

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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>MR</u> FIRST <u>Henry</u> MI <u>L.</u> NICKNAME <u>Hank</u> LAST <u>Whitman Jr.</u> SUFFIX <u>Jr.</u> | | OFFICE USE ONLY FILED Date Received <u>23</u> day of <u>Feb</u> 20 <u>22</u> at <u>1:00</u> o'clock <u>P</u> M EVA S MARTINEZ County Clerk Wilson County Texas By <u>Heather C. Dedeaux</u> Deputy Date Hand-delivered or Date Postmarked |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>10537 FM-775 Floresville TX 78114</u> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(210) 355-0888</u> | | Receipt # Amount \$ Date Processed Date Imaged |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <u>MR</u> FIRST <u>Tim</u> MI <u>Burdette</u> NICKNAME LAST SUFFIX | | Date Received Date Hand-delivered or Date Postmarked |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>221 Heritage View Drive, Adams, TX 78101</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(210) 253-0183</u> | | |
| 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <u>01 / 27 / 2022</u> THROUGH <u>02 / 22 / 2022</u> | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>02 / 01 / 22</u> <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>County Judge</u> | |
| 14 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. | | |
| COMMITTEE TYPE | | COMMITTEE NAME | |
| <input type="checkbox"/> GENERAL | | COMMITTEE ADDRESS | |
| <input type="checkbox"/> SPECIFIC | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

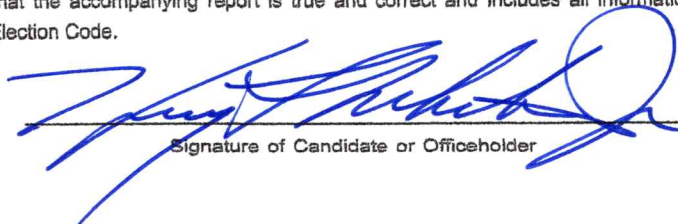
FORM C/OH
COVER SHEET PG 2

5 C/OH NAME

16 Filer ID (Ethics Commission Filers)

| | | |
|-------------------------|---|-------------|
| 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) | \$ 3,765 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,623.38 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

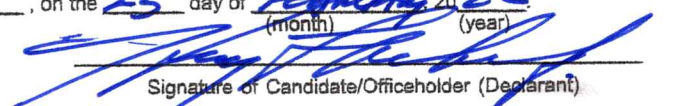
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Henry L. Whitman Jr., and my date of birth is 01-30-1956.
My address is 10537 FM 775 Flowersville TX 78114 USA.
(street) (city) (state) (zip code) (country)
Executed in Wilson County, State of Texas, on the 23 day of February 2022.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Henry L. Whitham Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|-----------------|
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>3,765</i> |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 of 3 |
| 2 FILER NAME Henny L. Whitman Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-30-22 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tony Linenez 78114 | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 1016 Peach ST. Floresville, TX 78114 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1-30-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dorothy Whitman Contributor address; City; State; Zip Code 10537 FM-775 Floresville, TX 78114 | Amount of contribution (\$) \$ 40.00 |
| Principal occupation / Job title (See Instructions) RETIRED - EDUCATION | | Employer (See Instructions) |
| Date 1-30-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rebecca King Contributor address; City; State; Zip Code 932 CA 224 Floresville, TX 78114 | Amount of contribution (\$) \$ 170.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-30-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Monreal Contributor address; City; State; Zip Code 2163 FM-536 Floresville, TX 78114 | Amount of contribution (\$) \$ 215 |
| Principal occupation / Job title (See Instructions) ENGINEER | | 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

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 of 3 |
| 2 FILER NAME Henry L. Whitman Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-30-22 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID DUNN | 7 Amount of contribution (\$) \$75.00 |
| 6 Contributor address; City; State; Zip Code 2715 FM 1107 Stanford, TX 78100 | | |
| 8 Principal occupation / Job title (See Instructions) education | | 9 Employer (See Instructions) |
| Date 1-31-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALTON MOCZYGENBA | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 1063 CA 212, Falls City, TX 78113 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2-10-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES BEASLEY | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 140 Grandview Phoenixville, TX 78114 | | |
| Principal occupation / Job title (See Instructions) retired military | | Employer (See Instructions) |
| Date 1-31-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY SCHAEVEDER | Amount of contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 18005 Tencho Dr. Corpus Christi, TX 78418 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 of 3 |
| 2 FILER NAME Henry L. Whitman Jr. | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-31-22 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth MC Donough 6 Contributor address; City; State; Zip Code 121 Abrego Trl. Dr. Phenixville TX 78114 | 7 Amount of contribution (\$) 300.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1-30-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE RAMIREZ Contributor address; City; State; Zip Code 7607 FM-775 Phenixville TX 78114 | Amount of contribution (\$) \$345.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-30-22 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Amson Contributor address; City; State; Zip Code Chick Circle, Phenixville TX 78114 | Amount of contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 <i>Henny L. Whitman Jr.</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>2-2-2022</i> | 5 Payee name <i>1st Source Digital</i> | | | |
| 6 Amount (\$) <i>142.38</i> | 7 Payee address; City; State; Zip Code <i>4930 E. FM-1578 SELMA, TX 78154</i> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | (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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| Candidate / Officeholder name Office sought Office held | | | | |

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