

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Jim</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Kilpatrick</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; margin-top: 10px;">4/4/2019</div> <div style="font-size: 1.5em; margin-top: 10px;">Ch. Aldrich</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">904 Turtle Bend Dr, Killeen TX 76542</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(254) 289-1008</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Myrna</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Banzon</div>	Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">2706 Casey Drive, Killeen TX 76543</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(254) 681-7361</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 - FRI)		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em; text-align: center;">01 / 16 / 2019 THROUGH 04 / 04 / 2019</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">05 / 04 / 2019</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <div style="font-size: 1.2em; text-align: center;">Killeen City Council</div>	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em; text-align: center;">Killeen City Council D3</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em; text-align: center;">Killeen City Council D3</div>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Jim Kilpatrick**

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

GENERAL

SPECIFIC

COMMITTEE NAME

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 \$ 2,500.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,625.00

EXPENDITURE
TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 2,042.08

CONTRIBUTION
BALANCE

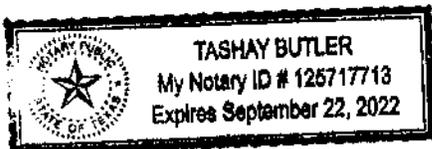
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4,256.42

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jim Kilpatrick, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Tashay Butler
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:

2 FILER NAME

Jim Kilpatrick

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/19

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

Dan Corbin

7 Amount of contribution (\$)

\$500

6 Contributor address; City; State; Zip Code

603 N 8th St, Killeen TX 76541

8 Principal occupation / Job title (See Instructions)

Attorney-At-Law

9 Employer (See Instructions)

Self

Date

3/20/19

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

Dan Corbin

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

603 N 8th St, Killeen TX 76541

Principal occupation / Job title (See Instructions)

Attorney-At-Law

Employer (See Instructions)

Self

Date

1/22/19

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

Robert Xavier Careless

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

906 Turtle Bend Dr, Killeen TX 76542

Principal occupation / Job title (See Instructions)

Retiree

Employer (See Instructions)

Date

3/24/19

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

Mark Sheppard

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

2616 White Moon Dr Harker Heights TX 76548

Principal occupation / Job title (See Instructions)

Retiree

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**

2 FILER NAME

Jim Kilpatrick

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/19

5 Full name of contributor

Gregory D Frank

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

7 Amount of contribution (\$)

\$75

6 Contributor address; City; State; Zip Code

2803 Reed Ln, Killeen TX 76542

8 Principal occupation / Job title (See Instructions)

Military

9 Employer (See Instructions)

Date

3/23/19

Full name of contributor

Robert Scurzi

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

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

5833 Green Forest Cir, Killeen TX 76543

Principal occupation / Job title (See Instructions)

Retiree

Employer (See Instructions)

Date

3/24/19

Full name of contributor

Jim Wright

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

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

1605 Wildridge, Harker Heights TX 76548

Principal occupation / Job title (See Instructions)

Real Estate Broker

Employer (See Instructions)

Self

Date

3/24/19

Full name of contributor

Otis Evans

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

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

705 Pondview Dr, Killeen TX 76542

Principal occupation / Job title (See Instructions)

Retiree

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
2 FILER NAME Jim Kilpatrick		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Cospers 6 Contributor address; City; State; Zip Code 1401 W Stan Schueter Lp, Killeen TX 76542	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions) Military		9 Employer (See Instructions)
Date 3/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Cospers Contributor address; City; State; Zip Code 2110 Southport Dr, Killeen TX 76542	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self
Date 3/19/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Whitis Contributor address; City; State; Zip Code 3000 Illinois Ave, Ste 100, Killeen TX 76543	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self
Date 3/15/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Cloud Contributor address; City; State; Zip Code 1703 S WS Young Dr, Killeen TX 76541	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Jim Kilpatrick		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$2161.84	
5 Date 4/3/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killeen Fire Department	8 Amount of Contribution \$ \$2161.84	9 In-kind contribution description 4x8 Political Signs KCCC Meet and Greet Jason's Deli Food KDH Newspaper Ads
7 Contributor address; City; State; Zip Code Killeen TX 76541		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Jim Kilpatrick		3 Filer ID (Ethics Commission Filers)	
4 Date 3/13/19		5 Payee name Killeen Daily Herald			
6 Amount (\$) \$1221		7 Payee address; City; State; Zip Code P O Box 1309, Killeen TX 76540			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Meet and Greet 4th Page Ad Flyers Ad Campaign #1 Increase Youth Activities/Events As Campaign #2 Increase Youth Activities/Events		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Jim Kilpatrick		Office sought Killeen City Council D3	
Date 4/3/19		Payee name Killeen Daily Herald			
Amount (\$) \$101.25		Payee address; City; State; Zip Code P O Box 1309, Killeen TX 76540			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Ad Campaign-Economic Development and Growth		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 Jim Kilpatrick		Office sought Killeen City Council D3	
Date 3/13/19		Payee name Plan A Signs			
Amount (\$) \$650		Payee address; City; State; Zip Code 2916 S Fort Hood St, Killeen TX 76542			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Political Signs		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 Jim Kilpatrick		Office sought Killeen City Council D3	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Jim Kilpatrick	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/19	5 Payee name The USPS Store	
6 Amount (\$) \$21.65	7 Payee address; City; State; Zip Code 1033 S Fort Hood St, Ste 200, Killeen TX 76541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Copies of Bio	(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 Jim Kilpatrick	Office sought Killeen City Council D3
		Office held Killeen City Council D3
Date 3/11/19	Payee name Lowe's	
Amount (\$) \$11.84	Payee address; City; State; Zip Code 2801 S WS Young Dr, Killeen TX 76542	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Woodstakes, Screws and Washers	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 Jim Kilpatrick	Office sought Killeen City Council D3
		Office held Killeen City Council D3
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 <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jim Kilpatrick	3 Filer ID (Ethics Commission Filers)
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4 Date 3/9/19	5 Payee name Go Daddy
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6 Amount (\$) \$36.34	7 Payee address; City; State; Zip Code Godaddy.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) website	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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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