

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">MS / MRS / MR</td> <td style="width:35%;">FIRST <i>Kathryn</i></td> <td style="width:10%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST <i>Wilemon</i></td> <td>SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST <i>Kathryn</i>	MI	NICKNAME	LAST <i>Wilemon</i>	SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 0;">Date Received</p> <p style="font-size: small; margin: 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: small; margin: 0;">Receipt #</p> <p style="font-size: small; margin: 0;">Date Processed</p> <p style="font-size: small; margin: 0;">Date Imaged</p> </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin-top: 10px;"> RECEIVED - CSO APR 14 PM 2:25 </div>				
MS / MRS / MR	FIRST <i>Kathryn</i>	MI										
NICKNAME	LAST <i>Wilemon</i>	SUFFIX										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX: <i>P.O. Box 13216</i></td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY: <i>Arlington, Tx</i></td> <td style="width:10%;">STATE: <i>Tx</i></td> <td style="width:10%;">ZIP CODE: <i>76044</i></td> </tr> </table>	ADDRESS / PO BOX: <i>P.O. Box 13216</i>	APT / SUITE #:	CITY: <i>Arlington, Tx</i>	STATE: <i>Tx</i>	ZIP CODE: <i>76044</i>						
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE <i>(817)</i></td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> </table>	AREA CODE <i>(817)</i>	PHONE NUMBER	EXTENSION								
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NICKNAME	LAST <i>Wilemon</i>	SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE) <i>4100 Shady Valley Dr</i></td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY: <i>Arlington, Tx</i></td> <td style="width:10%;">STATE: <i>Tx</i></td> <td style="width:15%;">ZIP CODE: <i>76013</i></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE) <i>4100 Shady Valley Dr</i>	APT / SUITE #:	CITY: <i>Arlington, Tx</i>	STATE: <i>Tx</i>	ZIP CODE: <i>76013</i>				
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input 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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month <i>1</i></td> <td style="width:25%;">Day <i>1</i></td> <td style="width:25%;">Year <i>11</i></td> <td style="width:25%;">THROUGH</td> <td style="width:25%;">Month <i>4</i></td> <td style="width:25%;">Day <i>14</i></td> <td style="width:25%;">Year <i>11</i></td> </tr> </table>			Month <i>1</i>	Day <i>1</i>	Year <i>11</i>	THROUGH	Month <i>4</i>	Day <i>14</i>	Year <i>11</i>		
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE Month <i>5</i> / Day <i>14</i> / Year <i>11</i></td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>			ELECTION DATE Month <i>5</i> / Day <i>14</i> / Year <i>11</i>	ELECTION TYPE				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
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	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any) <i>Council member Dist 4</i>	13 OFFICE SOUGHT (if known)										
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

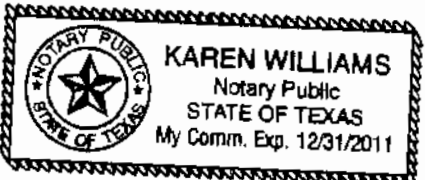
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

CONTRIBUTION 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)	\$ 15,005.-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2499.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,096.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 128,000.-

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 Wilmon
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kathryn Wilmon, this the 14th day of April, 2011, to certify which, witness my hand and seal of office.

<u>Karen Williams</u> Signature of officer administering oath	<u>Karen Williams</u> Printed name of officer administering oath	<u>Notary</u> Title of officer administering oath
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Rethyn Wilemon Campaign</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date <i>3-25-11</i>	5 Payee name <i>INOVAC</i>
---------------------------------	--------------------------------------

6 Amount (\$) <i>893.⁷⁰</i>	7 Payee address; City; State; Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>signs</i>
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-4-11</i>	Payee name Rethyn <i>INOVAC</i>
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Amount (\$) <i>243.⁰⁰</i>	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-8-11</i>	Payee name <i>INOVAC</i>
-----------------------	-----------------------------

Amount (\$) <i>742.⁵⁰</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name <i>Jeff Williams</i>
------	------------------------------------

Amount (\$) <i>\$620</i>	Payee address; City; State; Zip Code <i>800 Six Flags Arlington, Tx 76011</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Print Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>stamp & invitations</i>
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3-21-11

Jerry Deering

6 Contributor address: City: State: Zip Code

1412 Country Club

Arlington

76013

100.⁰⁰

(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)

3-21-11

Wick Alexander

Contributor address: City: State: Zip Code

840 W. Mitchell

Arlington

76013

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)

3-21-11

Barton Thompson

Contributor address: City: State: Zip Code

1803 B W. Park Row

Arlington

76013

50.

(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)

3-21-11

Carolyn M Casselberry

Contributor address: City: State: Zip Code

1201 W. Green Oaks

Arlington

76013

50.

(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)

