> Contributor address; City; State; Zip Code <i>6948 W. Poly Webb Rd Arlington</i>	Amount of contribution (\$) <i>500.</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5-7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Christopher S. Carroll</i> Contributor address; City; State; Zip Code <i>2340 W. I-20 #100 Arlington, TX 76017</i>	Amount of contribution (\$) <i>500.</i>	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 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 5/9	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mehrdad Moayed	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 33		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clifford Myeoskie	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 Woodbine Ct. Arlington, TX		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edwin M. Abbott	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 628 South Harbor Ct Grandbury, TX 76048		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Wilson	Amount of contribution (\$) \$75.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2525 McKinnon St. Suite 700 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Syler	Amount of contribution (\$) \$50.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2525 McKinnon St. Suite 700 Dallas, TX 75201		(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		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/9	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel A. Fuller Jr 6 Contributor address: City: State: Zip Code 4205 Bryn Maur Dr Dallas, Tx 75225	7 Amount of contribution (\$) \$ 50.-	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 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beau Brown Contributor address: City: State: Zip Code 710 Viewside Cir Arlington,	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 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melinda Mathes Contributor address: City: State: Zip Code 5722 West Amherst Dallas, Tx 75209	Amount of contribution (\$) \$ 150.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Marc Greenberg Contributor address: City: State: Zip Code 2525 McKinnon Ste 700 Dallas, Tx	Amount of contribution (\$) \$ 50.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Matthew James Contributor address: City: State: Zip Code 165 Winged Foot Cir Jackson, Ms 39211	Amount of contribution (\$) \$ 50.-	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 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 files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

5/9

John C. Mathes

6 Contributor address; City; State; Zip Code
5504 W. University Blvd
Dallas, Tx 75209

\$ 50.-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/9

Melinda Cheney Mathes

Contributor address; City; State; Zip Code
25 Highland Park Village #100
Dallas, Tx

\$ 150.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5-14

AFFA PAC

Contributor address; City; State; Zip Code
208 S. Fielder
Arlington, Tx 76013

1,000.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

5-14

George Mathes

Contributor address; City; State; Zip Code
25 Highland Park Vlg. #100-751
Dallas, Tx 75205-2789

\$ 100.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

6-15

AT+T PAC

Contributor address; City; State; Zip Code
400 W. 15th St. Suite #1000
Austin, Tx 78701

\$ 75.-

(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		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Donald Huffines</i>	7 Amount of contribution (\$) <i>500.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8200 Douglas Ave Dallas, Tx 75225</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Phillip Huffines</i>	Amount of contribution (\$) <i>\$500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8200 Douglas Dallas, Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>APFF PAC</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>\$1,460.- signs + labor</i>
Contributor address; City; State; Zip Code <i>208 S. Fielder Rd 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# _____)	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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5-4-09

E. Wilemon

3,000.00

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y

(N)

4100 Shady Valley Dr
Arlington, TX

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y

N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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 FILER NAME 3 ACCOUNT # (Ethics Commission filer)

4 Date	5 Payee name	7 Amount (\$)
5-3	Murphy - Turner 6 Payee address: City; State; Zip Code P.O. Box 296 Austin, Tx 76094	5,360. ⁶²

8 Purpose of payment (See instructions regarding type of information required.) Mailer SV 2009-181 (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	Amount (\$)
5-14	Murphy Turner Payee address: City; State; Zip Code	3000. -

Purpose of payment (See instructions regarding type of information required.) consultant Fee (If travel outside of Texas, complete Schedule T)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
5-4	Murphy Turner Payee address: City; State; Zip Code	5360. ⁶²

Purpose of payment (See instructions regarding type of information required.) mailer (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
5-28	APFF PAC Payee address: City; State; Zip Code	1460. -

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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED