

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Jimmie D. NICKNAME LAST SUFFIX (Jim) Kaelin	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2703 Corpus Christi, TX 78403	Date Received FILED FOR RECORD AT 1:29 AM OCT 11 2016 KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY <u>Callie Holt</u> DEPUTY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 215-6614	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. Robert M. NICKNAME LAST SUFFIX Rios	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4205 Black Bayou Ct. Corpus Christi, TX 78410		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 767-7656		Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 16 THROUGH 09 / 29 / 16		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 10	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known) sheriff	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jimmie D. Kaelin 15 Filer ID (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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ <u>5094.44</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>29,625.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>18,073.63</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>75,450.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>

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.

[Signature]
Signature of Candidate or Officeholder



Daniel T. Perez
My Commission Expires
10/19/2018
AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmie D. Kaelin, this the 11th day of Oct., 20 16, to certify which, witness my hand and seal of office.

[Signature] Daniel T. Perez Asst. Chief Deputy
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jimmie D. Kaelin</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>34,719.44</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>18,073.23</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1-16
2 FILER NAME Jimmie D. Kaelin		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Dalton	7 Amount of contribution (\$) \$ 100.⁰⁰
6 Contributor address; City; State; Zip Code 8002 Villefranche CC TX 78414		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard Hammonds	Amount of contribution (\$) \$ 1,000⁰⁰
Contributor address; City; State; Zip Code 4418 Ocean Dr CC TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haysam Dawod	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 4574 S. Staples CC TX 78411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Taylor	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 5413 Pressler Dr CC TX 78413		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2-16**

2 FILER NAME **Jimmie D. Kaelin**

3 Filer ID (Ethics Commission Filers)

4 Date **9/7/16**

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

6 Contributor address; City; State; Zip Code
1702 Centera Trl CC TX 78418-5224

7 Amount of contribution (\$)
\$ 250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **9/4/16**

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

Contributor address; City; State; Zip Code
4626 Weiskopf CC TX 78413

Amount of contribution (\$)
\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9/7/16**

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

Contributor address; City; State; Zip Code
PoBox 6323 CC TX 78466

Amount of contribution (\$)
\$ 250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9/7/16**

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

Contributor address; City; State; Zip Code
14134 Palo Seco CC TX 78418

Amount of contribution (\$)
\$ 1,000⁰⁰

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/16

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

Carolyn Wickham-Winans

7 Amount of contribution (\$)

\$200⁰⁰

6 Contributor address; City; State; Zip Code
5909 Harvest Hill Rd CC TX 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/16

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

Ass Builders + Con.

Amount of contribution (\$)

\$250⁰⁰

Contributor address; City; State; Zip Code
PO Box 2584 CC TX 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/16

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

Craig Brown

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code
5121 Fm 1781 Rockport TX 78382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

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

Garnet Brooks

Amount of contribution (\$)

\$1,000⁰⁰

Contributor address; City; State; Zip Code
PO Box 157 CC TX 78403-0151

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4-16**

2 FILER NAME

Jimmie D. KARLIN

3 Filer ID (Ethics Commission Filers)

4 Date

9/14/16

5 Full name of contributor

Robert Parker

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

7 Amount of contribution (\$)

\$3,500.⁰⁰

6 Contributor address;

PO Box 9609

City; State; Zip Code

CC TX 78469

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/13/16

Full name of contributor

Todd Hunter

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

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

445 Cape Henry

City; State; Zip Code

CC TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/16

Full name of contributor

Connie Scott

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

Amount of contribution (\$)

\$2,000⁰⁰

Contributor address;

5548 County Rd 181 Robstown TX 78380

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

Full name of contributor

NER Womens Pac

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

Amount of contribution (\$)

\$2,000⁰⁰

Contributor address;

PO Box 270054

City; State; Zip Code

CC TX 78427

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/16

5 Full name of contributor

Ruth Cramer

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

7 Amount of contribution (\$)

\$ 200⁰⁰

6 Contributor address;

1118 Southbay

City; State; Zip Code

CC TX 78412

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/2/16

Full name of contributor

Luisa Rapier

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

Amount of contribution (\$)

\$ 50.00

Contributor address;