3-21-11

Peggy + Rick Merritt

Contributor address: City: State: Zip Code

3004 Iron Stone Ct

Arlington

76006

300.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 3-21-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Bowerman	7 Amount of contribution (\$) 500.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6300 Ridglea Place # 920 Ft. Worth, Tx 76116		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dan Dipert	Amount of contribution (\$) 200.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4709 El Salvador Arlington		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sally Culver	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1200 Canterbury Ct Arlington 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Debra Duncan	Amount of contribution (\$) 300.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2316 Starlight Ct. Arlington 76016		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joanne Johnston	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1421 Country Club Rd Arlington, Tx 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 3-21-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cathy S + Billy W ALLEN 6 Contributor address; City; State; Zip Code 3900 Sunset Ln. Arlington, Tx 76016	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katherine + Donald Starnes Contributor address; City; State; Zip Code 4016 Shady Valley Rt. Arlington 76013	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G. C. Martin Contributor address; City; State; Zip Code P.O. Box 91588 Arlington 76015	Amount of contribution (\$) 1000.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Albert W. Rollins Contributor address; City; State; Zip Code 3004 Yellowstone Arlington, Tx 76013	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clay Kelley Contributor address; City; State; Zip Code 2745 N Collins Arlington 76006	Amount of contribution (\$) 150.-	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 3-21-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Esther + Mike Farhat 6 Contributor address; City; State; Zip Code 1108 Greenbriar Arlington, Tx 76013	7 Amount of contribution (\$) 250.-	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Robert H. Kember Contributor address; City; State; Zip Code 3820 Leisure Ln. Denton, Tx 76210	Amount of contribution (\$) 300.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Lesly Charanza Contributor address; City; State; Zip Code 2325 Panorama Ct. Arlington, Tx 76016	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Connie + Bailey Ruff Contributor address; City; State; Zip Code 4102 Shady Valley Dr Arlington 76013	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Robert Johnson Contributor address; City; State; Zip Code 7202 Lake Mead Blvd Arlington 76016	Amount of contribution (\$) 250.-	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

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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)
3-21-11	Janis & Roger DeFrang 6 Contributor address: City: State: Zip Code 200 Shady View Ct. Arlington, TX 76013	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 <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3-21-11	Larry Fowler Contributor address: City: State: Zip Code 4900 Morris Heights Dr Arlington 76016	50.-	
(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)
3-21-11	Jones Donald Duke Family Partnership Contributor address: City: State: Zip Code P.O. Box 13464 Arlington 76094	150.-	
(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)
3-21-11	Dorothy Smotherman Contributor address: City: State: Zip Code 2300 Panorama Ct Arlington 76016	25.-	
(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)
3-21-11	J. G. Luke Contributor address: City: State: Zip Code P.O. Box 1024 Arlington 76004-1024	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

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1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3-21-11

Gayle Crouch

6 Contributor address: City: State: Zip Code

2015 Kodiak Ct

Arlington

76013-6530

1,000.

(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)

3-21-11

Marjoray Wilemon

Contributor address: City: State: Zip Code

4111 Shady Valley Dr

Arlington, Tx

76013

200.

(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)

3-21-11

David Russell

Contributor address: City: State: Zip Code

1106 San Juan Ct.

Arlington

76012

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)

3-21-11

Thad Smotherman

Contributor address: City: State: Zip Code

2300 Panorama

Arlington

76016-6430

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)

3-21-11

Tamara + Eric Perego

Contributor address: City: State: Zip Code

3605 Shady Park Dr

Arlington

76013

25.

(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.

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 3-21-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa + Carl Cravens 6 Contributor address; City; State; Zip Code 1201 Canterbury Arlington, Tx 76013	7 Amount of contribution (\$) 60.	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lois + James Ditto Contributor address; City; State; Zip Code 1803 Oak Grove Dr Arlington, Tx 76013-3329	Amount of contribution (\$) 50.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr + Mrs Kelly McKnight Contributor address; City; State; Zip Code 3209 W. Sablett Rd Arlington 76017-4751	Amount of contribution (\$) 250.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paula + Gary Spencer Contributor address; City; State; Zip Code 4011 Fairway Ct Arlington 76013	Amount of contribution (\$) 50.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Helen Schrickel Contributor address; City; State; Zip Code 1304 Canterbury Ct. Arlington, Tx 76013	Amount of contribution (\$) 100.	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

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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)
3-21-11	Louann + Michael O'Donnell 6 Contributor address; City; State; Zip Code 4001 Fairway Ct. Arlington, Tx 76013	150.-	
(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)
3-21-11	Mr + Mrs Fred Bondurant, Jr Contributor address; City; State; Zip Code 3704 Silkwood Trl. Arlington, 76016	50.-	
(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)
3-21-11	Tom Cravens Contributor address; City; State; Zip Code 501 S. Fielder Arlington 76013	150.-	
(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)
3-21-11	Nancy + Wayne Coble Contributor address; City; State; Zip Code 2201 Green Oaks Blvd Arlington, 76017	250.-	
(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)
3-21	Joseph C. Merrill Contributor address; City; State; Zip Code 4 Country Club Ct. Arlington 76013	50.-	
(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 3-21-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S.R. Cox 6 Contributor address; City; State; Zip Code 4301 Bowman Springs Rd Arlington, Tx 76016	7 Amount of contribution (\$) 25.-	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-21-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fred Davis Contributor address; City; State; Zip Code P.O. Box 25 Arlington, Tx 76004	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) \$8610	
Date 4-4-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary K Petsche Contributor address; City; State; Zip Code 4704 Santa Coava Ct Ft. Worth, Tx 76126-1940	Amount of contribution (\$) 5,000.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-4-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clawson Consulting LLC Contributor address; City; State; Zip Code 6219 Lakeridge Rd Arlington, Tx 76016-2635	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-4-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Mrs Robert C Findloy Contributor address; City; State; Zip Code 1408 Porto Bello Ct Arlington, Tx 76012	Amount of contribution (\$) 25.-	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 4-4-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenn Troutman	7 Amount of contribution (\$) 500.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3600 Yacht Club Dr Yachtclub Dr Arlington, Tx 76016-2556		(If travel outside of Texas, complete Schedule T)	

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

Date 3-4-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Williams	Amount of contribution (\$)	In-kind contribution description (if applicable) \$620.- Stamps + Invitations
Contributor address; City; State; Zip Code 800 Six Flags Dr Arlington, Tx 76011		(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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