CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MR GIRMIE	M	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received FILED FOR RECORD AT 3:35 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; PO BOX 2703 Corpus Christi,	CITY; STATE; ZIP CODE	OCT 31 2016 KARASANDS CLERK COUNTY, TEXAS DEPUTY DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 215-6614	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST POPER	← Mi	Receipt # Amount \$ Date Processed
	NICKNAME LAST R 16	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 4205 Black R Corpus Christi	Dayon CT.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 767 - 765	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Nonth Day Year	THROUGH 10	Day Year 29 / 2016
11 ELECTION	Month Day Year Primar 11/08/16 General	Description	,
12 OFFICE	Sheriff	13 OFFICE SOUGHT (if known	- 0

2016-162

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jimm	ie 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			
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages	72			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 690.45			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ -0 -			
	4. TOTAL POLITICAL EXPENDITURES \$ 19.857.10			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0F REPORTING PERIOD \$57, 319. 31			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT	<u> </u>			
2			rjury, that the accompanying report is	
true and correct and includes all information required to be reported by me				
CYNTHIA LAURA MARTINEZ Notary Public, State of Texas				
My Commission Expires February 07, 2019				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Summer and wheelford he was broken and I was a Republican with 218th				
Sworn to and subscribed before me, by the said, this the, this the, this the, to certify which, witness my hand and seal of office.				
Cunthia Laura Martinez Conflue Louis Alastina Notari				
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	19 FILERNAME Ulmmie D. Kaelin 20 Filer ID (Ethics Con				
21	SUBTOTAL AMOUNT				
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 690.45	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	4. SCHEDULE E: LOANS			\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$19,857.10		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Pate 5 Payee name 6 Amount (\$) City; State; Zip Code 7 Payee address; 6002 SPID Corpus Chasti, TX (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name State; Zip Code Amount (\$) Payee address;

4268.1	CORPUS ChrisT		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. C Check if Austin, TX, officehold	NATIONAL CONTRACTOR OF THE TOTAL CONTRACTOR OF THE TOT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/19/16	Payee name KRIS - TV		
3610 a 30	Payee address; City; State; Zip Code 301 ArTesian Corpus Christi, TX	78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. C Check if Austin, TX, officehold	9499 <u>57</u> 227496 1 4500004799044800
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/E y Gift/Av	Expense deverage Expense vards/Memorials Expense Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The	Instruction Guide explair	ns how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	Vimmie	D. K	Sackin	3 Filer ID (Ethics Commission Filers)
4 Date 10-11-16	5 Payee name	Sams Clu	di		
6 Amount (\$) 546,00	7 Payee address;	city; State; Z +B33 S. Arpus Christ	ip Code Padre	Island D 78411	Sr.
8	(a) Category (See ca	tegories listed at the top of this s	chedule)	(b) Description	
PURPOSE	EVE	IT E XPER	se	Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	PRINT	ing Expense	se	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / O	fficeholder name		Office sought	Office held
Date	Payee name				-
10-27-16		Lucy R	ubio)	
Amount (\$)	Payee address;	City; State; Z		(
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100	Co	rpus Chri	isti;	TX 784	2(
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OF EXPENDITURE	Eve	n+Expen	se	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name		Office sought	Office held
Date Payee name					
10/28/16	- C	Padre Isl	and I	35. Asso.	PMB 313
Amount (\$)	Payee address;	The state of the s	ip Code		
200:00	000	493 SPI	DST	TE A. 78418	
	Category (See ca	tegories listed at the top of this s	chedule)	Description	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
PURPOSE	A *				outside of Texas, complete Schedule T
OF EXPENDITURE	Adve	Rtising &	CDONCO	Check if Austin	, TX, officeholder living expense
	11000	1211VI D	Lenze		
Complete ONLY if direct expenditure to benefit C/Oh		officeholder name		Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Printing Expense It Committee Legal Services Salaries/W	pense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)	
	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1: 3-3	2 FILER NAME Jimmie D. Ka	3 Filer ID (Ethics Commission Filers)	
4 Date 10-27-16	5 Payee name Rodre Island Bs. A	1550	
6 Amount (\$) 105.	7 Payee address; City; State; Zip Code 14493 SPID, Corpus Christ	Ste A PMB313 TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) 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	Payee name		
10-15-16	LULAC 4444	F	
Amount (\$) 00	Payee address; City; State; Zip Code POBOX 10307 CORPUS Christi, TX	78460-0307	
PURPOSE OF EXPENDITURE	Evenf Expense	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	Payee name	. 4	
10-17-16	LAMAR Outd	laur Advertising	
2,800,00	Payee address; City; State; Zip Code POBOX 96030 Baton Rouge, LA	70896	
PURPOSE OF EXPENDITURE	Advertising Expense	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			