5829 Dano Dr

City; State; Zip Code

CC TX 78407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2/16

Full name of contributor

Mrs Mrs Gary Vaughn

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

14025 River Rock Dr. C.C. TX 78410

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

Full name of contributor

Barton Braselton

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

Amount of contribution (\$)

\$ 1,000⁰⁰

Contributor address;

5337 Younkstown

City; State; Zip Code

CC TX 78413

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/6/16

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

Charles Eskridge

7 Amount of contribution (\$)

\$ 300⁰⁰

6 Contributor address; City; State; Zip Code

14326 Aquarius CC TX 78418

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/16

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

Roy Moore

Amount of contribution (\$)

\$ 400⁰⁰

Contributor address; City; State; Zip Code

13810 Captains Row CC TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/8/16

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

Sam L Susser

Amount of contribution (\$)

\$ 1,000⁰⁰

Contributor address; City; State; Zip Code

800 N Shoreline Suite 2220 N CC TX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/16

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

Sam J Susser

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address; City; State; Zip Code

800 N Shoreline Suite 2220 N CC TX 78401

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/6/16

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

Southern Winn

7 Amount of contribution (\$)

\$ 250⁰⁰

6 Contributor address; City; State; Zip Code
19th Floor N tower 800 N Shoreline CC TX 78401

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/6/16

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

Tom Winn

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code
800 N Shoreline Blvd CC TX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/16

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

CA Winn

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code
800 N Shoreline CC TX 78401

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/16

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

Preston Douglass Jr.

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address; City; State; Zip Code
502 S PID CC TX 78405

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/16

5 Full name of contributor

Betsy Carrell

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

7 Amount of contribution (\$)

\$ 200⁰⁰

6 Contributor address;

City; State; Zip Code

CC TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/16

Full name of contributor

Henry Garrett

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

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City; State; Zip Code

6226 Garden Court CC TX 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

Full name of contributor

John Brockwell

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

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City; State; Zip Code

15002 Windward CC TX 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

Full name of contributor

Dr Muhamad Almoie

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

Amount of contribution (\$)

\$ 1,000⁰⁰

Contributor address;

City; State; Zip Code

PO Box 60113 CC TX 78466

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/1/16

5 Full name of contributor

David Strong

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

7 Amount of contribution (\$)

\$ 200⁰⁰

6 Contributor address;

4843 Ocean Dr

City; State; Zip Code

CC TX 78412

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/16

Full name of contributor

Hugo Berlanga

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

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address;

28 Hewit Dr

City; State; Zip Code

CC TX 78404

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

Full name of contributor

Mary Ann Charba

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

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

6650 Belvoir

City; State; Zip Code

CC TX 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2/16

Full name of contributor

Robert Cagle

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

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address;

6322 Grandvillais

City; State; Zip Code

CC TX 78414

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10-16
2 FILER NAME Jimmie D. Kaelin		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MaryAnn Sinclair	7 Amount of contribution (\$) \$ 100⁰⁰
6 Contributor address; City; State; Zip Code 3535 Santa Fe #17 CC TX 78411		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maricela Sanchez	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 7625 Lake Bolsena CC TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Chesney	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 242 Cape Aron Dr CC TX 78412-2672		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Braselton	Amount of contribution (\$) \$ 1,000⁰⁰
Contributor address; City; State; Zip Code 6910 Sin Pallesas CC TX 78413		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **11-16**

2 FILER NAME **Jimmie D. Kaelin**

3 Filer ID (Ethics Commission Filers)

4 Date **9/10/16**

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

6 Contributor address; City; State; Zip Code
4148 S Staples St. CC TX 78411

7 Amount of contribution (\$)
\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **9/29/16**

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

Contributor address; City; State; Zip Code
4645 Branscomb Dr CC TX 78411

Amount of contribution (\$)
\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9/27/16**

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

Contributor address; City; State; Zip Code
6767 Weber Rd CC TX 78413

Amount of contribution (\$)
\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **9/26/16**

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

Contributor address; City; State; Zip Code
8761 State Hwy 44 CC TX 78406

Amount of contribution (\$)
\$ 1,000.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **12-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/16

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

Randolph Door + Lighting

7 Amount of contribution (\$)

\$ 700.00

6 Contributor address; City; State; Zip Code

6767 Weber Rd CC TX 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/16

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

Nueces Co. Rep. Party

Amount of contribution (\$)

