

# 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	MR / MRS / MS FIRST MI	<b>OFFICE USE ONLY</b>		
	NICKNAME LAST SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE			Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Hand-delivered or Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI			Receipt # Amount
	NICKNAME LAST SUFFIX			Date Processed
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year			
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		

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13 JUL 15 PM 2:21

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Kathryn Wilmon 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"/> additional pages	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	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)	\$ 12,700.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,921.35
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 Wilmon  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathryn Wilmon, this the 15<sup>th</sup> day of July, 20 13, to certify which, witness my hand and seal of office.

Mary W. Supino MARY W. 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:

2 FILER NAME

*Kathryn Wilemon*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*5-10-13*

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

*Stephen Jones*

7 Amount of contribution (\$)

*1,000.-*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*3900 Miramar  
Dallas, TX*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

*Blue Star*

Date

*5-10-13*

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

*Karen & Jeff Williams*

Amount of contribution (\$)

*1,000.-*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6948 W. Poly Webb  
Arlington, TX 76016-3817*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*engineer*

Employer (See Instructions)

*Graham & Assoc.*

Date

*5-6-13*

Full name of contributor  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 Collard  
Arlington, TX 76017-3554*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Banking - J.P. Morgan - Chase*

Employer (See Instructions)

Date

*5-4-13*

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

*Randy C. Ford*

Amount of contribution (\$)

*100.-*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3507 Townlake Cir  
Arlington, TX 76016*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*5-25-13*

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

*Arlington Police Assn. PAC*

Amount of contribution (\$)

*1500.-*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 856  
Arlington, TX 76004*

*Producing &  
delivering  
mailers*

(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 *Kathryn Wilemon* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>5-13-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Cavender</i>	7 Amount of contribution (\$) <i>\$250.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2111 W. Collins Ste 323 Arlington, TX 76011-2810</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>6-21-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>T.J. Clayton</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1717 Anaconda Grandbury, TX 76048</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>6-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Moritz</i>	Amount of contribution (\$) <i>5000.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2111 N Collins Suite 323 Arlington, TX 76011</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#: _____)	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)

**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 <i>Kathryn Wilemon</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5-13-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MPAC</i>	7 Amount of contribution (\$) <i>200.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1316 S. Pecan Arlington, Tx</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles + Nora Green</i>	Amount of contribution (\$) <i>200.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>212 E. Abram Arlington, Tx 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions)	
Date <i>5-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>D. V. DiSciullo</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5500 Watchhill Lane Arlington, Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-9-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Apt Association Tarrant County</i>	Amount of contribution (\$) <i>2,500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 Baker Blvd Richland Hills, Tx 76118-8219</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>PAC</i>		Employer (See Instructions)	
Date <i>5-6-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Peggy + Rickie W. Merritt</i>	Amount of contribution (\$) <i>250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3004 Iron Stone Ct, Arlington, Tx 76008</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Investments</i>		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:	2 FILER NAME Kathryn Wilemon	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-13-13	5 Payee name David Johnson
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6 Amount (\$) 1600.	7 Payee address; City; State; Zip Code 2015 Kodiak Ct. Arlington, Tx 76013
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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) manage sign locations
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-20-13	Payee name Day + Associates
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Amount (\$) 5,000.	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	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
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Date 5-25-13	Payee name Arlington Police Assn. PAC
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Amount (\$) 1500.	Payee address; City; State; Zip Code P.O. Box 856
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Producing & delivering mailers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Kathryn Wilenon</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>Arlington Police Assn. PAC</i>		
5 Contribution / Expenditure reported on:		
<input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**