

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** WARREN D. KETTEMAN **16 ACCOUNT # (Ethics Commission Filers)**

**17 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"/> additional pages	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 223 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 772 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 995 <sup>00</sup>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**19 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.



**JANET SHULL**  
MY COMMISSION EXPIRES  
February 9, 2012

*Warren Kettelman*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Warren Kettelman, this the 6th day of April, 2009, to certify which, witness my hand and seal of office.

*Janet Shull*  
Signature of officer administering oath

Janet Shull  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME *WARREN D. KETTEMAN* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3/30/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAREN A. COOPER</i>	7 Amount of contribution (\$) <i>100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>204 DEWBERRY BUDD, TX 78610</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>3/29/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHARON BRADY MOORE</i>	Amount of contribution (\$) <i>50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2900 CARDINAL DR. MANCHACA, TX 78652</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>3/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHRIS HARKRIDER</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>836 W. BARTLETT DR. BUDD, TX 78610</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>3/24/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BERT PENCE</i>	Amount of contribution (\$) <i>250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>708 RIO GRANDE AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>3/13/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD W. SCHNEIDER</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable) <i>22<sup>00</sup> PO BOX FEE</i>
Contributor address; City; State; Zip Code <i>122 TAYLOR SPRINGS BUDD, TX 78610</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

# 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 files) **2** Total pages filed:

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX	

WARREN D  
KETTEDAN

<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received
	160 MADISON COVE BUDA TX 78610	Date Hand-delivered or Date Postmarked

<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
	(512) 295 3705		

<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX	

RICHARD W.  
SCHNEIDER

<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	122 THYME SPRINGS BUDA TX 78610

<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(512) 914-8346

**9** REPORT TYPE

January 15   
 30th day before election   
 Runoff   
 15th day after campaign treasurer appointment (officeholder only).  
 July 15   
 8th day before election   
 Exceeded \$500 limit   
 Final report (Attach C/OH - FR)

<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	03 / 06 / 2009		03 / 30 / 2009

<b>11</b> ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year 05 / 09 / 2009	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)
		CITY COUNCIL MEMBER

**14** NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

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