

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 23,130

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 17,671.83

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 13,932.47

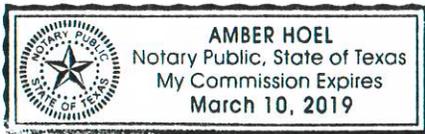
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 128,000.00

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 1st day of May, 20 15, to certify which, witness my hand and seal of office.

Amber Hoel
Signature of officer administering oath

Amber Hoel
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: 9

2 FILER NAME

Kathryn Wilmon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-23-155 Full name of contributor out-of-state PAC (ID#: _____)~~Kathryn~~ Glenn Troutman

6 Contributor address; City; State; Zip Code

3600 Yacht Club Dr
Arlington, Tx 76016-2556

7 Amount of contribution (\$)

250.-

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

4-23-15Full name of contributor out-of-state PAC (ID#: _____)Robert W. Mahoney

Contributor address; City; State; Zip Code

4113 Shady Valley Dr
Arlington, Tx 76013-2934

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

4-23-15Full name of contributor out-of-state PAC (ID#: _____)Clay + Brandee Kelley

Contributor address; City; State; Zip Code

1300 Canterbury
Arlington, Tx

Amount of contribution (\$)

\$ 150.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-15Full name of contributor out-of-state PAC (ID#: _____)AFFA PAC

Contributor address; City; State; Zip Code

208 s. Fielder Rd
Arlington, 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)

Date

4-23-15Full name of contributor out-of-state PAC (ID#: _____)TPS Family Limited Partnership

Contributor address; City; State; Zip Code

2800 Park Dr
Arlington, Tx 76016

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)

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>4-24-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Helen H. Schrickel</i>	7 Amount of contribution (\$) <i>100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1304 Canterbury Ct. Arlington, Tx 76013</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-24-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelley Joe Curnatt</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>505 S. Fielder Arlington, Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esther + Michael Farhat</i>	Amount of contribution (\$) <i>200.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1108 Greenbriar Arlington, Tx</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Lynch</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2011 Crossbow Ln. Arlington, Tx 76001</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill + Chris Bawerman</i>	Amount of contribution (\$) <i>250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 171199 Arlington, Tx 76003-1199</i>		(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

4-23-15

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

Klata Peacock

6 Contributor address; City; State; Zip Code

*2019 Channing Park Dr
Arlington, TX 76013*

7 Amount of contribution (\$)

\$50.-

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

4-23-15

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

Mrs. G.W. Winter

Contributor address; City; State; Zip Code

*1212 Canterbury Ct.
Arlington, TX 76013*

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-15

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

Erin Pokrifcsak

Contributor address; City; State; Zip Code

*1312 Canterbury Ct
Arlington, TX 76013*

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-15

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

Todd + Kyndal Nicol

Contributor address; City; State; Zip Code

*1402 Country Club Rd
Arlington, TX 76013*

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-15

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

Glenn Day

Contributor address; City; State; Zip Code

*2307 Woods Cliff Ct.
Arlington, TX 76012-4234*

Amount of contribution (\$)

50.-

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 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

4-23-15

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

Robert W. Smider

6 Contributor address; City; State; Zip Code

*6521 S. Dover Terrace
Fort Worth, Tx 76132*

7 Amount of contribution (\$)

\$100.-

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

4-23-15

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

Thomas G. Brockenbush

Contributor address; City; State; Zip Code

*1311 Academy Cir
Arlington, Tx 76013*

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-15

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

Joseph H. Harmison

Contributor address; City; State; Zip Code

*P.O. Box 152643
Arlington, Tx 76013*

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

4-23-15

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

Don Duke

Contributor address; City; State; Zip Code

*P.O. Box 13464
Arlington, Tx*

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-23-15

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

Daniel Mohore

Contributor address; City; State; Zip Code

*2702 Mark Twain Ct.
Arlington, Tx 76006*

Amount of contribution (\$)

\$100.-

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 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>4-23-15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paula + Gary Spencer</i>	7 Amount of contribution (\$) <i>\$100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4011 Fairway Ct Arlington, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gayle Crouch</i>	Amount of contribution (\$) <i>\$200.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2015 Kodiak Ct Arlington, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandee + Clay Kelley</i>	Amount of contribution (\$) <i>\$150.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1300 Canterbury Ct Arlington, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan + Joseph Lengen</i>	Amount of contribution (\$) <i>200.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4103 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>4-23-15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Becky Leffler</i>	Amount of contribution (\$) <i>\$200.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5215 Saratoga Ln. Arlington, TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

4-15-15

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

Hammer and Nails Club

6 Contributor address; City; State; Zip Code

*100 E. 15th St. Suite 600
Ft. Worth, Tx 76102*

7 Amount of contribution (\$)

\$ 250.-

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

4-22-15

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

Michael H. Patterson

Contributor address; City; State; Zip Code

*2310 W. Interstate 20 Suite 100
Arlington, Tx 76017*

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

4-21-15

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

Mojib Haddad

Contributor address; City; State; Zip Code

*3024 Shadow Dr
Arlington, Tx 76006*

Amount of contribution (\$)

