

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 *Kathryn* FIRST MI *A*
NICKNAME *Wilemon* LAST SUFFIX

OFFICE USE ONLY

Date Received
RECEIVED - CSO
11 JUL 15 PM 2:06
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 13216
Arlington, Tx 76044

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 461-9615

6 CAMPAIGN TREASURER NAME

MS / MRS / MR *Ernest Wilemon* FIRST MI
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
4100 Shady Valley Dr *Arlington, Tx 76013*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 461-9615

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
5 / 5 / 11 *6 / 30 / 11*

11 ELECTION

ELECTION DATE: Month Day Year *5 / 14 / 11*
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Council member Dist 4

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kathryn Wilmon 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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,030.53
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,517.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,238.03
OUTSTANDING LOAN TOTALS	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.

Kathryn Wilmon
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryn Wilmon, this the 15th day of July, 20 11, 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 5-20-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) George C Mathes 6 Contributor address; City; State; Zip Code 25 Highland Park Village Ste 100 Dallas, Tex 75205	7 Amount of contribution (\$) \$75.-	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-20-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Melinda Cheney Mathes Contributor address; City; State; Zip Code 25 Highland Park Village Ste 100 Dallas, Tx	Amount of contribution (\$) 250. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arlington Police Association Contributor address; City; State; Zip Code P.O. Box 856 Arlington, Tx 76004-0856	Amount of contribution (\$) 555.53	In-kind contribution description (if applicable) Producing & placement of signs
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-10-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Adlai Pennington Contributor address; City; State; Zip Code 1375 Gilman Rd Fort Worth, Tx 76140	Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Builder + Developer		Employer (See Instructions) MKP+Associates	
Date 5-16-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ernest Wilemon Contributor address; City; State; Zip Code 4100 Shady Valley Dr Arlington, Tx 76013	Amount of contribution (\$) 5000.-	In-kind contribution description (if applicable)
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

Kathryn Wilemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-12-11

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

ArL Police Assoc Political Action

6 Contributor address; City; State; Zip Code

*P.O. Box 856
Arlington, Tx 76004-0856*

7 Amount of contribution (\$)

1,000.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-12-11

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

Union Pacific Corp Fund for Effective Gov.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-12-11

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

Stephen Jones

Contributor address; City; State; Zip Code

*3900 Miramar Ave
Dallas, Tx*

Amount of contribution (\$)

1000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

VP

Dallas Cowboys

Date

5-12-11

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

AT&T Texas PAC

Contributor address; City; State; Zip Code

*400 West 15th St Suite 1000
Austin, Tx 78701*

Amount of contribution (\$)

75.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-12-11

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

Karen & Jeff Williams

Contributor address; City; State; Zip Code

*6948 W. Poly Webb Rd
Arlington, Tx 76016-3617*

Amount of contribution (\$)

500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Eng.

Graham + Assoc.

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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

Kathryn Wilemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-12-11

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

Larry Jaynes

7 Amount of contribution (\$)

1,000.

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*6020 Canyon Trail
McGregor, Tx 76657*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-12-11

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

Apartment Assoc. Tarrant Co Pol. Action

Amount of contribution (\$)

2,000.

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

5-12-11

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

Melinda Nelson

Amount of contribution (\$)

200.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3812 Marine Ct.
Arlington, Tx 76016*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-12-11

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

Susan K. Medina

Amount of contribution (\$)

500.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3501 Leads End St
Ft. Worth, Tx 76109*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Pres.

SKM

Date

5-12-11

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

L W Jaynes

Amount of contribution (\$)

2,000.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1204 Canterbury Ct
Arlington, Tx 76013*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

Kathryn Wilenon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-12-11

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

James Hardie St. Political Action Comm.

6 Contributor address; City; State; Zip Code
*26300 La Alameda, Suite 100
Mission Viejo, Ca 92691*

7 Amount of contribution (\$)

125.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-12-11

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

Ted French

Contributor address; City; State; Zip Code
*802 Aberdeen Way
Southlake, Tx 76092*

Amount of contribution (\$)

100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Dentist

Employer (See Instructions)

Date

5-12-11

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

Rodney G. Mellott

Contributor address; City; State; Zip Code
*12935 W 81st Ave
Arvada, Co 80005*

Amount of contribution (\$)

200.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engr.

Employer (See Instructions)

Beacon ESP

Date

5-12-11

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

James D. Lightner

Contributor address; City; State; Zip Code
*5070 Pinyon St.
Littleton, Co 80123*

Amount of contribution (\$)

200.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-16-11

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

Scott Howell

Contributor address; City; State; Zip Code
*3900 Willow Ste 200
Dallas, Tx 75226*

Amount of contribution (\$)

500.-

In-kind contribution description (if applicable)

(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 EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX B(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	Polling 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 Kathryn Wilemon 3 ACCOUNT # (Ethics Commission Filers) _____

4 Date 5-15-11 5 Payee name David Johnson

6 Amount (\$) \$1500.- 7 Payee address: _____ City: _____ State: _____ Zip Code _____

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) contract labor (b) Description (If travel outside of Texas, complete Schedule T) sign placement + removal

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Kathryn Wilemon Office sought Dist 4 Office held Council member

Date May 5 thru 20 2011 Payee name Murphy Turner

Amount (\$) 23,042.38 Payee address: P.O. Box 296 City: Austin, Tx State: _____ Zip Code 78767-0296

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) consulting + printing Description (If travel outside of Texas, complete Schedule T) printing + mail

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Kathryn Wilemon Office sought _____ Office held Dist 4 Council member

Date May 6-14 2011 Payee name US Campaign Corps Inc

Amount (\$) 3,420.- Payee address: P.O. Box 200185 City: Arlington, Tx State: _____ Zip Code 76006

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Polling, Consulting Description (If travel outside of Texas, complete Schedule T) auto dialing, polling, consulting

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

Date 5-26-11 Payee name APA

Amount (\$) 555.53 Payee address: P.O. Box 856 City: Arlington, Tx State: _____ Zip Code 76004-0856

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) in kind donation Description (If travel outside of Texas, complete Schedule T) production + placement of signs

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

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