


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: <div style="text-align: center; font-size: 24px;">16</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. Jimmie D NICKNAME LAST SUFFIX (Jim) Kaelin	OFFICE USE ONLY Date Received FILED FOR RECORD AT 11:20 AM JUL 15 2016 NARA SANDS CLERK, CLERK OF COURTS, NUECES COUNTY, TEXAS BY:  DEPUTY	
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 Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 215-6614	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. Robert M NICKNAME LAST SUFFIX Rios	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4205 Black Boyou Ct. Corpus Christi, TX 78410	Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 767-7656		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 16 THROUGH 06 / 30 / 16		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 16	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)	

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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	\$ 4,089. ⁴¹
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,293. ¹⁵
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,160. ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 40,730. ⁵⁶
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 July, 2016, to certify which, witness my hand and seal of office.

Cynthia Laura Martinez Cynthia Laura Martinez Notary

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

Jimmie D. Kaelin

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,382.56
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,160.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1-11

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/16

5 Full name of contributor

Christian Radaneata

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

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address;

City; State; Zip Code

4626 Marshall, C.C., TX 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/16

Full name of contributor

Ted Raub

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

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

4433 Congressional, C.C., TX 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/16

Full name of contributor

Charlie Zahn, Jr.

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

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code

2106 State Hwy 361, Port Aransas
78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/16

Full name of contributor

Rodney Vaughn

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

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City; State; Zip Code

6009 Rio Vista, C.C., 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: **2-11**

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/16

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

Alan R. Wilson

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address; City; State; Zip Code

445 Delaine, C.C. TX 78411

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/1/16

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

Jerri KolPack

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

5802 Ocean Dr., C.C. TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/16

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

Bobbie Harville

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

537 Evergreen, C.C. TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/16

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

Nueces County Republican Party

Amount of contribution (\$)

1,250.⁰⁰

Contributor address; City; State; Zip Code

4639 Corona Dr., C.C. TX 78411

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: 3-11

2 FILER NAME Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date 5/3/16 5 Full name of contributor out-of-state PAC (ID#: _____) Sid L. Smith

7 Amount of contribution (\$) 500.⁰⁰

6 Contributor address; City; State; Zip Code
PO Box 271014 C.C., TX 78427

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 5/6/16 Full name of contributor out-of-state PAC (ID#: _____) Daniel Clark

Amount of contribution (\$) 500.⁰⁰

Contributor address; City; State; Zip Code
PO Box 9295 C.C., TX 78469

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/9/16 Full name of contributor out-of-state PAC (ID#: _____) Randolph Door & Lighting

Amount of contribution (\$) 500.⁰⁰

Contributor address; City; State; Zip Code
6767 Weber Rd, C.C., TX 78413

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/4/16 Full name of contributor out-of-state PAC (ID#: _____) Amador Y. Duran

Amount of contribution (\$) 50.⁰⁰

Contributor address; City; State; Zip Code
3145 Crestwater Dr., C.C., 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: 4-11

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

5/5/16

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

Esther Patterson - Vela

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

3606 Castle Way Cir., C.C. TX 78410

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/6/16

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

Diana Almendarez

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

6526 Miranda Dr., C.C. TX 78414

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/16

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

Sid L. Smith

Amount of contribution (\$)

750.⁰⁰

Contributor address; City; State; Zip Code

PO Box 271014, C.C. TX 78427

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/16

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

Kathy Baker

Amount of contribution (\$)

2000.⁰⁰

Contributor address; City; State; Zip Code

12741 Leopard, C.C. TX 78410

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: 5-11

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

5/9/16

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

Woody's Truck Center

7 Amount of contribution (\$)

500⁰⁰

6 Contributor address; City; State; Zip Code

6550 Leopard, C.C. TX 78469

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/11/16

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

Gregg L. Silverman

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

4767 Ocean Dr. C.C. TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/16

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

R.B. Langham

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

PO Box 2703, C.C. TX 78403

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/16

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

Brewsters (cash)

Amount of contribution (\$)

4,089.⁴¹

Contributor address; City; State; Zip Code

1724 N. Tancanna, C.C. 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: 6-11

2 FILER NAME Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date 5/10/16 5 Full name of contributor out-of-state PAC (ID#: _____) Dan Strefel

7 Amount of contribution (\$) 1000.⁰⁰

6 Contributor address; City; State; Zip Code
PO Box 5566, C.P., TX 78465

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 5/9/16 Full name of contributor out-of-state PAC (ID#: _____) Billy D. Deel

Amount of contribution (\$) 250.⁰⁰

Contributor address; City; State; Zip Code

1926 Merriman Ave, C.P., TX 78412

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/10/16 Full name of contributor out-of-state PAC (ID#: _____) Gary Schroeder

Amount of contribution (\$) 1000.⁰⁰

Contributor address; City; State; Zip Code

15005 Tesoro Dr. C.P., TX, 78418

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/10/16 Full name of contributor out-of-state PAC (ID#: _____) Kathy Baker

Amount of contribution (\$) 500.⁰⁰

Contributor address; City; State; Zip Code

12741 Leopard St., C.P., TX 78410

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: 7-11

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/16

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

Ed Bacak

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address; City; State; Zip Code

7438 Lake Maggokie, C.C. TX 78413

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/11/16

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

Steve Park

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

5/11/16

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

Maricela Gonzales

Amount of contribution (\$)

20.⁰⁰

Contributor address; City; State; Zip Code

305 Wildbend C.C. TX 77979

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/16

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

Jon L. Prince

Amount of contribution (\$)

500.⁰⁰

Contributor address; City; State; Zip Code

PO Box 104, Chapman Ranch, TX 78347

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: 8-11

2 FILER NAME Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date 5/11/16 5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

5/11/16

Daniella Mic
6 Contributor address; City; State; Zip Code
1702 Cantera Trl C.C. TX 78418

500.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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

Amount of contribution (\$)

5/10/16

Katrina Lee Haley
Contributor address; City; State; Zip Code
3457 Monterey St. C.C. TX 78411

20.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$)

5/6/16

Sid Riddlehuber
Contributor address; City; State; Zip Code
4025 Castle Ridge Dr. C.C. TX 78410

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Amount of contribution (\$)

5/11/16

Bobby C. Harraid, Jr.
Contributor address; City; State; Zip Code
724 Enchanted Harbor, C.C. TX 78402

50.⁰⁰

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: 9-11

2 FILER NAME

Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/16

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

Teddy Williams

7 Amount of contribution (\$)

2000⁰⁰

6 Contributor address; City; State; Zip Code

114 Bird Song, C.C. TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/15/16

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

Sue B. Gray

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

3741 Castle River, C.C. TX 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/16

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

Shelley J. McCants

Amount of contribution (\$)

2600⁰⁰

Contributor address; City; State; Zip Code

4213 Big Cypress Bay, C.C. TX 78410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/16

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

Richard C. Brewett

Amount of contribution (\$)

150.⁰⁰

Contributor address; City; State; Zip Code

PO Box 18437, C.C. TX 78480

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: 10-11

2 FILER NAME Jimmie D. Kaelin

3 Filer ID (Ethics Commission Filers)

4 Date 5/12/16
 5 Full name of contributor out-of-state PAC (ID#: _____)
Juan M. Escobar
 6 Contributor address; City; State; Zip Code
5606 Esccondido C.C. TX 78417

7 Amount of contribution (\$)
150.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 5/9/16
 Full name of contributor out-of-state PAC (ID#: _____)
AAA Surety
 Contributor address; City; State; Zip Code
203 N. Moody St Victoria, TX 78901

Amount of contribution (\$)
500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/23/16
 Full name of contributor out-of-state PAC (ID#: _____)
Morris L. Shuford
 Contributor address; City; State; Zip Code
7542 Briesesco, C.C. TX 78414

Amount of contribution (\$)
100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/11/16
 Full name of contributor out-of-state PAC (ID#: _____)
Bobby E. Harraid, Jr.
 Contributor address; City; State; Zip Code
724 Enchanted Harbor Dr. C.C. TX 78402

Amount of contribution (\$)
103.⁰⁰

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: <u>11-11</u>
2 FILER NAME <u>Jimmie D. Kaelin</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/15/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Faye Nan Haggerty</u> 6 Contributor address; City; State; Zip Code <u>6202 Hidden Cove, C.C. TX 78412</u>	7 Amount of contribution (\$) <u>50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/4/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steven D. Holliday</u> Contributor address; City; State; Zip Code <u>41 Lake Shore Dr., C.C., TX 78413</u>	Amount of contribution (\$) <u>250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/12/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bertha Villagomez</u> Contributor address; City; State; Zip Code <u>5029 Bromley Dr., C.C. TX 78413</u>	Amount of contribution (\$) <u>500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>5/12/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roland Hicks</u> Contributor address; City; State; Zip Code <u>PO Box 71331, C.C. TX 78467</u>	Amount of contribution (\$) <u>500.00</u>
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: 1-2	2 FILER NAME Jimmie D. Kaelin	3 Filer ID (Ethics Commission Filers)
4 Date 5-11-16	5 Payee name Steve Park	
6 Amount (\$) 5000. ⁰⁰	7 Payee address; City; State; Zip Code 1005 Luxor Dr. C.C. TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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
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Date 6-1-16	Payee name Steve Ray		
Amount (\$) 5000. ⁰⁰	Payee address; City; State; Zip Code 2816 N. 19th St Waco, TX 76708		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check 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
--	-------------------------------	---------------	-------------

Date 6-30-16	Payee name South Side Rotary		
Amount (\$) 100. ⁰⁰	Payee address; City; State; Zip Code 6300 Everhart Rd., C.C. TX 78413		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