1,000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-7-15

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

Adlai W. Pennington

Contributor address; City; State; Zip Code

*1375 Gilman Rd
Fort Worth, Tx 76140*

Amount of contribution (\$)

300.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-15

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

Clawson Consulting LLC

Contributor address; City; State; Zip Code

*6219 Lakeridge Rd
Arlington, Tx*

Amount of contribution (\$)

300.-

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 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

4-23-15

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

Tom + Diane Cravens

6 Contributor address; City; State; Zip Code

*501 S. Fielder Rd
Arlington, Tx 76013*

7 Amount of contribution (\$)

\$200.-

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

4-3-15

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

Kathy Petsche

Contributor address; City; State; Zip Code

*4704 Santa Cova Ct
Ft. Worth, Tx*

Amount of contribution (\$)

5,000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-15

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

Rick Merriek

Contributor address; City; State; Zip Code

*3004 Iron Stone Ct,
Arlington, Tx 76006*

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

4-3-15

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

Bailey Ruff

Contributor address; City; State; Zip Code

*4102 Shady Valley Dr
Arlington, Tx 76013*

Amount of contribution (\$)

250.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-15

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

Linda Davis

Contributor address; City; State; Zip Code

Arlington, Tx 76013

Amount of contribution (\$)

100.-

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 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

4-23-15

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

Barton Thompson Jr.

6 Contributor address; City; State; Zip Code

*1803-B W. Park Row
Arlington, Tx 76013*

7 Amount of contribution (\$)

100.-

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Thompson Construction of Arl

10 Employer (See Instructions)

Date

4-29-15

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

Ernest Wilemon

Contributor address; City; State; Zip Code

*4100 Shady Valley Dr
Arlington, Tx*

Amount of contribution (\$)

10,000.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-15

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

Bruce Ashworth

Contributor address; City; State; Zip Code

*2214 Park Springs
Arlington, Tx 76013*

Amount of contribution (\$)

100.

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Date

4-29-15

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

Larry Fowler

Contributor address; City; State; Zip Code

*4900 Morris Heights Dr
Arlington, Tx 76016*

Amount of contribution (\$)

250.-

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Date

4-23-15

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

David Govea

Contributor address; City; State; Zip Code

*2408 W. Abram
Arlington, Tx 76013*

Amount of contribution (\$)

\$ 300.-

food

(If travel outside of Texas, complete Schedule T)

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

4-23-15

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

Dan Fernandez

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$80

sign install

6 Contributor address; City; State; Zip Code

*2823 Quail Lane
Arlington, Tx 76016*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-23-15

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

Brien Green

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$100.

Contributor address; City; State; Zip Code

*2418 W. Division
Arlington, Tx 76012*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BMG Auto Group

Employer (See Instructions)

Date

4-23-15

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

Barton Thompson

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$100.

Contributor address; City; State; Zip Code

*1803-B W. Park Row Dr
Arlington, Tx 76013*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

construction

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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 <i>Kathryn Wilemon</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>4-16</i>	5 Payee name <i>Murphy Nasica</i>
-----------------------	--------------------------------------

6 Amount (\$) <i>6,965.59</i>	7 Payee address; City; State; Zip Code <i>815-A Brazos St. Austin, Tx 78701</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>consulting + mail-printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	--

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

Date	Payee name <i>APA PAC</i>
------	------------------------------

Amount (\$) <i>2,800.-</i>	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>mail</i>	Description (If travel outside of Texas, complete Schedule T) <i>APA Voter Guide</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

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

Date <i>4-3-15</i>	Payee name <i>Day Paulik Group</i>
-----------------------	---------------------------------------

Amount (\$) <i>500.-</i>	Payee address; City; State; Zip Code <i>1201 W. Abram Arlington, Tx 76013</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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-23-15</i>	Payee name <i>Don Fernandez</i>
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Amount (\$) <i>\$560.</i>	Payee address; City; State; Zip Code <i>2823 Quail Lane Arlington, Tx 76016</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>install signs</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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 <i>Kathryn Wilemon</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-30-15</i>	5 Payee name <i>Day Pavlik Group</i>
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6 Amount (\$) <i>1,036.41</i>	7 Payee address; City; State; Zip Code <i>1201 W. Abram Arlington, Tx 76013</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>postage + mail</i>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-3-15</i>	Payee name <i>3Di Sign + Design</i>
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Amount (\$) <i>1309.83</i>	Payee address; City; State; Zip Code <i>1133 W. Main Arlington, TX 76013</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>sign printing</i>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete <u>ONLY</u> 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