\$ 1,750.00

Contributor address; City; State; Zip Code

4639 Corona Dr. Ste 5 CC TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/16

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

Mervin Osborn

Amount of contribution (\$)

\$ 600.00

Contributor address; City; State; Zip Code

5731 Fm 666 Mathis TX 78368

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/16

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

Walter Deville

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

457 Sharon St CC TX 78412

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13-16

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/16

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

Robert Adler

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address; City; State; Zip Code

106 Rainbow Ln., P.P., TX 78414

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/16

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

Deanna Reyes

Amount of contribution (\$)

500.⁰⁰

Contributor address; City; State; Zip Code

PO Box 61200 C.C., TX 78466

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

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

Steve Forbs

Amount of contribution (\$)

1000.⁰⁰

Contributor address; City; State; Zip Code

PO Box 250 Alire, TX 78333

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

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

James Young

Amount of contribution (\$)

300.⁰⁰

Contributor address; City; State; Zip Code

103 Windcrest Ln. Rockport, TX 78382

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14-16
2 FILER NAME Dimmie D. Kaelin		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewsters	7 Amount of contribution (\$) 5094.44
6 Contributor address; City; State; Zip Code 1724 N. Tanchana, P.O. TX 78401		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15-16
2 FILER NAME Jimmie D. Kaelin		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Rucker	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address; City; State; Zip Code 401 Barracuda Pl CC TX 78411		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/5/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakinship Rogers	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code PO Box 751717 Houston TX 77275		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirta Blay	Amount of contribution (\$) \$ 150⁰⁰
Contributor address; City; State; Zip Code 4518 Lake Bistineau CC TX 78413		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Hicks	Amount of contribution (\$) \$ 1,000⁰⁰
Contributor address; City; State; Zip Code 5226 Greenbriar CC TX 78415		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **16-16**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/16

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

Corwell Hotel, LP

7 Amount of contribution (\$)

\$ 500⁰⁰

6 Contributor address; City; State; Zip Code
5549 Leopard St CC TX 78408

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/16

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

James Gold

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address; City; State; Zip Code
248 Circle Dr CC TX 78411

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

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

Shirley Mims

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code
3613 Brushwood Ln. CC TX 78415

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/16

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

Rachel Canales

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address; City; State; Zip Code
1374 Sandpiper Dr CC TX 78412-3818

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1-3 2 FILER NAME: Jimmie D. Kaelin 3 Filer ID (Ethics Commission Filers)

4 Date: 8/10/16 5 Payee name: Jose Martinez

6 Amount (\$): 500.00 7 Payee address; City; State; Zip Code: 1607 Morgan Ave C.O. TX 78405

8 PURPOSE OF EXPENDITURE: Contract Labor Signs

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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: 7/15/16 Payee name: Fraternal Order Police

Amount (\$): 60.00 Payee address; City; State; Zip Code: 3236 Reid Dr. #B C.O., TX 78404

PURPOSE OF EXPENDITURE: Fees

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: 8/22/16 Payee name: Lamar Outdoor Advertising

Amount (\$): 15,575.00 Payee address; City; State; Zip Code: PO Box 96030 Baton Rouge, LA 70896

PURPOSE OF EXPENDITURE: Advertising Expense

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2-3</i>	2 FILER NAME <i>Jimmie D. Kaelin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/14/16</i>	5 Payee name <i>John Gordon</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>901 Leopard St., C.C. TX 78401</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9/15/16</i>	Payee name <i>Embroid Me</i>	
Amount (\$) <i>675.00</i>	Payee address; City; State; Zip Code <i>4535 So. Padre Isl. Dr. C.C., TX 78411</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>9/20/16</i>	Payee name <i>Classic Printing</i>	
Amount (\$) <i>94.18</i>	Payee address; City; State; Zip Code <i>4639 Corona Dr. C.C. TX 78411</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3-3	2 FILER NAME Jimmie D. Kaelin	3 Filer ID (Ethics Commission Filers)
4 Date 9/29/16	5 Payee name Arrow Display Signs	
6 Amount (\$) 811.88	7 Payee address; City; State; Zip Code 1343 S. Staples, C.C. TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 10/03/16	Payee name Classic Printing	
Amount (\$) 107. ¹⁷	Payee address; City; State; Zip Code 4639 Corona Dr., C.C. TX 78411	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check 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: _____	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check 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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED