

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 <i>Kathryn</i>	FIRST <i>A</i>	MI
	NICKNAME <i>Wilemon</i>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <i>P.O. Box 13216</i>	APT / SUITE #:	CITY; STATE; ZIP CODE <i>Arlington, Tx 76044</i>
	AREA CODE <i>(817)</i>	PHONE NUMBER <i>461-9615</i>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <i>Ernest</i>	FIRST <i>J</i>	MI
	NICKNAME <i>Zeke</i>	LAST <i>Wilemon</i>	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE): <i>4100 Shady Valley Dr</i>	APT / SUITE #:	CITY; STATE; ZIP CODE <i>Arlington, Tx 76013</i>
	AREA CODE <i>(817)</i>	PHONE NUMBER <i>461-9615</i>	EXTENSION
7 CAMPAIGN TREASURER ADDRESS (residence or business)	9 REPORT TYPE		
	<input checked="" 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 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)		
8 CAMPAIGN TREASURER PHONE	10 PERIOD COVERED		
	Month Day Year THROUGH Month Day Year <i>7 / 1 / 11</i> <i>12 / 31 / 11</i>		
9 REPORT TYPE	11 ELECTION		
	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>5 / 14 / 11</i>		
10 PERIOD COVERED	12 OFFICE		13 OFFICE SOUGHT (if known)
	OFFICE HELD (if any) <i>Council member Dist 4</i>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Kathryn Wilemon</i>	15 ACCOUNT # (Ethics Commission Filers)
--	---

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

17 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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>4,238.03</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>128,000.-</i>

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.

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 *17th* day of *January*, 20 *12*, to certify which, witness my hand and seal of office.

<u><i>Karen Williams</i></u> Signature of officer administering oath	<u><i>Karen Williams</i></u> Printed name of officer administering oath	<u><i>Notary</i></u> Title of officer administering oath
---	--	---