

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: Dimmie MI: D. NICKNAME: (Jim) LAST: Kaelin SUFFIX:	OFFICE USE ONLY Date Received <div style="border: 1px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold;">FILED FOR RECORD AT 12:45 PM</div> <div style="text-align: center; color: red; font-weight: bold;">JAN 12 2015</div> Date Hand-delivered or Postmarked <div style="border: 1px solid blue; padding: 2px;"> GIANA T. BARRERA <small>Clerk, County Court, Nueces County, Texas</small> Receipt # _____ Amount _____ Deputy </div> Date Processed: Deirdre Date Imaged: Sumken	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: PO Box 2703 APT / SUITE #: _____ CITY: Corpus Christi, TX STATE: _____ ZIP CODE: 78403		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 215-6614 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Robert MI: M. NICKNAME: _____ LAST: Ries, Jr. SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 4205 Black Bayou Ct APT / SUITE #: _____ CITY: Corpus Christi, TX STATE: _____ ZIP CODE: 78410		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 767-7656 EXTENSION: _____		
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 THROUGH Month Day Year 7 / 01 / 14 12 / 31 / 14		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Jimmie D. Kaelin **15 ACCOUNT # (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.

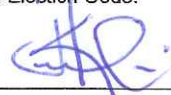
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 300.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,539.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT

CYNTHIA L. MARTINEZ
Notary Public, State of Texas
My Commission Expires
February 07, 2015

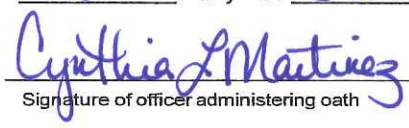
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Kaelin, this the 12th day of January, 20 15, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Cynthia L. Martinez

 Printed name of officer administering oath

Notary

 Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>1</u>	2 FILER NAME <u>Jimmie D. Kaelin</u>	3 ACCOUNT # (Ethics Commission Filers)					
4 Date <u>8-13-14</u>	5 Payee name <u>Ann Lorenzen</u>						
6 Amount (\$) <u>150.⁰⁰</u>	7 Payee address; City; State; Zip Code <u>901 Leopard Corpus Christi, TX 78401</u>						
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Campaign Contribution</u>	(b) Description (If travel outside of Texas, complete Schedule T)					
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	_____	
Candidate / Officeholder name	Office sought	Office held					

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date <u>11-3-14</u>	Payee name <u>Johnny Contreras</u>						
Amount (\$) <u>50.⁰⁰</u>	Payee address; City; State; Zip Code <u>304 N. Staples Corpus Christi, TX 78401</u>						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Gift</u>	Description (If travel outside of Texas, complete Schedule T) <u>Non Profit boys/girls gym</u>					
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	_____	
Candidate / Officeholder name	Office sought	Office held					

Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date <u>12/31/14</u>	Payee name <u>FOP</u>						
Amount (\$) <u>100.⁰⁰</u>	Payee address; City; State; Zip Code <u>3236 Reid DR Corpus Christi, TX 78404</u>						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Other</u>	Description (If travel outside of Texas, complete Schedule T) <u>Police Fraternal Dues</u>					
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held	_____	
Candidate / Officeholder name	Office sought	Office held					

Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)					
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Candidate / Officeholder name	Office sought	Office held					

Complete <u>ONLY</u> if direct expenditure to benefit C/OH							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED