

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Ken L. Wilkerson

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.

GENERAL
 SPECIFIC

COMMITTEE TYPE: GENERAL

COMMITTEE NAME: *Bell County Texas Democratic Women*

COMMITTEE ADDRESS: *P.O. Box 1426
Belton, TX 76513*

COMMITTEE CAMPAIGN TREASURER NAME: *Sandra Blankenship*

COMMITTEE CAMPAIGN TREASURER ADDRESS: *P.O. Box 1426
Belton, TX 76513*

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>376^{3576.40}</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3470.90</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3,181.95</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2410.30</i>

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

TANYA MARIE PEREZ
Notary Public, State of Texas
Comm. Expires 07-23-2023
Notary ID 126190815

Sworn to and subscribed before me, by the said Ken Wilkerson, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Tanya M Perez 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3576.40
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	\$ 3470.90
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 13**

2 FILER NAME
Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date
7/29/2020

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1705 Mona Drive Killeen, Texas 76549

50.00

8 Principal occupation / Job title (See Instructions)
NA

9 Employer (See Instructions)
NA

Date
7/29/2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1400 Rivery Blvd Killeen Texas 78628

10.00

Principal occupation / Job title (See Instructions)
Soldier

Employer (See Instructions)

Date
7/31/2020

Full name of contributor out-of-state PAC (ID#: _____)
Sylvania Wilkerson Sr.

Amount of contribution (\$)

Contributor address; City; State; Zip Code
109 Mimosa Park Dr. Goldsboro, North Carolina 27534

500.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
7/31/2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
815 Dixon Drive Irving Texas 75061

25.00

Principal occupation / Job title (See Instructions)
Sr Lock Desk and Tech Coordinator

Employer (See Instructions)
CU Members Mortgage

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 of 13

2 FILER NAME
Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date
8/5/2020

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1404 Granex Drive Killeen Texas 76542

100.00

8 Principal occupation / Job title (See Instructions)
Military

9 Employer (See Instructions)
US Army

Date
8/13/2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
9212 Silver Springs Court Temple TX 76502

\$100.00

Principal occupation / Job title (See Instructions)
Retired Military Officer

Employer (See Instructions)
US Army

Date
8/13/2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
8208 Steppington Drive Killeen Texas 76542

10.00

Principal occupation / Job title (See Instructions)
Network Engineer

Employer (See Instructions)
US Government

Date
8/13/2020

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1135 Fawn Lily Drive Temple, Texas 76502

250.00

Principal occupation / Job title (See Instructions)
Government

Employer (See Instructions)
VA

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 of 13
2 FILER NAME Ken L. Wilkerson		3 Filer ID (Ethics Commission Filers)
4 Date 8/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrance King 6 Contributor address; City; State; Zip Code 4607 Prewitt Ranch Rd Killeen Texas 76549	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Director of Business Development		9 Employer (See Instructions) Tech Data Corporation
Date 8/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Devera-Waden Contributor address; City; State; Zip Code 7122 Ardennes Loop Fort Hood Texas 76544	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Na
Date 8/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Gilchrist Contributor address; City; State; Zip Code 4901 Fluorite Ct Killeen Texas 76542	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Senior Pastor		Employer (See Instructions) Liberty Christian Center
Date 8/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langston Washington Contributor address; City; State; Zip Code 2706 Ancestor Drive Killeen Texas 76549	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Army
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 of 13
2 FILER NAME Ken L. Wilkerson		3 Filer ID (Ethics Commission Filers)
4 Date 8/13/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurice Lewis	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3506 Republic of Texas Killeen TX 76549		
8 Principal occupation / Job title (See Instructions) Future Ops Planner		9 Employer (See Instructions) DoD
Date 8/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Harrison	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1423 Loblolly Dr Harcker Heights TX 76549		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelvin Douglas	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2603 Legacy Ln Killeen TX 76549		
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Army
Date 8/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hucker Jr	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2108 Coldwater Bridge Ln League City TX 77573		
Principal occupation / Job title (See Instructions) Service Supply Chain Mngr		Employer (See Instructions) Grundfos Pumps
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 13

2 FILER NAME

Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date

8/4/20

5 Full name of contributor

Frederick Corbin

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

7 Amount of contribution (\$)

50.00

6 Contributor address:

City:

State:

Zip Code

2202 Wicking Trail Harter Heights TX 70548

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/4/20

Full name of contributor

Ayayi Eneli

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

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

4203 EIF Trail Belton TX 76513

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Kaneli Int Inc

Date

8/14/20

Full name of contributor

Ayayi Eneli

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

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

4203 EIF Trail Belton TX 76513

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Kaneli Int Inc

Date

8/14/20

Full name of contributor

Pete Fedrick

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

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

312 Junge King Dr Jarrell TX 76537

Principal occupation / Job title (See Instructions)

Tech

Employer (See Instructions)

VA

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:

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2 FILER NAME

Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date

8/14/20

5 Full name of contributor

Anthony Browner

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

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

460 Honey Suckle Dr Killeen TX 76549

8 Principal occupation / Job title (See Instructions)

Contract Spec

9 Employer (See Instructions)

DVA

Date

8/14/20

Full name of contributor

Tony Hampton

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

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3003 Natural Ln Killeen TX 76549

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Date

8/14/20

Full name of contributor

Andrew Douglas

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

Amount of contribution (\$)

47.20

Contributor address;

City;

State;

Zip Code

1135W 74th St Lawton OK 73505

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Date

8/15/20

Full name of contributor

Tiara Campbell

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

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

3512 Rusack Dr Killeen TX 76542

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Chiefs Sports Grill

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 of 13

2 FILER NAME

Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date

8/18/20

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

Philemon Brown

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

111 Eastlunning Way Tr Harter Heights TX 76548

25.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

NA

Date

8/18/20

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

Thomas Gilliam

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4825 Davis Ln 1014 Austin TX 78749

25.00

Principal occupation / Job title (See Instructions)

Project Mngr

Employer (See Instructions)

Bumper Active

Date

8/26/20

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

Alicia Wilkerson

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1009 Rock St Durham NC 27707

25.00

Principal occupation / Job title (See Instructions)

Clinical Research Coord

Employer (See Instructions)

Duke University

Date

8/31/20

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

Camille Howard

Amount of contribution (\$)

Contributor address; City; State; Zip Code

P.O. Box 10563 Killeen TX 76547

50.00

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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 of 13

2 FILER NAME

Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/20

5 Full name of contributor

Brenda Peters

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

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

3513 Bamboo Ln Killeen TX 76549

8 Principal occupation / Job title (See Instructions)

Supr

9 Employer (See Instructions)

DFAS

Date

9/10/20

Full name of contributor

Shellie Hayes McMahon

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

816 Bogart Cedar Pk TX 78613

Principal occupation / Job title (See Instructions)

Operations

Employer (See Instructions)

Annie's list

Date

9/10/20

Full name of contributor

Jordan Villarroel

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

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code

4 Par Ct Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Field Director

Employer (See Instructions)

Angela Brewer for Texas

Date

9/10/20

Full name of contributor

Michael Methail

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

815 Dixon Dr Irving TX 75061

Principal occupation / Job title (See Instructions)

Lock Desk Analyst

Employer (See Instructions)

OnQ Financial

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 of 13

2 FILER NAME

Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date

9/12/20

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

Angela Brown

6 Contributor address; City; State; Zip Code

1908 Kingwood Dr Killeen TX 76543

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

NA

Date

9/13/20

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

Shane Devera-Waden

Contributor address; City; State; Zip Code

7122 Ardennes Ln Fort Hood TX 76544

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Date

9/18/20

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

Denora Griffen

Contributor address; City; State; Zip Code

4606 Hondo Dr Killeen TX 76549

Amount of contribution (\$)

15.00

Principal occupation / Job title (See Instructions)

Mgmt

Employer (See Instructions)

Walmart

Date

9/15/20

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

Thomas Campbell

Contributor address; City; State; Zip Code

6104 Drystone Ln Killeen TX 76542

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

IT

Employer (See Instructions)

Texas Commission Environmental Qa

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 of 13

2 FILER NAME
Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date
9/16/20

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

6 Contributor address; City; State; Zip Code
2113 Madison Ct Belton TX 76513

7 Amount of contribution (\$)
25.00

8 Principal occupation / Job title (See Instructions)
RN

9 Employer (See Instructions)
Seton Medical Ctr

Date
9/17/20

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

Contributor address; City; State; Zip Code
*2450 Wickersham Ln Austin TX 78741
Apt 1201*

Amount of contribution (\$)
25.00

Principal occupation / Job title (See Instructions)
Comm Dir

Employer (See Instructions)
Siegel of Texas

Date
9/17/20

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

Contributor address; City; State; Zip Code
1135 Fawn Lily Temple TX 76502

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)
Ratings Rep

Employer (See Instructions)
DVA

Date
9/18/20

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

Contributor address; City; State; Zip Code
*3503 Speedway Austin TX 78705
Apt 217*

Amount of contribution (\$)
9.20

Principal occupation / Job title (See Instructions)
Court Clerk

Employer (See Instructions)
Travis County

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:

11 of 13

2 FILER NAME

Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/20

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

Thomas William

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

4825 Davis Ln 1014 Austin TX 78749

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

9/21/20

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

Jacqueline Smith

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

3703 Doffy Dr Killeen TX 76549

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Date

9/22/20

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

Laura Allen

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2008 Rose Circle Harker Heights TX 76548

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

NA

Date

9/24/20

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

James Lee

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2020 Hyldy St Houston TX ~~76054~~ 77019
Apt 11

Principal occupation / Job title (See Instructions)

PA

Employer (See Instructions)

Legacy Community Health

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:

12 of 13

2 FILER NAME

Ken L. Wilkerson

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/20

5 Full name of contributor

Alicia Wilkerson

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

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

1009 Rock Street Durham NC 27707

8 Principal occupation / Job title (See Instructions)

Clinical Coordinator

9 Employer (See Instructions)

Duke University

Date

9/27/20

Full name of contributor

Cerone White

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

Amount of contribution (\$)

5.00

Contributor address; City; State; Zip Code

3900 SW 52nd Ave Hollywood FL 76541

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

College

Date

9/30/20

Full name of contributor

Margaret Walsh

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

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

17531 Klamath Falls Dr Round Rock TX 78681

Principal occupation / Job title (See Instructions)

bid manager

Employer (See Instructions)

pro unlimited

Date

10/5/20

Full name of contributor

Scedric Moss

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

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2615 Indian Forest San Antonio TX 78244

Principal occupation / Job title (See Instructions)

Human Resources

Employer (See Instructions)

US Army

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:
13 of 13

2 FILER NAME *Ken L. Wilkerson*

3 Filer ID (Ethics Commission Filers)

4 Date
8/29/20

5 Full name of contributor out-of-state PAC (ID#: _____)
Felicia L. Pine

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
5226 Murray Hill Rd Charlotte NC 28210

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

~~*Clarence Heim*~~

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 (\$)

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 (\$)

Contributor address; City; State; Zip Code

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 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: <i>1 of 7</i>	2 FILER NAME <i>Ken L. Wilkerson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/16/20</i>	5 Payee name <i>Voices United Publication of Killeen</i>	
6 Amount (\$) <i>450.00</i>	7 Payee address: City: State: Zip Code <i>4304 Capri Dr Killeen TX 76549</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Add in August Ed.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Ken Wilkerson Killeen City Council</i>	
Date <i>8/10/20</i>	Payee name <i>Ohana Inc.</i>	
Amount (\$) <i>2,250.90</i>	Payee address: City: State: Zip Code <i>2706 W. Stan Schueter Lp Killeen TX 76549</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Road Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Ken L. Wilkerson Killeen City Council</i>	
Date <i>9/28/20</i>	Payee name <i>Jordan Bailey Media</i>	
Amount (\$) <i>700.00</i>	Payee address: City: State: Zip Code <i>Unable to attain</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Video</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <i>Ken L. Wilkerson Killeen City Council</i>	

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 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: <i>2 of 2</i>	2 FILER NAME <i>Ken L. Wilkerson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/15/20</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>70.00</i>	7 Payee address; City; State; Zip Code <i>Menlo Park California</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Paid Posts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Ken L. Wilkerson</i>	Office sought <i>Killeen City Council</i>
Date	Payee name	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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