

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:30%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Jimmie</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">(Jim) Kaelin</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr. Jimmie	D	NICKNAME	LAST	SUFFIX		(Jim) Kaelin		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="text-align: center; margin: 5px 0;">FILED FOR RECORD AT 2:28 PM</p> <p style="text-align: center; margin: 5px 0;">JAN 15 2019</p> <p style="font-size: x-small; margin: 5px 0;">KARA SANDS CLERK, COUNTY CLERK, NUECES COUNTY, TEXAS</p> <p style="font-size: x-small; margin: 5px 0;">BY: DEPUTY</p> <p style="font-size: small; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width:50%; font-size: x-small;">Receipt #</td> <td style="width:50%; font-size: x-small;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">P.O. Box 2703 Corpus Christi, TX 78403</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 2703 Corpus Christi, TX 78403												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td style="font-size: x-small;">THROUGH</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">1</td> <td style="text-align: center;">18</td> <td></td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">18</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	1	18		12	31	18				
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12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known)																			

GO TO PAGE 2

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>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>— 0 —</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,365.96</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>31,855.35</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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jimmie Dale Kaelin, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Maria Hutchason
Printed name of officer administering oath

Notary
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 type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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>5,365.⁹⁶</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	\$