

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Kathryn Wilkerson 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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 8060.92
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7327.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6282.42
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.

Kathryn Wilkerson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryn Wilkerson, this the 3rd day of May, 20 13, to certify which, witness my hand and seal of office.

Mary Supino MARY SUPINO City Secretary
Signature of officer administering oath Printed name of officer administering oath 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: **6**

2 FILER NAME

Kathryn Wilemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-29-13

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

Terry Bertrand

7 Amount of contribution (\$)

25.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*2016 W. Bardin
Arlington, TX 76017*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Minister

10 Employer (See Instructions)

Date

4-29-13

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

Mrs P.W. James

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 1211367
Arlington, TX 76012*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-29-13

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

Don Duke

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 13464
Arlington, TX 76064*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-13

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

C. Greer

Amount of contribution (\$)

250.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2110 Bay Club
Arlington, TX 76013*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

4-29-13

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

Robert Snider

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6521 S. Dover Terr.
Ft. Worth, TX 76132*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

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

4-29-13

5 Full name of contributor

William Snider

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

*2111 N. Collins Suite 323
Arlington, Tx 76011*

7 Amount of contribution (\$)

150.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Atty

10 Employer (See Instructions)

Date

4-29-13

Full name of contributor

Exxon Mobil PAC

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

*5959 Las Colinas Blvd
Irving, Tx 75039*

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-13

Full name of contributor

TRE PAC

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

*P.O. Box 2246
Austin, Tx 78768-2246*

Amount of contribution (\$)

2,000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-13

Full name of contributor

Calvin McKaig

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

*1203 Canterbury Ct
Arlington, Tx 76013*

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-29-13

Full name of contributor

Kay Jordan

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

*P.O. Box 993
Arlington, Tx 76004-0993*

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

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

Kathryn Wilemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-20-13

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

Clifford Mycoskie

7 Amount of contribution (\$)

200.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1409 Woodbine Ct.
Arlington, Tx 76013*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-20-13

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

Gayle Crouch

Amount of contribution (\$)

500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2015 Kodiak Ct.
Arlington, TX 76013-6530*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-20-13

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

Andrew B. Piel

Amount of contribution (\$)

150.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2907 Park Run Dr
Arlington, Tx 76016-6420*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Atty

Employer (See Instructions)

Date

4-20-13

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

Cloy Kelley

Amount of contribution (\$)

200.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2745 N. Collins St. Ste 111
Arlington, Tx 76006*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-13

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

Bailey Ruff

Amount of contribution (\$)

500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4102 Shady Valley Dr
Arlington, Tx 76013*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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 Wilemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-20-13

5 Full name of contributor

J. G. Luke

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

7 Amount of contribution (\$)

75.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

P.O. Box 1024
Arlington, Tx 76004-1024

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

4-20-13

Full name of contributor

Grace M^cDermott

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

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2114 Franklin Dr
Arlington, Tx 76011

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Asian CofC

Employer (See Instructions)

Date

4-20-13

Full name of contributor

Chris + Bill Bowerman

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

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P.O. Box 171199
Arlington, Tx 76003-1199

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-20-13

Full name of contributor

Stewart Garrison

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

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1328 Park Ln.
Arlington, Tx 76012

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-13

Full name of contributor

Mary Tom Carnutt

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

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

505 S. Fielder
Arlington, Tx 76013

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Exec. Dir Foundation

Employer (See Instructions)

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 Wilemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-20-13

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

Linda Davis

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*P.O. Box 25
Arlington, Tx*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-20-13

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

Tom Cravens

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*501 S. Fielder
Arlington, Tx 76013*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-20-13

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

Hammer & Nails Club

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*7001 Boulevard 26 #323
Ft. Worth, Tx 76014*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-13

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

Steve Martindale

Amount of contribution (\$)

~~200.00~~
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*9 Rogers Ct.
Pantego, Tx 76013*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Pres. Six Flags

Employer (See Instructions)

Date

4-20-13

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

Paul Fulks

Amount of contribution (\$)

~~204.75~~
204.75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*618 Brent
Arlington, Tx 76012*

~~204.75~~
sign wires

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Pres.

Employer (See Instructions)

305 Sign

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

4-18-13

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

Larry Fowler

7 Amount of contribution (\$)

656.17

8 In-kind contribution description (if applicable)

~~*656.17*~~
fund raiser

6 Contributor address; City; State; Zip Code

*4900 Morris Heights Dr
Arlington Tx 76016*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Atty

10 Employer (See Instructions)

Date

Full name of contributor 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 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 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 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)

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 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 | 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: 1	2 FILER NAME Kathryn Wilemon	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-29-13	5 Payee name Political Advisors
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6 Amount (\$) 5827.28	7 Payee address; City; State; Zip Code 815-A Brazos Austin, Tx 76094
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Mailer + retainer	(b) Description (If travel outside of Texas, complete Schedule T) Consulting Exp
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 5-1-13	Payee name Kathryn Wilemon APA
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Amount (\$) 1,500	Payee address; City; State; Zip Code 815-A Brazos Arlington, Tx 76013 1801 Park Row
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
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Amount (\$)	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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED