

# 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: right; font-size: 1.2em;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Jim</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Kilpatrick</div>	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 1.5em; font-family: cursive;">4/26/2019</div> <div style="font-size: 1.5em; font-family: cursive;">H. 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>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION ( 254 )      289-1008	Receipt #      Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Myrna</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Banzon</div>	Date Processed	
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 ( 254 )      681-7361		
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 type="checkbox"/> July 15 <input checked="" 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 04 / 05 / 2019      THROUGH      04 / 24 / 2019		
11 ELECTION	ELECTION DATE Month    Day    Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>Killeen City Council</b>	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Killeen City Council D3</div>	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">Killeen City Council D3</div>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

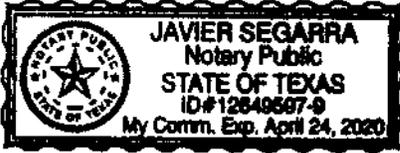
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <b>Jim Kilpatrick</b>	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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	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	\$ n/a
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ n/a
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,119.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,386.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ n/a

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Jimmy Kilpatrick, this the 26<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Javier Segarra  
Printed name of officer administering oath

Abstractor  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME  
**Jim Kilpatrick**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/10/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**William Kliewer**

7 Amount of contribution (\$)  
**\$250.00**

6 Contributor address; City; State; Zip Code  
**P O Box 996, Killeen TX 76540**

8 Principal occupation / Job title (See Instructions)  
**Insurance/Investment Broker**

9 Employer (See Instructions)  
**Self-Employed**

Date

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

Amount of contribution (\$)

n/a

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 (\$)

n/a

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 (\$)

n/a

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 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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jim Kilpatrick	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/10/19	<b>5</b> Payee name Killeen Daily Herald	
<b>6</b> Amount (\$) \$101.25	<b>7</b> Payee address; City; State; Zip Code P O Box 1309, Killeen TX 76540	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Ad Campaign #4 - Increase Citizen Involvement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 4/14/19	Payee name Killeen Daily Herald	
Amount (\$) \$509.25	Payee address; City; State; Zip Code P O Box 1309, Killeen TX 76540	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad Campaign #4 - Increase Citizen Involvement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 4/21/19	Payee name Killeen Daily Herald	
Amount (\$) \$509.25	Payee address; City; State; Zip Code P O Box 1309, Killeen TX 76540	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Ad Campaign #4 - Increase Citizen Involvement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
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