

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr. Jimmie D.		
	NICKNAME	LAST	SUFFIX
	(Jim) Kaelin		
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 78423		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	215-6614	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MR Robert M.		
	NICKNAME	LAST	SUFFIX
	Rios		
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		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	767-7656	
9 REPORT TYPE	<input checked="" 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 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
	07/01/15		THROUGH
	Month	Day	Year
			12/31/15
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	03/01/16		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Sheriff		

OFFICE USE ONLY

Date Received
FILED FOR RECORD AT 1:39 M
JAN 15 2016
 KARA SANDS
 CLERK, COUNTY COURT, NUECES COUNTY, TEXAS
 BY Rebecca Alvarez DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

2016-026

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

GENERAL

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

\$.41

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18,800.00

EXPENDITURE
TOTALS

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

\$ / 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3006.00

CONTRIBUTION
BALANCE

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

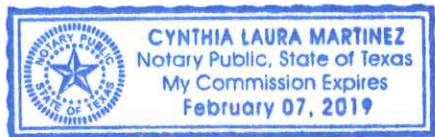
\$ 24,108.41

OUTSTANDING
LOAN TOTALS

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

\$ / 0

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Kaelin, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

Cynthia Laura Martinez
Signature of officer administering oath

Cynthia Laura Martinez
Printed name of officer administering oath

Notary
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1-2
2 FILER NAME Jimmie D. Kaelin		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Ramirez	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code 322 Santa Monica PL Corpus Christi, TX 78411		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Rivera	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code 621 Mohawk St. Corpus Christi, TX 78405		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statewide Wrecker Service	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code 5033 Ambassador Corpus Christi, TX 78416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teddy Williams	Amount of contribution (\$) 15,000.⁰⁰
Contributor address; City; State; Zip Code 114 Bird Song Boerne, TX 78006		
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: 2-2
2 FILER NAME Jimmie D. Kaelin		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Schroeder	7 Amount of contribution (\$) 2000.⁰⁰
6 Contributor address; City; State; Zip Code 15005 Tesoro Dr. Corpus Christi, TX 78418		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Adler	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code PO Box 5405 Corpus Christi, TX 78465		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Wimberly	Amount of contribution (\$) 200.⁰⁰
Contributor address; City; State; Zip Code 344 Palmetto St. Corpus Christi, TX 78412		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd Anderson	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 4509 Canyon Lake Corpus Christi, 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.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Jimmie D. Kaelin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/15</i>	5 Payee name <i>LULAC</i>	
6 Amount (\$) <i>1500.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 10807 Corpus Christi, TX 78460</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</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>12/31/15</i>	Payee name <i>FOP</i>	
Amount (\$) <i>120.00</i>	Payee address; City; State; Zip Code <i>3236 Reid Dr. Corpus Christi, TX 78404</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES (Dues)</i>	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 <i>12/16/15</i>	Payee name <i>USPO</i>	
Amount (\$) <i>136.00</i>	Payee address; City; State; Zip Code <i>802 N. Tanchhua Corpus Christi, TX 78401</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office</i>	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

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:	2 FILER NAME <i>Jimmie D. Kaelin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/15</i>	5 Payee name <i>Republican Party</i>	
6 Amount (\$) <i>1250.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>4639 Corona Dr. Corpus Christi, TX 78411</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</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	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED