

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)

-- 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. --

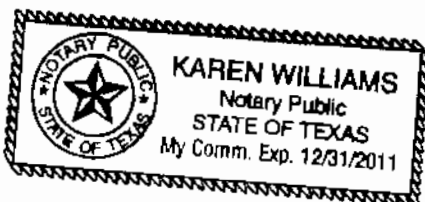
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

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)	\$ 10,050.-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,274.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,871.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 128,000.-

18 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 6th day of May, 20 11, 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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10,850

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 4-23-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles & Nora Green	7 Amount of contribution (\$) 200.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4101 Vista Creek Ct Arlington, Tx 76016		(If travel outside of Texas, complete Schedule T)	

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

Date 4-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC	Amount of contribution (\$) 2,500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2246 Austin, Tx 78763-2246		(If travel outside of Texas, complete Schedule T)	

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

Date 4-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randal J. Rose	Amount of contribution (\$) 500.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3416 Colliard Rd Arlington, Tx 76017-3554		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Banking Employer (See Instructions) Chase Bank

Date 4-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maner Family Trust	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3501 Ramos Dr Apt 63 Arlington, Tx 76015-4448		(If travel outside of Texas, complete Schedule T)	

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

Date 4-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chesapeake Energy For Texas PAC	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 815 Brazos St Ste A #106 Austin, Tx 78701-9996		(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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>4-23-11</i> <i>Mike + Amy Wade</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>12 Grant Place Pantego, TX 76013</i>	<i>100.-</i>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Funeral Director</i>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>4-23-11</i> <i>Calvin McKaig</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1203 Canterbury Ct Arlington, TX 76013</i>	<i>100.-</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>4-29-11</i> <i>MPAC Arlington Inc</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>PO Box 174474 Arlington, TX 76003</i>	<i>500.-</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>4-29-11</i> <i>Mr or Mrs P.W. James</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>P.O. Box 121367 Arlington, TX</i>	<i>100.-</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>4-29-11</i> <i>Roger M James</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>7407 Midbury Dr Dallas, TX 75230 - 3205</i>	<i>100.-</i>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>development</i>		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 Date <i>4-29-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Clifford Mycoskie</i>	7 Amount of contribution (\$) <i>200.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1409 Woodbine Arlington, Tx</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Architect</i>		10 Employer (See Instructions)	
Date <i>4-29-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>North Collins Partnership</i>	Amount of contribution (\$) <i>150.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Lakewood Tower 6220 Gaston Ave Dallas, Tx 75214</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>development</i>		Employer (See Instructions)	
Date <i>4-29-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ernest Wilemon</i>	Amount of contribution (\$) <i>5,000.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4100 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>4-29-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>4d/a: Pennington</i>	Amount of contribution (\$) <i>250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1375 Gilman Rd Ft. Worth, Tx 76140</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Builder</i>		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 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		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>Kathryn Wilemon</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-15-11</i>	5 Payee name <i>David Johnson</i>
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>contract labor</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>sign placement</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4-15-11</i>	Payee name <i>Murphy Turner</i>	
Amount (\$) <i>5,045.57</i>	Payee address; City; State; Zip Code <i>P.O. Box 296 Austin, Tx 78767-0296</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing + mail</i>	Description (If travel outside of Texas, complete Schedule T) <i>IV 2011-160</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4-21-11</i>	Payee name <i>Murphy Turner</i>	
Amount (\$) <i>1487.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 296 Austin, Tx</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>SV 2011-161</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4-25-11</i>	Payee name <i>Murphy Turner</i>	
Amount (\$) <i>6506.79</i>	Payee address; City; State; Zip Code <i>P.O. Box 296 Austin, Tx 78767-0296</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>Print & mail</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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